



**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**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

Sudbury Service Area Office  
159 Cedar Street Suite 403  
SUDBURY ON P3E 6A5  
Telephone: (705) 564-3130  
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Bureau régional de services de  
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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 30, 2014	2014_281542_0025	S-000537-14	Resident Quality Inspection

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

THE ONTARIO-FINNISH RESTHOME ASSOCIATION  
725 North Street Sault Ste Marie ON P6B 5Z3

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

MAUNO KAIHLA KOTI  
723 North Street Sault Ste Marie ON P6B 6G8

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

JENNIFER LAURICELLA (542), MARINA MOFFATT (595)

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

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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): December 8, 9, 10, 11, 12, 15, 16, 17, 18, 19, 2014**

**During the course of the inspection, the inspector(s) spoke with Executive Director of Care, Registered Staff, Personal Support Workers, Environmental Supervisor, Residents and Family Members.**

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

**Accommodation Services - Laundry  
Contenance Care and Bowel Management  
Dignity, Choice and Privacy  
Dining Observation  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Pain  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Residents' Council  
Responsive Behaviours  
Skin and Wound Care  
Sufficient Staffing**

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

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

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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**
**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. Two previous non compliances have been issued under LTCHA s.6. Including one Voluntary Plan of Correction (VPC) issued November 2013 during Inspection # 2013\_139163\_0028 and one Written Notification (WN) issued in April 2012 during Inspection # 2012\_099188\_0014.

On December 15th, 2014 Inspector # 542 completed a health care record review for resident # 020. The most recent RAI-MDS assessment indicated that the resident was exhibiting responsive behaviours. The Medication Administration Record (MAR) indicated that the resident was receiving scheduled anti-anxiety medication. The most recent care plan accessible to the direct care staff was also reviewed which did not indicate any responsive behaviours or interventions. Inspector # 542 interviewed two Personal Support Workers (PSWs) who stated that the resident is frequently anxious. The inspector interviewed two Registered Staff who also confirmed that the resident was anxious and that the resident's plan of care did not include any of the assessed behaviours or interventions. [s. 6. (1) (c)]

2. Inspector # 595 interviewed registered staff # 102 and was informed that resident # 001 had several pressure ulcers which have been ongoing for numerous months. Inspector # 595 asked Registered Staff # 102 to identify where the pressure ulcers were noted on the care plan. Registered Staff # 102 confirmed that the pressure ulcers and interventions were not identified on the care plan, however the Registered Staff # 102 updated the care plan upon speaking with the Inspector. [s. 6. (1) (c)]

3. On December 15th, 2014 Inspector # 542 interviewed 3 different PSWs with regards to resident # 20's daily mouth care routine. All 3 PSWs informed the Inspector that they use a mouth swab (toothette) to clean the resident's oral cavity and teeth. Inspector # 542 reviewed the care plan and noted that there is no information with regards to the use of mouth swabs/toothettes. [s. 6. (1) (c)]

4. Inspector #595 reviewed the care plan for resident #003 which directs staff to use a toothbrush to clean resident #003's teeth. Inspector #595 interviewed three different PSWs pertaining to resident #003's oral care. All three staff members identified that they use mouth swabs (toothettes) frequently rather than the toothbrush. Additionally, all three staff indicated that resident #003 often resists care by clenching their jaw. At this point, staff explained that they would re-attempt the oral care at a later time.



Inspector #595 asked PSW # 100 if they could identify where in the care plan it highlighted the use of mouth swabs, and interventions for when resident #003 resisted care. PSW # 100 confirmed that the care plan did not identify the use of the mouth swabs or list interventions for when resident #003 resisted care.

The licensee failed to ensure that the care plans for resident # 020, # 003 and # 001 set out clear directions to staff. [s. 6. (1) (c)]

***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. 15. Bed rails  
Specifically failed to comply with the following:**

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
  - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
  - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

**Findings/Faits saillants :**



1. On December 18th, 2014 Inspector # 542 spoke with the Nursing and Personal Care Supervisor # 101 and was informed that the home completes assessments on resident's bed systems only if the resident is using 2 full bed rails. The home does not evaluate all of the resident's bed systems regardless of the type or the number of bed rails used.

The licensee failed to ensure that where bed rails are used, the resident has been assessed and his or her bed system evaluated with evidence-based practices, and if there are none, in accordance with prevailing practices to minimize risk to the resident. [s. 15. (1) (a)]

***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 where any and all bed rails are used, a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and c) other safety issues related to the use of bed rails are addressed, including height and latch reliability, to be implemented voluntarily.***

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**WN #3: 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. Over the course of the inspection, Inspector # 542 observed several staff members wearing a surgical mask in the resident home areas. Inspector # 542 spoke with a staff member that was wearing one of the surgical masks and was informed that they had to wear the mask because they did not receive the flu vaccine. During a dining observation, a dietary aide staff was situated behind the steam table, plating the food for the residents and was wearing a surgical mask. The dietary aide staff was observed to be repeatedly pulling down the mask away from their mouth and nose, scratching their face, and pulling the mask back over their mouth and nose without performing any hand hygiene activities. Two other staff members were observed to be wearing the surgical mask incorrectly during the inspection. The staff would at times wear the mask off of their face, hanging from the neck area while in the resident home areas.

The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program. [s. 229. (4)]

***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 all staff participate in the implementation of the program, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director**



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

**s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:**

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).**

**Findings/Faits saillants :**

1. On December 12th, 2014 Inspector # 542 interviewed resident # 024 during stage one of the Resident Quality Inspection (RQI). Resident # 024 informed the Inspector that approximately one month ago a staff member brought them to the shower/tub room, hooked them up to the lift and told them to start getting undressed and the staff member left the room. The resident stated that they had undressed and waited for this staff member to return. The resident also stated that they were cold, felt as though they were being treated like an animal, they did not like to be left sitting without any clothes on and that this particular staff member was rude to them and did not return to proceed with their shower, however two other staff members returned sometime later. Inspector # 542 made the Executive Director of Care (EDOC) and the Nursing and Personal Care Supervisor # 103 aware of this information. The EDOC and the Nursing and Personal Care Supervisor completed an investigation immediately and notified the Power of Attorney (POA) for this resident. A critical incident was submitted to the Director on December 16th, 2014 by the licensee, four days after they were made aware of the alleged incident.

The licensee has failed to ensure that when the person who had reasonable grounds to suspect that any abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or risk of harm it is reported immediately to the Director. [s. 24. (1)]



**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services**

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

**s. 31. (3) The staffing plan must,**

**(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).**

**(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).**

**(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).**

**(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).**

**(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).**

**Findings/Faits saillants :**

1. On December 12, 2014 Inspector # 595 asked the Unit Clerk to provide the staffing schedule for Personal Support Workers (PSWs) from October 2014 to present, as well as the home's staffing back-up plan. The unit clerk was unable to provide the staffing back-up plan.

The EDOC approached Inspector # 595 later that morning with various policies, minutes and emails about maintaining adequate staffing levels and scheduling staff, however no back-up plan was provided.

Inspector # 542 and # 595 further explained to EDOC what was required - a written policy that outlines what the home is to do when someone does not show up or calls in for a shift. Inspector # 542 and # 595 asked the EDOC what the home would do if no staff were able to fill a shift as absent. She stated that the home currently does not have a plan in place for a situation like that as there never has been a problem filling a shift.

The EDOC later brought a staff member responsible for scheduling to the Inspectors, who provided Inspector # 595 with some additional policies however there was still no back up plan outlining the home's process when staff cannot come to work. Inspector asked the scheduling clerk if the home institutes a change in assignments if the floor is short one staff member. She stated that she is not aware of a policy for that, however the Nursing and Personal Care Supervisors would be in charge of that if they had to change PSW's assignments.

The licensee failed to ensure that the staffing plan includes a back-up plan for nursing and personal care staffing that addresses situations when staff cannot come to work, including 24/7 RN coverage. [s. 31. (3)]

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 40. Every licensee of a long-term care home shall ensure that each resident of the home is assisted with getting dressed as required, and is dressed appropriately, suitable to the time of day and in keeping with his or her preferences, in his or her own clean clothing and in appropriate clean footwear. O. Reg. 79/10, s. 40.**

**Findings/Faits saillants :**



1. On December 16th, 2014 Inspector # 542 observed the residents on the B unit at approximately 1620. Inspector noted that some of the residents were dressed in their night clothes at this time. Resident # 026 who is cognitively impaired, was observed to be wearing night clothes at this time. Inspector # 542 spoke with the registered staff working on this unit, who stated that they also felt it was too early for the resident to be in their night clothes and that they don't like when the staff does that. Inspector # 542 reviewed the resident's most current care plan accessible to the direct care staff, the care plan did not indicate that the resident was to be dressed in night clothes early.

The licensee failed to ensure that each resident of the home is assisted with getting dressed as required, and is dressed appropriately, suitable to the time of day and in keeping with his or her preferences, in his or her own clean clothing and in appropriate clean footwear. [s. 40.]

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**Issued on this 2nd day of February, 2015**

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

**Original report signed by the inspector.**



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

**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*

**Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch**

**Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité**

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

**Nom de l'inspecteur (No) :** JENNIFER LAURICELLA (542), MARINA MOFFATT  
(595)

**Inspection No. /**

**No de l'inspection :** 2014\_281542\_0025

**Log No. /**

**Registre no:** S-000537-14

**Type of Inspection /**

**Genre**

**d'inspection:**

Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** Dec 30, 2014

**Licensee /**

**Titulaire de permis :** THE ONTARIO-FINNISH RESTHOME ASSOCIATION  
725 North Street, Sault Ste Marie, ON, P6B-5Z3

**LTC Home /**

**Foyer de SLD :** MAUNO KAIHLA KOTI  
723 North Street, Sault Ste Marie, ON, P6B-6G8

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** LEWIS MASSAD

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To THE ONTARIO-FINNISH RESTHOME ASSOCIATION, 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) (b)**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, 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;  
(b) the goals the care is intended to achieve; and  
(c) clear directions to staff and others who provide direct care to the resident.  
2007, c. 8, s. 6 (1).

**Order / Ordre :**

The licensee shall develop, submit and implement a plan that will ensure there is a written plan of care for each resident that sets out, (a) the planned care for the resident; (b) the goals the care is intended to achieve; and (c) clear directions to staff and others who provide direct care to the resident.

This plan must be submitted in writing to Inspector Jennifer Lauricella at 159 Cedar Street, Suite 403, Sudbury, ON P3E 6A5 or by fax at 1-705-564-3133 on or before February 13th, 2014.

**Grounds / Motifs :**

1. Two previous non compliances have been issued under LTCHA s.6. Including one Voluntary Plan of Correction (VPC) issued November 2013 during Inspection # 2013\_139163\_0028 and one Written Notification (WN) issued in April 2012 during Inspection # 2012\_099188\_0014.

On December 15th, 2014 Inspector # 542 completed a health care record review for resident # 020. The most recent RAI-MDS assessment indicated that the resident was exhibiting responsive behaviours. The Medication Administration Record (MAR) indicated that the resident was receiving scheduled anti-anxiety medication. The most recent care plan accessible to the direct care staff was also reviewed which did not indicate any responsive behaviours or interventions. Inspector # 542 interviewed two Personal Support Workers (PSWs) who stated that the resident is frequently anxious. The inspector interviewed two Registered Staff who also confirmed that the resident was anxious and that the



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residents' plan of care did not include any of the assessed behaviours or interventions.

Inspector # 595 interviewed registered staff # 102 and was informed that resident # 001 had several pressure ulcers which have been ongoing for numerous months. Inspector # 595 asked Registered Staff # 102 to identify where the pressure ulcers were noted on the care plan. Registered Staff # 102 confirmed that the pressure ulcers and interventions were not identified on the care plan, however the Registered Staff # 102 updated the care plan upon speaking with the Inspector.

On December 15th, 2014 Inspector # 542 interviewed 3 different PSWs with regards to resident # 20's daily mouth care routine. All 3 PSWs informed the Inspector that they use a mouth swab (toothette) to clean the resident's oral cavity and teeth. Inspector # 542 reviewed the care plan and noted that there is no information with regards to the use of mouth swabs/toothettes. Inspector #595 reviewed the care plan for resident #003 which directs staff to use a toothbrush to clean resident #003's teeth. Inspector #595 interviewed three different PSWs pertaining to resident #003's oral care. All three staff members identified that they use mouth swabs (toothettes) frequently rather than the toothbrush. Additionally, all three staff indicated that resident #003 often resists care by clenching their jaw. At this point, staff explained that they would re-attempt the oral care at a later time.

Inspector #595 asked PSW # 100 if they could identify where in the care plan it highlighted the use of mouth swabs, and interventions for when resident #003 resisted care. PSW # 100 confirmed that the care plan did not identify the use of the mouth swabs or list interventions for when resident #003 resisted care.

The licensee failed to ensure that the care plans for resident # 020, # 003 and # 001 set out clear directions to staff.

(542)

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

**Vous devez vous conformer à cet ordre d'ici le :** Feb 06, 2015



**Ministry of Health and  
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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  
Performance Improvement and Compliance 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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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  
Performance Improvement and Compliance  
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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Aux termes de l'article 153 et/ou  
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## **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  
Direction de l'amélioration de la performance et de la conformité  
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  
Direction de l'amélioration de la performance et de la  
conformité  
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 30th day of December, 2014**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

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

**Service Area Office /**

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