



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 23, 2019	2019_605213_0013 (A1)	006645-19	Other

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### Licensee/Titulaire de permis

Sharon Farms & Enterprises Limited  
108 Jensen Road LONDON ON N5V 5A4

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

Earls Court Village  
1390 Highbury Avenue North LONDON ON N5Y 0B6

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

Amended by RHONDA KUKOLY (213) - (A1)

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



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**On April 18, 2019, Administrator Rob Bissonnette requested an extension to the compliance date for both compliance orders. Compliance due date extended from May 13, 2019 to June 7, 2019.**

**Issued on this 23rd 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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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 23, 2019	2019_605213_0013 (A1)	006645-19	Other

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

Sharon Farms & Enterprises Limited  
108 Jensen Road LONDON ON N5V 5A4

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

Earls Court Village  
1390 Highbury Avenue North LONDON ON N5Y 0B6

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

Amended by RHONDA KUKOLY (213) - (A1)

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



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**The purpose of this inspection was to conduct an Other inspection.**

**This inspection was conducted on the following date(s): March 27 and 28, 2019.**

**This Other inspection was completed related to a complaint regarding  
qualifications of Personal Support Workers.**

**During the course of the inspection, the inspector(s) spoke with the  
Administrator, the Director of Care, the Assistant Director of Care, the Staff  
Educator/Hiring Manager, an Administrative Assistant and Personal Support  
Workers.**

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

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

**2 WN(s)**

**0 VPC(s)**

**2 CO(s)**

**0 DR(s)**

**0 WAO(s)**



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Légende

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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.)

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. 47. Qualifications of personal support workers

Findings/Faits saillants :

1. The licensee has failed to ensure that on and after January 1, 2016, every person hired by the licensee as a personal support worker or to provide personal support services had successfully completed a personal support worker program that met requirements and had provided the licensee with proof of graduation issued by the education provider.

O.Reg. 79/10 s. 47 (2) states: The personal support worker program must meet the Personal Support Worker Program Standard published by the Ministry of Training, Colleges and Universities and must be a minimum of 600 hours in duration, counting both classified time and practical experience time.



O.Reg. 79/10 s. 47 (3) states: The licensee may hire a personal support worker or to provide personal support services who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker, and who has the appropriate current certificate of registration with the College of Nurses of Ontario.

The Ministry of Health received an anonymous complaint related to qualifications of staff at Earl's Court Village.

A record review of employee personnel files for 68 out of 88 Personal Support Workers (PSW) was completed. Of these, 37 PSWs were hired after January 1, 2016. The PSW files were reviewed for the presence and date of a PSW Certificate from a program that met the Personal Support Worker Program Standard published by the Ministry of Training, Colleges and Universities that was a minimum of 600 hours in duration, counting both classified time and practical experience time, or proof of registration with the College of Nurses of Ontario (CNO).

The record review showed:

- 9 out of 37 PSW staff files, for hires after January 1, 2016, did not contain a PSW certificate at all.
- 3 out of 37 PSW staff files, for hires after January 1, 2016, included a PSW certificate from Essor College that indicated the program was 150 hours.
- 1 out of 37 PSW staff files, for hires after January 1, 2016, did not contain a PSW certificate and included a nursing registration certificate from another country.

In a PSW interview, who was not included in the record review, the PSW said that they attended Essor College in Montreal and that was where they received their PSW certification.

The Inspector and Director of Care (DOC) reviewed six of the PSW files together and the DOC said that the Certificate from Essor College indicating the program was 150 hours did not meet the requirement of 600 hours in duration. The DOC also agreed that a staff had been hired as a PSW with a nursing registration from another country and that some PSW files did not contain proof of PSW certificate at all.



In a phone interview with Administrator and Staff Educator, who was also the current Hiring Manager at the time, the Administrator shared that they were aware that some of the PSW staff files did not contain proof of PSW certification and that they would begin work to ensure that all required documentation was in place for all staff working as PSWs. The Administrator also agreed that the staff with the certificate from Essor College indicating the program was 150 hours in duration did not meet the requirement of 600 hours, nor did the staff with a nursing registration from another country.

Four PSWs working in the home had PSW certification from a program that was not a PSW program that was minimum of 600 hours and one staff working as a PSW did not have PSW certificate or proof of registration from the CNO, only an out of country nursing registration. Nine PSW files did not have any PSW certification at all. [s. 47.]

***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 O.Reg 79/10, s. 215. Police record check**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a criminal reference check, that was conducted within six months before a staff member was hired, was completed before a licensee hired a staff member to determine the person's suitability to be



a staff member in a long-term care home and to protect residents from abuse and neglect.

The Long-Term Care Homes Act, 2007 s. 75 (1) and (2) states: Every licensee of a long-term care home shall ensure that screening measures are conducted in accordance with the regulations before hiring staff and accepting volunteers. The screening measures shall include criminal reference checks, unless the person being screened is under 18 years of age.

The Ministry of Health received an anonymous complaint related to qualifications of staff at Earl's Court Village.

A record review was completed of employee personnel files for 68 out of 88 Personal Support Workers (PSW). Of these, 55 PSWs were hired after July 1, 2011. The date of hire and presence, type, source and date of completion of police vulnerable sector criminal reference check was noted.

The record review showed:

- 7 out of 55 PSW staff files did not include any indication of date of hire. With this, the Inspector was unable to determine if the police vulnerable sector criminal reference check was completed within six months prior to date of hire.
- 11 out of 55 PSW staff files did not contain a police vulnerable sector criminal reference check.
- 14 out of 55 PSW staff files contained police vulnerable sector checks that were dated ranging from three years prior to their date of hire to one year following the date of hire.

In a staff interview with a PSW, they shared that they had been working on the unit. When asked if they had provided the home with proof of a police vulnerable sector criminal reference check, they said no, that when they were hired, they provided the home with a copy of the application and the receipt for payment of the police check as it hadn't been completed.

In a staff interview with another PSW, they shared that they were hired a few years ago with just the receipt for the police check, but that it wasn't finished when they started working, that they handed it in after.

The Inspector and the Director of Care (DOC) reviewed three of the PSW files together and the DOC agreed that they did not contain proof of a police vulnerable sector criminal reference check at all. The DOC also agreed that there



were staff who's police vulnerable sector check was outside of six months prior to the date of hire.

In a phone interview with the Administrator and the Staff Educator, who was also the Hiring Manager at the time, the Administrator shared that they were aware that some of the PSW staff files did not contain proof of a police vulnerable sector criminal reference check or that they were not completed within six months before date of hire. The Inspector advised the Administrator of the staff interviews that included one PSW who had not yet handed in their police vulnerable sector criminal reference check. The Inspector asked what would happen if that check came back positive. The Administrator responded that would mean that they had exposed residents to risk. The Administrator shared that it had been the home's practice to hire staff if they had provided proof that they had applied for the police vulnerable sector criminal reference check.

Seven out of 55 PSW staff files did not indicate a date of hire and therefore, compliance related to criminal reference checks was unable to be determined for these seven PSW staff. 25 out of 55 (45 per cent) PSW staff files did not contain a police vulnerable sector criminal reference check at all or were dated ranging from three years prior to their date of hire to one year following the date of hire. [s. 215.]

***Additional Required Actions:***

**CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".**

**(A1)**

**The following order(s) have been amended: CO# 002**

**Issued on this 23rd day of April, 2019 (A1)**



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**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**

**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  
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

**Amended Public Copy/Copie modifiée du public**

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**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** Amended by RHONDA KUKOLY (213) - (A1)

**Inspection No. /  
No de l'inspection :** 2019\_605213\_0013 (A1)

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

**Log No. /  
No de registre :** 006645-19 (A1)

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

**Report Date(s) /  
Date(s) du Rapport :** Apr 23, 2019(A1)

**Licensee /  
Titulaire de permis :** Sharon Farms & Enterprises Limited  
108 Jensen Road, LONDON, ON, N5V-5A4

**LTC Home /  
Foyer de SLD :** Earls Court Village  
1390 Highbury Avenue North, LONDON, ON,  
N5Y-0B6

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** Rob Bissonnette

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**Order(s) of the Inspector**

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

To Sharon Farms & Enterprises Limited, you are hereby required to comply with the following order(s) by the      date(s) set out below:



**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  
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L. O. 2007, chap. 8

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**Order # /**  
**Ordre no :** 001      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 47. Qualifications of personal support workers

**Order / Ordre :**

The licensee must be compliant with O.Reg. 79/10, s. 47 (1), (2), and (3).  
Specifically the licensee must:

- a) Ensure and verify that Personal Support Worker (PSW) #106, #111, #112, #113 and all PSWs hired after January 1, 2016, have successfully completed a PSW program that meets the PSW Program Standard published by the Ministry of Training, Colleges and Universities.
- b) Ensure and verify that PSW #106, #111, #112, #113 and all PSWs hired after January 1, 2016 have completed a PSW program that is a minimum of 600 hours in duration, counting both class time and practical experience time and keep records supporting the completion of the hours.
- c) Ensure and verify that every PSW hired on and after January 1, 2016 has provided the licensee with proof of graduation issued by the education provider. A copy of this proof is to be kept in the employee's file.
- d) Ensure that PSW #114 and all other staff hired as a PSW or to provide personal support services who is a registered nurse or registered practical nurse, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a PSW and has the appropriate current certificate of registration with the college of nurses of Ontario. A copy of proof of this registration is to be kept in the employee's file.

**Grounds / Motifs :**

1. The licensee has failed to ensure that on and after January 1, 2016, every person hired by the licensee as a personal support worker or to provide personal support services had successfully completed a personal support worker program that met requirements and had provided the licensee with proof of graduation issued by the education provider.



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O.Reg. 79/10 s. 47 (2) states: The personal support worker program must meet the Personal Support Worker Program Standard published by the Ministry of Training, Colleges and Universities and must be a minimum of 600 hours in duration, counting both classified time and practical experience time.

O.Reg. 79/10 s. 47 (3) states: The licensee may hire a personal support worker or to provide personal support services who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker, and who has the appropriate current certificate of registration with the College of Nurses of Ontario.

The Ministry of Health received an anonymous complaint related to qualifications of staff at Earl's Court Village.

A record review of employee personnel files for 68 out of 88 Personal Support Workers (PSW) was completed. Of these, 37 PSWs were hired after January 1, 2016. The PSW files were reviewed for the presence and date of a PSW Certificate from a program that met the Personal Support Worker Program Standard published by the Ministry of Training, Colleges and Universities that was a minimum of 600 hours in duration, counting both classified time and practical experience time, or proof of registration with the College of Nurses of Ontario (CNO).

The record review showed:

- 9 out of 37 PSW staff files, for hires after January 1, 2016, did not contain a PSW certificate at all.
- 3 out of 37 PSW staff files, for hires after January 1, 2016, included a PSW certificate from Essor College that indicated the program was 150 hours.
- 1 out of 37 PSW staff files, for hires after January 1, 2016, did not contain a PSW certificate and included a nursing registration certificate from another country.

In a PSW interview, who was not included in the record review, the PSW said that they attended Essor College in Montreal and that was where they received their PSW certification.

The Inspector and Director of Care (DOC) reviewed six of the PSW files together and the DOC said that the Certificate from Essor College indicating the program was 150



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hours did not meet the requirement of 600 hours in duration. The DOC also agreed that a staff had been hired as a PSW with a nursing registration from another country and that some PSW files did not contain proof of PSW certificate at all.

In a phone interview with Administrator and Staff Educator, who was also the current Hiring Manager at the time, the Administrator shared that they were aware that some of the PSW staff files did not contain proof of PSW certification and that they would begin work to ensure that all required documentation was in place for all staff working as PSWs. The Administrator also agreed that the staff with the certificate from Essor College indicating the program was 150 hours in duration did not meet the requirement of 600 hours, nor did the staff with a nursing registration from another country.

Four PSWs working in the home had PSW certification from a program that was not a PSW program that was minimum of 600 hours and one staff working as a PSW did not have PSW certificate or proof of registration from the CNO, only an out of country nursing registration. Nine PSW files did not have any PSW certification at all.

The severity of this issue was a level 3 as there was actual risk to the residents and this non-compliance is a Key Risk Indicator. The scope was level 2 as 13 out of 37 (35 per cent) PSW staff files did not have proof of required qualifications. Compliance history was a level 2 as the home did not have a history of non-compliance in this subsection of the legislation.

(213)

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

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

Jun 07, 2019(A1)



**Order(s) of the Inspector**

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

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**Order # /**                      **Order Type /**  
**Ordre no :**    002              **Genre d'ordre :**    Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 215. Police record check

**Order / Ordre :**

The licensee must be compliant with O.Reg. 79/10, s. 215.

Specifically the licensee must:

- a) Ensure and verify that every staff member hired after July 1, 2011, has provided or provides the licensee with proof of a criminal reference check, that includes a vulnerable sector screen and was conducted by a police force.
- b) Ensure that before every staff member hired after the receipt of this order, the potential staff member provides the licensee with proof of a criminal reference check, that includes a vulnerable sector screen, conducted by a police force within six months before the staff member is hired.
- c) Proof of this criminal reference check will be kept in the employee's file.

**Grounds / Motifs :**

1. The licensee has failed to ensure that a criminal reference check, that was conducted within six months before a staff member was hired, was completed before a licensee hired a staff member to determine the person's suitability to be a staff member in a long-term care home and to protect residents from abuse and neglect.

The Long-Term Care Homes Act, 2007 s. 75 (1) and (2) states: Every licensee of a long-term care home shall ensure that screening measures are conducted in accordance with the regulations before hiring staff and accepting volunteers. The screening measures shall include criminal reference checks, unless the person being screened is under 18 years of age.

The Ministry of Health received an anonymous complaint related to qualifications of staff at Earl's Court Village.



**Order(s) of the Inspector**

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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

A record review was completed of employee personnel files for 68 out of 88 Personal Support Workers (PSW). Of these, 55 PSWs were hired after July 1, 2011. The date of hire and presence, type, source and date of completion of police vulnerable sector criminal reference check was noted.

The record review showed:

- 7 out of 55 PSW staff files did not include any indication of date of hire. With this, the Inspector was unable to determine if the police vulnerable sector criminal reference check was completed within six months prior to date of hire.
- 11 out of 55 PSW staff files did not contain a police vulnerable sector criminal reference check.
- 14 out of 55 PSW staff files contained police vulnerable sector checks that were dated ranging from three years prior to their date of hire to one year following the date of hire.

In a staff interview with a PSW, they shared that they had been working on the unit. When asked if they had provided the home with proof of a police vulnerable sector criminal reference check, they said no, that when they were hired, they provided the home with a copy of the application and the receipt for payment of the police check as it hadn't been completed.

In a staff interview with another PSW, they shared that they were hired a few years ago with just the receipt for the police check, but that it wasn't finished when they started working, that they handed it in after.

The Inspector and the Director of Care (DOC) reviewed three of the PSW files together and the DOC agreed that they did not contain proof of a police vulnerable sector criminal reference check at all. The DOC also agreed that there were staff who's police vulnerable sector check was outside of six months prior to the date of hire.

In a phone interview with the Administrator and the Staff Educator, who was also the Hiring Manager at the time, the Administrator shared that they were aware that some of the PSW staff files did not contain proof of a police vulnerable sector criminal reference check or that they were not completed within six months before date of hire. The Inspector advised the Administrator of the staff interviews that included one PSW who had not yet handed in their police vulnerable sector criminal reference check. The Inspector asked what would happen if that check came back positive.



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L. O. 2007, chap. 8

The Administrator responded that would mean that they had exposed residents to risk. The Administrator shared that it had been the home's practice to hire staff if they had provided proof that they had applied for the police vulnerable sector criminal reference check.

Seven out of 55 PSW staff files did not indicate a date of hire and therefore, compliance related to criminal reference checks was unable to be determined for these seven PSW staff. 25 out of 55 (45 per cent) PSW staff files did not contain a police vulnerable sector criminal reference check at all or were dated ranging from three years prior to their date of hire to one year following the date of hire.

The severity of this issue was a level 3 as there was actual risk to the residents and this non-compliance is a Key Risk Indicator. The scope was level 25 as 55 out of 37 (45 per cent) PSW staff files did not have proof of required criminal reference checks. Compliance history was a level 2 as the home did not have a history of non-compliance in this subsection of the legislation in the last 36 months.

(213)

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

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

Jun 07, 2019(A1)



**Ministry of Health and  
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foyers de soins de longue durée*,  
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:



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

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

**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  
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).



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

**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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L. O. 2007, chap. 8

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 23rd day of April, 2019 (A1)**

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

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

Amended by RHONDA KUKOLY (213) - (A1)



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

London Service Area Office