



**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**

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### **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 18, 2012	2012_182128_0007	L-001794-12	Follow up

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

RITZ LUTHERAN VILLA  
R.R. 5, MITCHELL, ON, N0K-1N0

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

RITZ LUTHERAN VILLA  
PART LOT 16, CON 2, LOGAN TWN, R.R. #5, MITCHELL, ON, N0K-1N0

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

RUTH HILDEBRAND (128), MARIAN MACDONALD (137)

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



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

**This inspection was conducted on the following date(s): December 4 & 5, 2012**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Extendicare Quality Manager, Finance Director, Acting Assistant Director of Care, Building Services Director, 2 Physicians, 2 Registered Nurses, 4 Registered Practical Nurses, RAI Coordinator, 5 Personal Support Workers, 2 Maintenance Workers, 2 Housekeeping Aides, 1 Laundry Aide, and the Staffing Clerk.**

**During the course of the inspection, the inspector(s) conducted a tour of the home, reviewed clinical records for identified residents, observed condition of the linens and the linen supply, observed medication storage areas and stock medications, reviewed employee and agency staff files and reviewed policies and procedures pertinent to the inspection.**

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

**Accommodation Services - Laundry**

**Accommodation Services - Maintenance**

**Infection Prevention and Control**

**Medication**

**Safe and Secure Home**

**Skin and Wound Care**

**Sufficient Staffing**

**Training and Orientation**

**Findings of Non-Compliance were found during this inspection.**



**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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

**Findings/Faits saillants :**



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1. On December 4, 2012, during an initial tour of the home, maintenance tools including screw drivers, hammers and drills were found in an unlocked, unattended utility room, on second floor.

The Building Services Director acknowledged the safety risk and that the tools were accessible to residents because the spring was not working in the lock which allowed the door to close without locking properly. [s. 5.]

2. A previous written notification and voluntary plan of correction were issued April 27, 2012 related to potentially dangerous maintenance tools being accessible to residents. [s. 5.]

***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 LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**

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

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
  - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
  - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

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**Findings/Faits saillants :**



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1. The flooring in the home continues to be an issue on first floor and the very dirty, worn out carpet at the nurses' station is still present despite being identified to the home in May 2012 and a subsequent compliance order issued July 2012. The home sent an operational plan on September 27, 2012, post a September inspection in the home, which indicated that the flooring would be replaced starting October 1, 2012. The operational plan was not implemented. It was reported during this inspection that the floor replacement was done on second floor and then the flooring company left the home to go to another job site. There currently is neither floor nor baseboards in the East wing of first floor and it was reported that this area has been like that since mid-November 2012. It was reported that the Board gave approval November 29, 2012 to grind down and seal the floors in this area because they have moisture in them. At the time of the inspection, an operational plan had not been submitted to the MOHLTC for approval detailing the affect this will have on residents. The Building Services Director stated that he had "no idea" when the floor would be laid in this area. [s. 15. (2) (c)]

***Additional Required Actions:***

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

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training**



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Specifically failed to comply with the following:

s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

1. The Residents' Bill of Rights. 2007, c. 8, s. 76. (2).
2. The long-term care home's mission statement. 2007, c. 8, s. 76. (2).
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents. 2007, c. 8, s. 76. (2).
4. The duty under section 24 to make mandatory reports. 2007, c. 8, s. 76. (2).
5. The protections afforded by section 26. 2007, c. 8, s. 76. (2).
6. The long-term care home's policy to minimize the restraining of residents. 2007, c. 8, s. 76. (2).
7. Fire prevention and safety. 2007, c. 8, s. 76. (2).
8. Emergency and evacuation procedures. 2007, c. 8, s. 76. (2).
9. Infection prevention and control. 2007, c. 8, s. 76. (2).
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities. 2007, c. 8, s. 76. (2).
11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).

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Findings/Faits saillants :



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1. A review of the Agency Staff binder revealed that there is no evidence to support that staff from employment agencies were trained prior to performing their responsibilities.

Records were reviewed for twelve agency staff who have worked in the home since September 1, 2012, seven of whom are registered nursing staff.

There is no documented evidence to support that 11 of the 12 agency staff, including 6 registered staff were trained prior to performing their responsibilities nor that the previous two compliance orders were complied with. Compliance orders were issued March 19, 2012 and again in July 2012 related to non-compliance which identified that all staff must be trained prior to performing their duties.

Additionally, records were reviewed for 5 newly hired Ritz Villa staff. One of the 5 staff, who was a registered nursing staff member, did not have orientation/training prior to working in the home.

The Administrator confirmed that there was no documented evidence to support that eleven of the twelve agency staff, as well as the Ritz Villa staff member, were trained. She stated her expectation was that all staff were trained prior to performing their duties. [s. 76. (2) 1.]

2. Evidence included in #1. [s. 76. (2) 2.]

3. Evidence included in #1. [s. 76. (2) 3.]

4. Evidence included in #1. [s. 76. (2) 5.]

5. Evidence included in #1. [s. 76. (2) 6.]

6. Evidence included in #1. [s. 76. (2) 7.]

7. Evidence included in #1. [s. 76. (2) 8.]

8. Evidence included in #1. [s. 76. (2) 9.]

***Additional Required Actions:***

***CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".***



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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 46. Every licensee of a long-term care home shall ensure that every member of the staff who performs duties in the capacity of registered nurse, registered practical nurse or registered nurse in the extended class has the appropriate current certificate of registration with the College of Nurses of Ontario. O. Reg. 79/10, s. 46.**

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**Findings/Faits saillants :**

1. A review of the Agency Staff binder and records for newly hired Ritz Villa staff revealed that there is no evidence to support every registered nursing staff has the appropriate current certificate of registration with the College of Nurses of Ontario (CNO).

There is no documented evidence to ensure that four of seven registered nursing agency staff have a current registration with the CNO. The agency staff binder revealed that the licensee had no registration information for one agency registered practical nurse and one registered nurse. The other registrations were not current. One of two newly hired Ritz Villa registered nursing staff did not have documentation of a current registration.

The Administrator verified this information and indicated that her expectation was that all registered staff would have a current certificate of registration with the CNO. [s. 46.]

***Additional Required Actions:***

***CO # - 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**





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**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).**
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**Findings/Faits saillants :**

1. A review of the Wound Care Assessment records for three identified residents, between July 1 - November 30, 2012 revealed that assessments were not completed weekly, as evidenced by:
    - An identified resident- There were 11-13 days between 5 out of 18 assessments (27.8 %);
    - An identified resident- There were 14-24 days between 7 out of 13 assessments (53.9 %);
    - An identified resident - There were 9-16 days between 5 out of 23 assessments (21.7%).
- There was no documented evidence in Point Click Care that all assessments were completed as ordered but they were documented on the TARS as having been done. The RAI Coordinator and a Registered Practical Nurse confirmed that the assessments were not all completed, were not being completed in the required time frame and yet were signed off on the TARS as having been done.
- A Registered Nurse, Registered Practical Nurse and the Extendicare Quality Manager all confirmed that Weekly Wound Care Assessments are to be completed in Point Click Care and that hard copy assessments are not used at the home.

[O. Reg. 79/10, s.50(2)(b)(iv)] [s. 50. (2) (b) (iv)]



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***Additional Required Actions:***

***CO # - 005 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.**

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**Findings/Faits saillants :**

1. On December 4, 2012, during an initial tour of the home, hazardous chemicals were found in an unlocked and unattended utility room on first floor, as well as an unlocked, unattended utility room on second floor.

The Building Services Director acknowledged that the chemicals were accessible to residents because the springs were not working in the locks which allowed the doors to close without locking properly. [s. 91.]

2. A previous written notification and voluntary plan of correction were issued April 27, 2012, as well as a written notification and compliance order July 2012. Despite a compliance plan being submitted that indicated the home would put actions into place to prevent recurrence, another written notification and compliance order were issued September 19, 2012. [s. 91.]

***Additional Required Actions:***

***CO # - 006 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 215. Criminal reference check**

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**Findings/Faits saillants :**



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1. A review of the Agency Staff binder and records for newly hired Ritz Villa staff revealed that there is no evidence to support criminal reference checks are done, by the licensee, within six months before hiring, including vulnerable sector screening. Eleven of twelve agency staff reviewed, including seven registered staff did not have evidence to support that the required criminal reference checks and vulnerable sector screening were done by the licensee prior to hiring. One agency registered staff worked at the home with no documented evidence of a criminal reference check, no evidence of a registration with the College of Nurses and no evidence of training prior to employment.

One of five employee files reviewed for Ritz Villa staff did not have evidence to support that a criminal reference check, including vulnerable sector screening was done prior to being accepted for employment.

The Administrator confirmed that the required documentation related to criminal reference checks was not available. [s. 215.]

2. A previous written notification and compliance order were issued March 19, 2012 under section 75(1), (2), & (3) of the LTCHA related to documentation of criminal reference checks prior to commencing employment. [s. 215.]

***Additional Required Actions:***

***CO # - 007 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 218. Orientation For the purposes of paragraph 11 of subsection 76 (2) of the Act, the following are additional areas in which training shall be provided:**

- 1. The licensee's written procedures for handling complaints and the role of staff in dealing with complaints.**
- 2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities.**
- 3. Cleaning and sanitizing of equipment relevant to the staff member's responsibilities. O. Reg. 79/10, s. 218.**

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**Findings/Faits saillants :**



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1. A review of the Agency Staff binder revealed that there is no evidence to support that staff from employment agencies were trained prior to performing their responsibilities.

Records were reviewed for twelve agency staff who have worked in the home since September 1, 2012, seven of whom are registered nursing staff.

There is no documented evidence to support that 11 of the 12 agency staff, including 6 registered staff were trained prior to performing their responsibilities nor that the previous two compliance orders were complied with. Compliance orders were issued March 19, 2012 and again in July 2012 related to non-compliance which identified that all staff must be trained prior to performing their duties.

One agency registered nursing staff stated that orientation was provided although there was no documentation to support this.

Additionally, records were reviewed for 5 newly hired Ritz Villa staff. One of the 5 staff, who was a registered nursing staff member, did not have orientation/training prior to working in the home.

The Administrator confirmed that there was no documented evidence to support that eleven of the twelve agency staff, as well as the Ritz Villa staff member, were trained. She stated her expectation was that all staff were trained prior to performing their duties. [s. 218. 1.]

2. A previous written notification and compliance order were issued July 2012 related to ensuring that staff are trained prior to performing their duties. [s. 218. 1.]

3. Evidence included in #1. [s. 218. 2.]

4. Evidence included in #1. [s. 218. 3.]

***Additional Required Actions:***

***CO # - 008 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home**



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

**s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:**

**1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,**

**i. kept closed and locked,**

**ii. equipped with a door access control system that is kept on at all times, and**

**iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,**

**A. is connected to the resident-staff communication and response system, or**

**B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. O. Reg. 79/10, s. 9. (1).**

**2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents. O. Reg. 79/10, s. 9. (1).**

**3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency. O. Reg. 79/10, s. 9. (1).**

**4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).**

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**Findings/Faits saillants :**

1. On December 4, 2012, during an initial tour of the home, an unlocked and unattended utility room was observed on first floor. The green house which opens to the exterior of the building can be accessed through this utility room.

The Building Services Director acknowledged that this was a safety risk and it was accessible to residents because the spring was not working in the locks which allowed the door to close without locking properly . [s. 9. (1) 2.]



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**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 doors leading to non-residential areas must be kept locked at all times to restrict access by residents, to be implemented voluntarily.***

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**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/  
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

**COMPLIED NON-COMPLIANCE/ORDER(S)  
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / NO DE L'INSPECTION</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 129. (1)	CO #012	2012_087128_0010	137
O.Reg 79/10 s. 130.	CO #018	2012_087128_0010	137
O.Reg 79/10 s. 229. (5)	CO #002	2012_087128_0019	137
O.Reg 79/10 s. 89. (1)	CO #003	2012_093145_0021	137



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Issued on this 18th day of December, 2012

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

A handwritten signature in cursive script that reads "Ruth Hildebrand".



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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) : RUTH HILDEBRAND (128), MARIAN MACDONALD  
(137)

Inspection No. /  
No de l'inspection : 2012\_182128\_0007

Log No. /  
Registre no: L-001794-12

Type of Inspection /  
Genre d'inspection: Follow up

Report Date(s) /  
Date(s) du Rapport : Dec 18, 2012

Licensee /  
Titulaire de permis : RITZ LUTHERAN VILLA  
R.R. 5, MITCHELL, ON, N0K-1N0

LTC Home /  
Foyer de SLD : RITZ LUTHERAN VILLA  
PART LOT 16, CON 2, LOGAN TWN, R.R. #5,  
MITCHELL, ON, N0K-1N0

Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur : RUTH ANNE LOBB  
~~BOB PETRUSHEWSKY~~

To RITZ LUTHERAN VILLA, you are hereby required to comply with the following order(s) by the date(s) set out below:





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

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

**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
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**Order # /**  
**Ordre no :** 001      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

**Order / Ordre :**

The licensee must take immediate action to achieve compliance with LTCHA, 2007 S.O. 2007, c.8, s. 5 to ensure that the home is a safe and secure environment for its residents.

**Grounds / Motifs :**

1. A previous written notification and voluntary plan of correction were issued April 27, 2012 related to potentially dangerous maintenance tools being accessible to residents. (128)
2. On December 4, 2012, during an initial tour of the home, maintenance tools including screw drivers, hammers and drills were found in an unlocked, unattended utility room, on second floor.  
The Building Services Director acknowledged the safety risk and that the tools were accessible to residents because the spring was not working in the lock which allowed the door to close without locking properly.  
[LTCHA, 2007 S.O. 2007, c.8, s. 5] (128)

**This order must be complied with by /**  
**Vous devez vous conformer à cet ordre d'ici le :** Dec 19, 2012



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

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

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

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

**Linked to Existing Order /**  
**Lien vers ordre existant:** 2012\_093145\_0021, CO #001;

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,  
(a) the home, furnishings and equipment are kept clean and sanitary;  
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and  
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

**Order / Ordre :**

The licensee must take immediate action to achieve compliance with LTCHA, 2007 S.O. 2007, c.8, s.15(2) to ensure that the home, including the flooring is maintained in a safe condition and in a good state of repair.

**Grounds / Motifs :**



**Ministry of Health and  
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**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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

1. The flooring in the home continues to be an issue on first floor and the very dirty, worn out carpet at the nurses' station is still present despite being identified to the home in May 2012 and a subsequent compliance order issued July 2012.

The home sent an operational plan on September 27, 2012, post a September inspection in the home, which indicated that the flooring would be replaced starting October 1, 2012. The operational plan was not implemented.

It was reported during this inspection that the floor replacement was done on second floor and then the flooring company left the home to go to another job site. There currently is neither floor nor baseboards in the East wing of first floor and it was reported that this area has been like that since mid-November 2012.

It was reported that the Board gave approval November 29, 2012 to grind down and seal the floors in this area because they have moisture in them. At the time of the inspection an operational plan had not been submitted to the MOHLTC for approval detailing the affect this will have on residents.

The Building Services Director stated that he had "no idea" when the floor would be laid in this area.

[LTCHA, 2007 S.O. 2007, c.8, s.15(2)]  
(128)

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

**Vous devez vous conformer à cet ordre d'ici le : Jan 15, 2013**



**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

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**Order # /**

**Ordre no :** 003

**Order Type /**

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

**Linked to Existing Order /**

**Lien vers ordre existant:** 2012\_087128\_0010, CO #015;

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

1. The Residents' Bill of Rights.
2. The long-term care home's mission statement.
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
4. The duty under section 24 to make mandatory reports.
5. The protections afforded by section 26.
6. The long-term care home's policy to minimize the restraining of residents.
7. Fire prevention and safety.
8. Emergency and evacuation procedures.
9. Infection prevention and control.
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).

**Order / Ordre :**

The licensee must take immediate action to achieve compliance with LTCHA, 2007 S.O. 2007, c.8, s.76,(2) to ensure that all staff, including agency staff, receive training prior to performing their responsibilities.

**Grounds / Motifs :**



**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

1. A review of the Agency Staff binder revealed that there is no evidence to support that staff from employment agencies were trained prior to performing their responsibilities.

Records were reviewed for twelve agency staff who have worked in the home since September 1, 2012, seven of whom are registered nursing staff.

There is no documented evidence to support that 11 of the 12 agency staff, including 6 registered staff were trained prior to performing their responsibilities nor that the previous two compliance orders were complied with. Compliance orders were issued March 19, 2012 and again in July 2012 related to non-compliance which identified that all staff must be trained prior to performing their duties.

Additionally, records were reviewed for 5 newly hired Ritz Villa staff. One of the 5 staff, who was a registered nursing staff member, did not have orientation/training prior to working in the home.

The Administrator confirmed that there was no documented evidence to support that eleven of the twelve agency staff as well as the Ritz Villa staff member were trained. She stated her expectation was that all staff were trained prior to performing their duties.

[LTCHA, 2007 S.O. 2007, c.8, s.76,(2)] (128)

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

**Vous devez vous conformer à cet ordre d'ici le : Dec 19, 2012**



**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

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**Order # /**

**Ordre no :** 004

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 46. Every licensee of a long-term care home shall ensure that every member of the staff who performs duties in the capacity of registered nurse, registered practical nurse or registered nurse in the extended class has the appropriate current certificate of registration with the College of Nurses of Ontario. O. Reg. 79/10, s. 46.

**Order / Ordre :**

The licensee must take immediate action to achieve compliance with O. Reg. 79/10,s.46 to ensure that all registered nursing staff, including agency nursing staff have the appropriate certificate of registration with the College of Nurses of Ontario, prior to performing duties in the home.

**Grounds / Motifs :**

1. A review of the Agency Staff binder and records for newly hired Ritz Villa staff revealed that there is no evidence to support every registered nursing staff has the appropriate current certificate of registration with the College of Nurses of Ontario (CNO).

There is no documented evidence to ensure that four of seven registered nursing agency staff have a current registration with the CNO. The agency staff binder revealed that the licensee had no registration information for one agency registered practical nurse and one registered nurse. The other registrations were not current.

One of two newly hired Ritz Villa registered nursing staff did not have documentation of a current registration.

The Administrator verified this information and indicated that her expectation was that all registered staff would have a current certificate of registration with the CNO.

[O. Reg. 79/10, s. 46] (128)



**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

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :**

**Dec 19, 2012**



**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*

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**Order # /**

**Ordre no :** 005

**Order Type /**

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

**Linked to Existing Order /**

**Lien vers ordre existant:** 2012\_087128\_0010, CO #017;

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(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;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

**Order / Ordre :**





**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

The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s. 50 (2) that identifies how the home will ensure that residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

The plan must include confirmation, with immediate dates, that the assessments for the identified residents have been completed.

The plan must also include dates for immediate education of registered staff and who will be responsible for conducting the education related to skin and wound assessments.

Additionally, the plan must include how skin assessments will be monitored to ensure they are not being signed as completed when they have not been done, as well as who will be responsible for this.

Please submit the plan in writing to , Ruth Hildebrand, Long-Term Care Homes Inspector, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 291 King Street, 4th Floor, London, ON N6B 1R8, by email, at [ruth.hildebrand@ontario.ca](mailto:ruth.hildebrand@ontario.ca) by January 7, 2013.

**Grounds / Motifs :**



**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

1. A review of the Wound Care Assessment records for three identified residents, between July 1 - November 30, 2012 revealed that assessments were not completed weekly, as evidenced by:

An identified resident- There were 11-13 days between 5 out of 18 assessments (27.8 %);

An identified resident - There were 14-24 days between 7 out of 13 assessments (53.9 %);

An identified resident - There were 9-16 days between 5 out of 23 assessments (21.7%).

There was no documented evidence in Point Click Care that all assessments were completed as ordered but were documented on the TARS as having been done.

The RAI Coordinator and a Registered Practical Nurse confirmed that the assessments were not all completed, were not being completed in the required time frame and yet were signed off on the TARS as having been done.

A Registered Nurse, Registered Practical Nurse and the Quality Manager all confirmed that Weekly Wound Care Assessments are to be completed in Point Click Care and that hard copy assessments are not used at the home.

[O. Reg. 79/10, s.50(2)(b)(iv)]  
(137)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le : Jan 07, 2013**



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*

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**Order # /**                      **Order Type /**  
**Ordre no :** 006                **Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**  
**Lien vers ordre existant:** 2012\_087128\_0019, CO #001;

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

**Order / Ordre :**

The licensee must take immediate action to achieve compliance with O. Reg. 79/10, s. 91 to ensure that all hazardous substances at the home are kept inaccessible to residents at all times.

**Grounds / Motifs :**

1. A previous written notification and voluntary plan of correction were issued April 27, 2012 as well as a written notification and compliance order July, 2012. Despite a compliance plan being submitted that indicated the home would put actions into place to prevent recurrence, another written notification and compliance order were issued September 19, 2012. (128)
2. On December 4, 2012, during an initial tour of the home, hazardous chemicals were found in an unlocked and unattended utility room on first floor as well as an unlocked utility room on second floor. The Building Services Director acknowledged that the chemicals were accessible to residents because the springs were not working in the locks which allowed the doors to close without locking properly. [O. Reg. 79/10, s. 91] (128)

**This order must be complied with by /**  
**Vous devez vous conformer à cet ordre d'ici le :** Dec 19, 2012



**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

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**Order # /**

**Ordre no :** 007

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 215. Criminal reference check

**Order / Ordre :**

The licensee must take immediate action to achieve compliance with O. Reg. 79/10, s. 215 to ensure that before the licensee hires any staff members, including agency staff that they have had a criminal reference check, conducted by a police force, conducted within six months before the staff member is hired. The criminal reference check must also include a vulnerable sector screen to determine the person's suitability to be a staff member in the long-term care home.

**Grounds / Motifs :**



**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

1. A previous written notification and compliance order were issued March 19, 2012 under section 75(1), (2), & (3) of the LTCHA related to documentation of criminal reference checks prior to commencing employment. (128)

2. A review of the Agency Staff binder and records for newly hired Ritz Villa staff revealed that there is no evidence to support criminal reference checks are done, by the licensee, within six months before hiring, including vulnerable sector screening.

Eleven of twelve agency staff reviewed, including seven registered staff did not have evidence to support that a criminal reference check was done, by the licensee prior to hiring, including vulnerable sector screening, within 6 months prior to commencing employment. One agency registered staff worked at the home with no documented evidence of a criminal reference check, no evidence of a registration with the College of Nurses and no evidence of training prior to employment.

One of five employee files reviewed for Ritz Villa staff did not have evidence to support that a criminal reference check, including vulnerable sector screening was done prior to being accepted for employment.

The Administrator confirmed that the required documentation related to criminal reference checks was not available.

[O. Reg. 79/10, s. 215 (1), (2)(a) &(b), and (3)] (128)

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

**Vous devez vous conformer à cet ordre d'ici le :** Dec 19, 2012



**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

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**Order # /**                      **Order Type /**  
**Ordre no : 008**              **Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**  
**Lien vers ordre existant:** 2012\_087128\_0010, CO #020;

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 218. For the purposes of paragraph 11 of subsection 76 (2) of the Act, the following are additional areas in which training shall be provided:

1. The licensee's written procedures for handling complaints and the role of staff in dealing with complaints.
2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities.
3. Cleaning and sanitizing of equipment relevant to the staff member's responsibilities. O. Reg. 79/10, s. 218.

**Order / Ordre :**

The licensee must take immediate action to achieve compliance with O. Reg. 79/10, s. 218 to ensure that all staff, including agency staff, receive training prior to performing their responsibilities.

**Grounds / Motifs :**



**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

1. A review of the Agency Staff binder revealed that there is no evidence to support that staff from employment agencies were trained prior to performing their responsibilities.

Records were reviewed for twelve agency staff who have worked in the home since September 1, 2012, seven of whom are registered nursing staff.

There is no documented evidence to support that 11 of the 12 agency staff, including 6 registered staff were trained prior to performing their responsibilities nor that a previous compliance order was complied with. A written notification and compliance order were issued in July 2012 related to non-compliance which identified that all staff must be trained prior to performing their duties.

One agency registered nursing staff stated that orientation was provided although there was no documentation to support this.

Additionally, records were reviewed for 5 newly hired Ritz Villa staff. One of the 5 staff, who was a registered nursing staff member, did not have orientation/training prior to working in the home.

The Administrator confirmed that there was no documented evidence to support that eleven of the twelve agency staff as well as the Ritz Villa staff member were trained. She stated her expectation was that all staff were trained prior to performing their duties.

[O.Reg. 79/10, s. 218. 1, 2, 3] (128)

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

**Vous devez vous conformer à cet ordre d'ici le :** Dec 19, 2012



**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

### **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





**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

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).



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

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

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

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

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

### **PRENDRE AVIS**

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

Directeur  
a/s Coordinateur des appels  
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 18th day of December, 2012**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :**

RUTH HILDEBRAND

**Service Area Office /**

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