



Ministry of Health and  
Long-Term Care

Inspection Report under  
the Long-Term Care  
Homes Act, 2007

Ministère de la Santé et des  
Soins de longue durée

Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée

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159 Cedar Street Suite 403  
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## Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 7, 2017	2017_463616_0003	033695-16, 033696-16, 033697-16, 033698-16, 033699-16, 000927-17, 000930-17	Follow up

### Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.  
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

### Long-Term Care Home/Foyer de soins de longue durée

PINEWOOD COURT  
2625 WALSH STREET EAST THUNDER BAY ON P7E 2E5

### Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

JENNIFER KOSS (616)

## Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): February 23, 24, 27, 28, March 1, 2, 3, 2017.

This Follow Up Inspection included intakes:

-related to follow up of past due compliance order #001 identified in Inspection #2016\_512196\_0012 (A1), Long-Term Care Homes Act (LTCHA) s. 6 (7) related to



**plan of care;**

**-related to follow up of past due compliance order #002 identified in Inspection #2016\_512196\_0012 (A1), LTCHA, Ontario Regulation (O. Reg.) 79/10, s. 33 (1)**

**related to bathing;**

**-related to follow up of past due compliance order #003 identified in Inspection #2016\_512196\_0012 (A1), LTCHA s. 19 (1) related to duty to protect ;**

**-related to follow up of past due compliance order #004 identified in Inspection #2016\_512196\_0012 (A1), LTCHA, O. Reg. 79/10, s. 90 (2) related to maintenance;**

**-related to follow up of past due compliance order #005 identified in Inspection #2016\_512196\_0012 (A1), LTCHA, O. Reg. 79/10, s. 131 (2) related to medication;**

**-related to follow up of past due compliance order #001 identified in Inspection #2016\_433625\_0018 (A1), LTCHA, O. Reg. 79/10, s. 229 (4) related to infection prevention and control;**

**-related to follow up of past due compliance order #002 identified in Inspection #2016\_433625\_0018 (A1), LTCHA, O. Reg. 79/10, s. 71 (3) (b) related to offering between meal beverages.**

**A Critical Incident Systems Inspection #2017\_463616\_0004 was also conducted during this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Acting Director of Care, Assistant Director of Care/Resident Services Coordinator (ADOC), Regional Manager of Clinical Services (RMCS), Environmental Services Manager (ESM), Resident Assessment Instrument (RAI) Coordinator, Staff Education Coordinator, Registered Dietitian (RD), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), family members and residents.**

**During the course of the inspection, the Inspector observed the provision of care and services to residents, resident to resident and staff to resident interactions, conducted daily tours of resident home areas, reviewed resident health care records, various home policies, procedures, and programs.**

**The following Inspection Protocols were used during this inspection:**



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**Accommodation Services - Maintenance  
Falls Prevention  
Infection Prevention and Control  
Medication  
Personal Support Services**

**During the course of this inspection, Non-Compliances were issued.**

**2 WN(s)  
1 VPC(s)  
1 CO(s)  
0 DR(s)  
0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 131. (2)	CO #005	2016_512196_0012		616
LTCHA, 2007 S.O. 2007, c.8 s. 19.	CO #003	2016_512196_0012		616
O.Reg 79/10 s. 33. (1)	CO #002	2016_512196_0012		616
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2016_512196_0012		616
O.Reg 79/10 s. 71. (3)	CO #001	2016_433625_0018		616
O.Reg 79/10 s. 90. (2)	CO #004	2016_512196_0012		616



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that all staff participated in the implementation of the infection prevention and control program.

Inspector #616 followed up on Compliance Order (CO) #002 issued during Inspection #2016\_433625\_0018 with a compliance date of February 13, 2017. The licensee was ordered, with respect to a specific infection to:

- (a) Identify residents in the home who have tested positive for this specific infection within the last year (365 days);
- (b) Audit the health care records of the resident to ensure that the surveillance and testing of the status of the residents with respect to this specific infection has been conducted as per the home's policies and algorithms. Should the home identify that the surveillance and testing were not completed as per the home's policies and algorithms, the home shall rectify the deficiencies;
- (c) Ensure that the home's policies and algorithms have been followed with respect to the use of signage, the application of personal protective equipment and the practices of the home's staff in providing care to the residents;
- (d) Maintain records of the audits which include the dates of the audits, the times the audits were conducted, findings, corrective actions taken and the name(s) of the person
- (s) conducting the audits; and
- (e) Develop an ongoing monitoring and tracking system to ensure that the home's policies and algorithms related to this specific infection are being followed.

While the home completed items "a, b, c, d, and e" of CO #002, regarding item "b" Inspector #616 identified that the completed audit of the health care records had not identified nor rectified deficiencies in the home's screening and surveillance practices.

1) During an observation of resident #025's room on a day in March, 2017, Inspector #616 found indications of specific infection prevention and control requirements for this resident.

The Inspector interviewed PSW #109 who stated resident #025 was known to require specific infection prevention and control interventions by staff.

The Inspector reviewed the home's infection control reference sheet, last updated two days prior to the Inspector's observations. Three negative results were documented for resident #025 on a day in November, 2016, January, 2017, and February, 2017.

The Inspector reviewed documentation on a particular Algorithm in resident #025's health care record. The Algorithm identified that this resident had tested positive for infection (from a specific site-#1) on a day in September, 2016 (not negative on November, 2016,



as on the reference sheet). The following laboratory reports were also reviewed from resident #025's health care record which identified:

- on a specific day in September, 2016, positive for infection (site #1); negative for infection (site #2),
- on a specific day in January, 2017, positive for infection (site #1) and
- on a specific day in February, 2017, positive for infection (site #1).

One of the home's infection prevention and control policies identified that if specimens tested at particular times were negative, repeat specimen after a prescribed time (need three sets of negative specimens).

The Inspector interviewed RN #110. They confirmed that there was an error on the reference sheet that identified a negative result (site #1) in November, 2016, when it should have been a positive result (site #1) in September, 2016. They also stated that the specimens tested in January and February, 2017, did not follow the Algorithm or the home's re-testing policy as was not due until March 2017.

On March 17, 2017, the Inspector interviewed the Director of Care (DOC). They confirmed that the most current Algorithm had been revised and now indicated the initial positive screening (site #1) for infection was dated in January, 2016, and re-tested with a negative result (site #1) in September, 2016. They also confirmed that the negative result (site #1) in November, 2016, as previously documented on the reference sheet, had been corrected to a negative result (site #1) on that particular day in September, 2016. However, the Inspector identified that this revision was still inconsistent with the positive result for infection (site #1) of the laboratory report on that particular day in September, 2016. The Inspector also noted that this most current reference sheet had been revised and indicated that the resident no longer required specific infection prevention and control interventions. The DOC stated that as per the reference sheet, the resident's required interventions would have been discontinued as of a particular day in February, 2017, contrary to the observation by the Inspector on that specific day in March, 2017.

The DOC was unable to explain the discrepancies in the documented dates of the initial positive results for infection from November, 2016, to January, 2016. They verified that the three positive reports for infection had been documented as negative in error on both of the resident's particular Algorithm as well as on the home's reference sheet. They provided confirmation that despite the incorrect information on the reference sheet, resident #025 had remained on specific infection prevention and control interventions.



They also confirmed that the infection re-testing of resident #025 had not occurred as per the Algorithm or the home's policy.

2) Inspector #616 reviewed a particular Algorithm from resident #005's health care record. It was documented here that the resident had tested positive for infection from two sites in January, 2017. The Algorithm included specific infection screening sites.

Laboratory reports in resident #005's health care record were also reviewed related to their infection status. The reports indicated the following:

- on a specific day in January, 2017, positive for infection (site #1 and site #2),
- thirteen days earlier in January, 2017, positive for infection (site #3)
- on a specific day in December, 2016, negative for infection (site #3) and
- seven days earlier in December, 2016, negative for infection (site #3).

During a telephone interview with the DOC on March 17, 2017, they verified to the Inspector that the infection screening on the earliest date in January, 2017, was of the resident's site #3. They also verified that as per the Algorithm and the home's procedures, once the resident tested negative, re-testing should have occurred with specific timing from the last screen for a total of three negative screens. The third re-test was due on a specific day in December, 2016, but had not been completed until three weeks later. The DOC verified that one particular site had not been included in the required screening sites of resident #005 and should have been.

A written notification has been issued for this finding related to resident #005 as non-compliance occurred prior to the compliance date of February 13, 2017. [s. 229. (4)]

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**





**Specifically failed to comply with the following:**

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,  
(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature; O. Reg. 79/10, s. 90 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that procedures were developed and implemented to ensure that the temperature of the water serving all bathtubs, showers, and hand basins used by residents did not exceed 49 degrees Celsius.

Inspector #616 followed up on CO #004 issued during Inspection #2016\_512196\_0012 with a compliance date of November 18, 2016. The licensee was ordered to:

- a) monitor the water temperatures once per shift in random locations in which resident have access to hot water.
- b) conduct weekly audits of the water temperature records to ascertain the temperatures are being recorded and are within the appropriate range.

While the home completed item "a" and "b" of the order, Inspector #616 determined that the documented water temperatures were not within the appropriate range. The Inspector reviewed the water temperature audit records between November 18, 2016, and February 23, 2017, for a total of 105 days. For each of the four home areas listed below, the Inspector noted the number of days on each shift that the documented water temperature exceeded 49 degrees Celsius. The temperatures were obtained from random locations where residents accessed hot water including resident and public washrooms:

Kingfisher:

Day shift = 0 of 105 days

Evening shift = 6 of 105 days

Night shift = 37 of 105 days

Sandpiper:

Day shift = 4 of 105 days



Evening shift = 10 of 105 days  
Night shift = 89 of 105 days

Blue Heron:

Day shift = 1 of 105 days  
Evening shift = 7 of 105 days  
Night shift = 38 of 105 days

Hummingbird:

Day shift = 2 of 105 days  
Evening shift = 16 of 105 days  
Night shift = 79 of 105 days

From the documentation, the Inspector identified that there were occasions on the day and evening shifts where the water temperature exceeded the maximum temperature. However, water temperatures documented on the night shifts were frequently higher than the acceptable temperature on all four home areas. The highest water temperature of 61.2 degrees Celsius was recorded in a resident washroom on the Blue Heron home area.

The Inspector also noted through this record review, that the Environmental Service Manager (ESM) had documented "all good; temps in range" on the weekly audit forms for each of the home areas despite the night shift documentation where temperatures frequently exceeded the maximum.

The home's Environmental Services Procedure Manual policy titled "Daily Maintenance Audit", #ESP-B-05, dated September 2004, specified that domestic hot water for Resident Care Areas must be between 40 and 49 degrees Celsius.

The Inspector interviewed the ESM on February 28, 2017, and the temperature documentation was reviewed. The ESM stated that they were aware of the required temperature range, however the elevated water temperatures was due to their "low flow system". The ESM explained that the water system in the home was designed for continuous use, a "24-hour cycle", rather than peak water usage throughout the day and evening shifts. They further explained that the low water usage during the night shift resulted in a rise in water temperature, which would decrease to the regulated set temperature by the morning when staff began using the water system. They also stated that there was no risk management process for staff or residents related to water



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temperatures exceeding the maximum, on the night shift in particular. [s. 90. (2) (g)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that procedures are developed and implemented to ensure that the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature, to be implemented voluntarily.***

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Issued on this 13th day of April, 2017

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**



**Ministry of Health and  
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**Ministère de la Santé et  
des Soins de longue durée**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée  
Inspection de soins de longue durée**

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** JENNIFER KOSS (616)

**Inspection No. /**

**No de l'inspection :** 2017\_463616\_0003

**Log No. /**

**Registre no:** 033695-16, 033696-16, 033697-16, 033698-16, 033699-16, 000927-17, 000930-17

**Type of Inspection /**

**Genre**

**d'inspection:**

Follow up

**Report Date(s) /**

**Date(s) du Rapport :**

Apr 7, 2017

**Licensee /**

**Titulaire de permis :**

REVERA LONG TERM CARE INC.  
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA,  
ON, L5R-4B2

**LTC Home /**

**Foyer de SLD :**

PINEWOOD COURT  
2625 WALSH STREET EAST, THUNDER BAY, ON,  
P7E-2E5

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :**

Jonathon Riabov

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**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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**Ministère de la Santé et  
des Soins de longue durée**

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Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

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de soins de longue durée, L.O. 2007, chap. 8*

**Order # /**

Ordre no : 001

**Order Type /**

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**

Lien vers ordre existant: 2016\_433625\_0018, CO #002;

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

**Order / Ordre :**

The licensee is ordered to audit the health care records and the home's ongoing monitoring and tracking system for those residents identified with a specific infection from February 13, 2017, to ensure that the surveillance and testing has been conducted as per the home's policies and algorithms. The audit is to include the date of each resident's review, the auditor, identification of any discrepancies from the home's policies and algorithms, and any corrective action taken.

**Grounds / Motifs :**

1. The licensee has failed to ensure that all staff participated in the implementation of the infection prevention and control program.

Inspector #616 followed up on Compliance Order (CO) #002 issued during Inspection #2016\_433625\_0018 with a compliance date of February 13, 2017. The licensee was ordered, with respect to a specific infection to:

- (a) Identify residents in the home who have tested positive for this specific infection within the last year (365 days);
- (b) Audit the health care records of the resident to ensure that the surveillance and testing of the status of the residents with respect to this specific infection has been conducted as per the home's policies and algorithms. Should the home identify that the surveillance and testing were not completed as per the home's policies and algorithms, the home shall rectify the deficiencies;
- (c) Ensure that the home's policies and algorithms have been followed with respect to the use of signage, the application of personal protective equipment and the practices of the home's staff in providing care to the residents;

- (d) Maintain records of the audits which include the dates of the audits, the times the audits were conducted, findings, corrective actions taken and the name(s) of the person(s) conducting the audits; and
- (e) Develop an ongoing monitoring and tracking system to ensure that the home's policies and algorithms related to this specific infection are being followed.

While the home completed items "a, b, c, d, and e" of CO #002, regarding item "b" Inspector #616 identified that the completed audit of the health care records had not identified nor rectified deficiencies in the home's screening and surveillance practices.

1) During an observation of resident #025's room on a day in March, 2017, Inspector #616 found indications of specific infection prevention and control requirements for this resident.

The Inspector interviewed PSW #109 who stated resident #025 was known to require specific infection prevention and control interventions by staff.

The Inspector reviewed the home's infection control reference sheet, last updated two days prior to the Inspector's observations. Three negative results were documented for resident #025 on a day in November, 2016, January, 2017, and February, 2017.

The Inspector reviewed documentation on a particular Algorithm in resident #025's health care record. The Algorithm identified that this resident had tested positive for infection (from a specific site-#1) on a day in September, 2016 (not negative on November, 2016, as on the reference sheet). The following laboratory reports were also reviewed from resident #025's health care record which identified:

- on a specific day in September, 2016, positive for infection (site #1); negative for infection (site #2),
- on a specific day in January, 2017, positive for infection (site #1) and
- on a specific day in February, 2017, positive for infection (site #1).

One of the home's infection prevention and control policies identified that if specimens tested at particular times were negative, repeat specimen after a prescribed time (need three sets of negative specimens).

The Inspector interviewed RN #110. They confirmed that there was an error on the reference sheet that identified a negative result (site #1) in November, 2016, when it should have been a positive result (site #1) in September, 2016. They also stated that the specimens tested in January and February, 2017, did not follow the Algorithm or the home's re-testing policy as was not due until March 2017.

On March 17, 2017, the Inspector interviewed the Director of Care (DOC). They confirmed that the most current Algorithm had been revised and now indicated the initial positive screening (site #1) for infection was dated in January, 2016, and re-tested with a negative result (site #1) in September, 2016. They also confirmed that the negative result (site #1) in November, 2016, as previously documented on the reference sheet, had been corrected to a negative result (site #1) on that particular day in September, 2016. However, the Inspector identified that this revision was still inconsistent with the positive result for infection (site #1) of the laboratory report on that particular day in September, 2016. The Inspector also noted that this most current reference sheet had been revised and indicated that the resident no longer required specific infection prevention and control interventions. The DOC stated that as per the reference sheet, the resident's required interventions would have been discontinued as of a particular day in February, 2017, contrary to the observation by the Inspector on that specific day in March, 2017.

The DOC was unable to explain the discrepancies in the documented dates of the initial positive results for infection from November, 2016, to January, 2016. They verified that the three positive reports for infection had been documented as negative in error on both of the resident's particular Algorithm as well as on the home's reference sheet. They provided confirmation that despite the incorrect information on the reference sheet, resident #025 had remained on specific infection prevention and control interventions. They also confirmed that the infection re-testing of resident #025 had not occurred as per the Algorithm or the home's policy.

The decision to re-issue this compliance order was based on the scope which was a demonstrated pattern of deficient practice, the severity which indicated there was a potential for actual harm, and despite a previous compliance order, non-compliance continues in this area of the legislation. (616)





**Ministry of Health and  
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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
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**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Apr 25, 2017**



**Ministry of Health and  
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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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Homes Act, 2007*, S.O. 2007, c.8

**Ordre(s) de l'inspecteur**

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de l'article 154 de la *Loi de 2007 sur les foyers  
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**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



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de soins de longue durée, L.O. 2007, chap. 8*

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### **PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Inspection de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Inspection de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 7th day of April, 2017**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Jennifer Koss

**Service Area Office /**

**Bureau régional de services :** Sudbury Service Area Office