



Ministry of Health and  
Long-Term Care

Ministère de la Santé et des  
Soins de longue durée

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

Rapport d'inspection prévue  
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

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

## Amended Public Copy/Copie modifiée du public

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Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Apr 10, 2019	2019_533115_0004 (A1)	028441-18, 031406-18	Complaint

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### Licensee/Titulaire de permis

Schlegel Villages Inc.  
325 Max Becker Drive Suite. 201 KITCHENER ON N2E 4H5

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

The Village at St. Clair  
1800 Talbot Road WINDSOR ON N9H 0E3

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

Amended by TERRI DALY (115) - (A1)

## Amended Inspection Summary/Résumé de l'inspection modifié



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**Licensee request for extension of CDD to May 20, 2019**

**Issued on this 10th day of April, 2019 (A1)**

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

**Original report signed by the inspector.**



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Apr 10, 2019	2019_533115_0004 (A1)	028441-18, 031406-18	Complaint

### **Licensee/Titulaire de permis**

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

Amended by TERRI DALY (115) - (A1)

## **Amended Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): February 11-15, & 19-21, 2019**

**A Follow Up inspection was completed concurrently with this Complaint Inspection:**

**Compliance Order #001 from inspection #2018\_532590\_0019 related to Infection Control practices.**

**Inspector Christy Legouffe #730 and Inspector Ayesha Sarathy #741 were on site February 11-15, 2019.**

**During the course of the inspection, the inspector(s) spoke with the Director of Nursing (DON), an Assistant Director of Nursing (ADON), Registered Practical Nurses (RPN), a Neighbourhood Coordinator, and Personal Support Workers (PSW).**

**During the course of the inspection the inspector(s) reviewed clinical records, line listings and relevant policies and procedures related to infection prevention and control and skin and wound.**

**The inspector(s) completed observations of resident care and staff to resident interactions.**

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



Infection Prevention and Control
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care

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

- 3 WN(s)
2 VPC(s)
1 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Table with 2 columns: Legend and Légende. Legend includes WN (Written Notification), VPC (Voluntary Plan of Correction), DR (Director Referral), CO (Compliance Order), WAO (Work and Activity Order). Légende includes Avis écrit, Plan de redressement volontaire, Aiguillage au directeur, Ordre de conformité, Ordres : travaux et activités. The table also contains a detailed description of non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) and its French equivalent under the 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. (5) The licensee shall ensure that on every shift,**  
**(a) symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 229 (5).**  
**(b) the symptoms are recorded and that immediate action is taken as required. O. Reg. 79/10, s. 229 (5).**

**Findings/Faits saillants :**

1. The licensee has failed to comply with compliance order #001 from inspection #2018\_532590\_0019 served on October 22, 2018, with a compliance date of November 30, 2018.

The licensee was ordered to be compliant with r. 229. (5) of the Regulation. Specifically the licensee must ensure that on every shift, symptoms indicating the presence of infection in residents are monitored, the symptoms are recorded and that immediate action is taken as required.

The licensee failed to complete monitoring of infections, the recording of symptoms and to ensure immediate action was taken as required.

The licensee had failed to ensure that on every shift, symptoms indicating the presence of infection in residents were monitored in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

The Long Term-Care Home submitted a Critical Incident System (CIS) report on a specific date, to the Ministry of Health and Long Term-Care (MOHLTC) reporting that the home had been declared in an outbreak by Public Health.

A) A resident was identified as having symptoms of an illness during a specific time period.

Review of this resident's progress notes showed that the resident was displaying symptoms of infection. The staff documented that they observed the resident experiencing symptoms on a specific date. The next day staff documented that the resident had developed an additional symptom. The resident was added to the line list that day. The last infection symptom monitoring note that documented



that the resident was experiencing symptoms, was five days later, when another symptom was observed.

Review of the resident's progress notes showed that there were some missing infection monitoring notes on four separate shifts.

B) A second resident was identified as having symptoms of an infection during a specific time frame.

Review of this resident's progress notes showed that the resident was displaying symptoms of infection. The staff documented that they observed the resident experiencing symptoms the first day. The resident had developed additional symptoms the next day, and was added to the line list for monitoring. The last infection symptom monitoring note that documented that the resident was experiencing symptoms, was two days later.

Review of the resident's progress notes showed that there were missing infection control monitoring entries on four separate shifts.

C) A third resident was identified as having symptoms of an infection during a specific time frame.

Review of the resident's progress notes showed that the resident was displaying symptoms of infection. The staff documented that they observed the resident experiencing two symptoms on the first day, and the resident was added to the line list for monitoring. The last infection symptom monitoring note that documented that the resident was experiencing symptoms, was 10 days after.

Review of the resident's progress notes showed that there were some missing infection control monitoring entries on six different shifts.

An interview with Registered Practical Nurse (RPN) #106 and #107, they shared that they were responsible to monitor the residents who were displaying symptoms of an infection. The monitoring included a physical assessment of the resident and that the assessment along with the residents' current condition should be documented every shift in a progress note. This monitoring should continue until the resident's antibiotics are finished, lab results have confirmed the infection has resolved, or the resident is asymptomatic for 24 to 48 hours.



In an interview with the Assistant Director of Nursing (ADON) #101, they shared that they were the infection control lead of the home. They said that when residents experienced symptoms of infection registered staff were to complete an infection control progress note in Point Click Care (PCC) every shift and were to add the resident to the line list to be monitored. The ADON said that the home schedules eight hour shifts and there should be one infection control note written for every shift. The ADON said that the infection monitoring can stop after the resolution of the symptoms for a period of 48 hours or when lab results are negative. The ADON agreed that not all of the required documentation was complete.

In an interview with Director of Nursing (DON) #100 they shared that the homes expectations when monitoring residents for infectious symptoms, was that staff were to complete an assessment of the resident and document the assessment and the residents condition in a progress note, and that was to be completed every shift.

The licensee had failed to ensure that on every shift, symptoms indicating the presence of infection in residents were monitored in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices. [s. 229. (5)]

***Additional Required Actions:***

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

**(A1)**

**The following order(s) have been amended: CO# 001**

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**



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

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
  - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
  - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that a certain resident's plan of care set out clear directions to staff and others who provided direct care to the resident.

The Ministry of Health and Long-Term Care (MOHLTC) received a complaint related to care services for this resident, on a specific date.

A clinical record review showed that the resident had a history of a specific condition, and while living in the long term care home had four separate incidents where this condition was treated.

The resident's care plan focus did not provide information directly related to the specific condition.

During an interview with Personal Support Worker (PSW) #109 they shared that they were not aware that this resident had a diagnosis of this specific condition.

A review of the resident's diagnosis in Point Click Care (PCC) and care plan did not include the specific diagnosis, therefore not setting out clear directions to staff and others who provide direct care to the resident.

A review of the home's policy Skin and Wound Care Program Tab 04-78 last revised July 30, 2018, page 3 of 7 Skin Care and Wound Management Education indicates:

The skin care lead will coordinate education to enhance skill and knowledge necessary to deliver quality care to residents with underlying medical conditions known to alter skin integrity, as it relates to this resident.

In an interview with Director of Nursing (DON) #100 they stated that this resident's care plan should provide additional information related to the resident's diagnosis in order to facilitate care and the families specific care directive. [s. 6. (1) (c)]

***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 resident #004's plan of care sets out clear direction to staff and others who provide direct care to the resident, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

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

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
    - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
    - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
    - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
    - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that a certain resident received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment in relation to an area of altered skin integrity.

The Ministry of Health and Long-Term Care (MOHLTC) received a complaint related to care services for this resident, on a specific date.

A clinical record review showed a progress note where the complainant had expressed concerns about care and services for the resident on a specific date.

A review of the home's policy Skin and Wound Care Program Tab 04-78 last revised July 30, 2018, page 4 of 7 Skin Assessment indicates:

- Complete a PRN Skin Assessment will be preformed when there is a change in skin integrity and weekly thereafter until it is healed.
- Develop interventions that address risk items identified and implement interprofessional plan of care to prevent skin breakdown.
- Complete the wound assessment of areas reported and weekly thereafter.

Progress notes show that the home's Nurse Practitioner documented specific information related to this area of altered skin integrity for the resident.

After the consult referral resident had treatment related to a specific diagnosis. Resident #004 had a history of this diagnosis and had been treated previously while living in the long term care home.

Further review of the clinical records did not provide evidence that the resident had received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment in relation to an area of altered skin integrity.

Interview with Director of Nursing (DON) #100 they indicated that they were aware of the complainants/concerns expressed by the family of this resident and that the resident's area of altered skin integrity should have been assessed immediately using a clinically appropriate assessment instrument. [s. 50. (2) (b) (i)]

***Additional Required Actions:***



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***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 resident's receive skin assessments by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment, to be implemented voluntarily.***

**Issued on this 10th day of April, 2019 (A1)**

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

**Original report signed by the inspector.**



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**Order(s) of the Inspector**

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

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

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
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Inspection de soins de longue durée

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**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** Amended by TERRI DALY (115) - (A1)

**Inspection No. /  
No de l'inspection :** 2019\_533115\_0004 (A1)

**Appeal/Dir# /  
Appel/Dir#:**

**Log No. /  
No de registre :** 028441-18, 031406-18 (A1)

**Type of Inspection /  
Genre d'inspection :** Complaint

**Report Date(s) /  
Date(s) du Rapport :** Apr 10, 2019(A1)

**Licensee /  
Titulaire de permis :** Schlegel Villages Inc.  
325 Max Becker Drive, Suite. 201, KITCHENER,  
ON, N2E-4H5

**LTC Home /  
Foyer de SLD :** The Village at St. Clair  
1800 Talbot Road, WINDSOR, ON, N9H-0E3

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** Tammy Roberts

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To Schlegel Villages Inc., you are hereby required to comply with the following order  
(s) by the      date(s) set out below:



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**Order # /**  
**Ordre no :** 001

**Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**  
**Lien vers ordre existant:** 2018\_532590\_0019, CO #001;

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 229. (5) The licensee shall ensure that on every shift,  
(a) symptoms indicating the presence of infection in residents are monitored in  
accordance with evidence-based practices and, if there are none, in  
accordance with prevailing practices; and  
(b) the symptoms are recorded and that immediate action is taken as required.  
O. Reg. 79/10, s. 229 (5).

**Order / Ordre :**

The licensee must be compliant with r. 229 (5) of the Regulation.

Specifically, the licensee must ensure that on every shift, symptoms  
indicating the presence of infection in residents are monitored, the symptoms  
are recorded and that immediate action is taken as required.

**Grounds / Motifs :**

1. The licensee has failed to comply with compliance order #001 from inspection  
#2018\_532590\_0019 served on October 22, 2018, with a compliance date of  
November 30, 2018.

The licensee was ordered to be compliant with r. 229. (5) of the Regulation.  
Specifically the licensee must ensure that on every shift, symptoms indicating the  
presence of infection in residents are monitored, the symptoms are recorded and that  
immediate action is taken as required.

The licensee failed to complete monitoring of infections, the recording of symptoms  
and to ensure immediate action was taken as required.

The licensee had failed to ensure that on every shift, symptoms indicating the



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presence of infection in residents were monitored in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

The Long Term-Care Home submitted a Critical Incident System (CIS) report on a specific date, to the Ministry of Health and Long Term-Care (MOHLTC) reporting that the home had been declared in an outbreak by Public Health.

A) A resident was identified as having symptoms of an illness during a specific time period.

Review of this resident's progress notes showed that the resident was displaying symptoms of infection. The staff documented that they observed the resident experiencing symptoms on a specific date. The next day staff documented that the resident had developed an additional symptom. The resident was added to the line list that day. The last infection symptom monitoring note that documented that the resident was experiencing symptoms, was five days later, when another symptom was observed.

Review of the resident's progress notes showed that there were some missing infection monitoring notes on four separate shifts.

B) A second resident was identified as having symptoms of an infection during a specific time frame.

Review of this resident's progress notes showed that the resident was displaying symptoms of infection. The staff documented that they observed the resident experiencing symptoms the first day. The resident had developed additional symptoms the next day, and was added to the line list for monitoring. The last infection symptom monitoring note that documented that the resident was experiencing symptoms, was two days later.

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C) A third resident was identified as having symptoms of an infection during a specific time frame.



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Review of the resident's progress notes showed that there were some missing infection control monitoring entries on six different shifts.

An interview with Registered Practical Nurse (RPN) #106 and #107, they shared that they were responsible to monitor the residents who were displaying symptoms of an infection. The monitoring included a physical assessment of the resident and that the assessment along with the residents' current condition should be documented every shift in a progress note. This monitoring should continue until the resident's antibiotics are finished, lab results have confirmed the infection has resolved, or the resident is asymptomatic for 24 to 48 hours.

In an interview with the Assistant Director of Nursing (ADON) #101, they shared that they were the infection control lead of the home. They said that when residents experienced symptoms of infection registered staff were to complete an infection control progress note in Point Click Care (PCC) every shift and were to add the resident to the line list to be monitored. The ADON said that the home schedules eight hour shifts and there should be one infection control note written for every shift. The ADON said that the infection monitoring can stop after the resolution of the symptoms for a period of 48 hours or when lab results are negative. The ADON agreed that not all of the required documentation was complete.

In an interview with Director of Nursing (DON) #100 they shared that the homes expectations when monitoring residents for infectious symptoms, was that staff were to complete an assessment of the resident and document the assessment and the residents condition in a progress note, and that was to be completed every shift.

The licensee had failed to ensure that on every shift, symptoms indicating the presence of infection in residents were monitored in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices. [s. 229. (5)]



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The severity of this issue was a level 2 as there was potential for actual harm to the residents. The scope of this issue was a level 3 widespread during the course of the inspection. Compliance history was a level 4 as they had on-going non-compliance with this section of the Regulations that included:

- Compliance order (CO) #003 made under r. 229. (5) of the Regulations, was issued on May 24, 2018, with a compliance due date of July 23, 2018.
- Compliance order (CO) #001 made under r. 229. (5) of the Regulations, was issued on October 22, 2018, with a compliance date of November 30, 2018.

(590) (590)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :**

May 20, 2019(A1)



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L. O. 2007, chap. 8

**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, commercial courier 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

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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:



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

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

Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

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  
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**Ministère de la Santé et des  
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**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603



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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 10th day of April, 2019 (A1)**

**Signature of Inspector /  
Signature de l'inspecteur :**

**Name of Inspector /  
Nom de l'inspecteur :**

Amended by TERRI DALY (115) - (A1)



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

London Service Area Office