



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  
prévus le Loi de 2007 les  
foyers de soins de longue

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

Hamilton Service Area Office  
119 King Street West, 11th Floor  
HAMILTON, ON, L8P-4Y7  
Telephone: (905) 546-8294  
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ème</sup> étage  
HAMILTON, ON, L8P-4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

Public Copy/Copie du public

| Date(s) of inspection/Date(s) de l'inspection          | Inspection No/ No de l'inspection | Type of Inspection/Genre d'inspection |
|--------------------------------------------------------|-----------------------------------|---------------------------------------|
| Sep 28, 29, Oct 5, 13, 18, 19, Nov 30, Dec 1, 21, 2011 | 2011_066107_0010                  | Complaint                             |

Licensee/Titulaire de permis

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

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

BAYWOODS PLACE  
330 MAIN STREET EAST, HAMILTON, ON, L8N-3T9

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

MICHELLE WARRENER (107)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with The Administrator, Assistant Director of Care, and Registered staff.

During the course of the inspection, the inspector(s) Reviewed the clinical health record of a resident related to complaint H-001274-11.

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

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

Legendé

WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
WAO – Ordres : travaux et activités



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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. 69. Weight changes**

Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

**Findings/Faits saillants :**

1. [O.Reg. 79/10, s. 69, 2]

An identified resident had an 8.2% significant weight loss over three months in 2011, however, this weight change was not assessed using an interdisciplinary approach, with actions taken and outcomes evaluated.

The computerized system the home is using for flagging significant weight changes did not identify the resident's significant weight loss and an interdisciplinary assessment (including nursing staff) of the weight change did not occur. The Registered Dietitian did note the weight loss at the nutritional assessment, however, action was not taken to address the weight loss. The plan of action identified by the Dietitian stated to continue with the current diet and care plan interventions and to follow up in three months. The resident's plan of care identified a goal for weight maintenance, however, the resident fell below their weight goal during this time period. Action was not taken to address the significant weight loss at that time.

The resident had a further significant weight loss of 12.8% over one month recorded the subsequent month, and a 17.8% loss over the previous three months. An interdisciplinary assessment of the significant weight change did not occur, a referral to the Registered Dietitian was not initiated, and a re-weigh to verify the accuracy of the significant weight change was not completed. Action was not taken until requested by the resident's family.

Management staff interviewed confirmed that action was not taken to address the significant weight loss prior to the family request for action.

**Additional Required Actions:**

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

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care**



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Specifically failed to comply with the following subsections:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,  
(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and  
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).

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Findings/Faits saillants :



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1. [O.Reg. 79/10, s. 26(3)14]

An interdisciplinary assessment of an identified resident's hydration status and risks related to hydration was not completed when the resident had a decline in fluid intake and was not meeting their hydration goals. The plan of care includes a specific daily fluid requirement, however, food and fluid intake documentation reflects the resident was consuming fluids fair or poorly (less than 1500cc/day) for two consecutive months in 2011. An interdisciplinary assessment of the poor hydration did not occur during this time. A treatment for poor hydration was initiated, however, this was not identified as a strategy for hydration, but a treatment related only to skin integrity. Progress notes prior to the initiation of the treatment identify signs and symptoms of dehydration, however, there was no assessment of the resident's hydration status.

The Resident Assessment Protocol (RAP) related to dehydration/fluid maintenance, completed by nursing staff, did not include an assessment of the resident's current hydration in relation to the fluid goals identified on their plan of care, despite a history of poor fluid intake, and multiple risk factors related to hydration.

2. [O.Reg. 79/10, s.26(4)(a)]

The Registered Dietitian who is a member of the staff of the home did not complete a nutritional assessment for an identified resident when there was a significant change in the resident's health status.

The Registered Dietitian did not complete a timely assessment of nutrition risks related to skin integrity. Skin integrity problems were identified by nursing staff, however, a nutritional assessment was not completed until 1.5 months after the the open areas were identified.

[O.Reg. 79/10, s. 26(4)(b)]

The Registered Dietitian who is a member of the staff of the home did not assess an identified resident's hydration status and any risks related to hydration.

At four nutrition assessments in 2011 the Registered Dietitian did not assess the resident's hydration status with action taken to address the poor hydration. Food and fluid intake documentation reflects the resident was consuming fluids fair or poorly for two consecutive months (below fluid goal identified on the resident's plan of care), however, a nutrition assessment was not completed in relation to the poor hydration.

A 72 hour food and fluid intake study was initiated for and identified resident (as per progress notes and monitoring records), however, there is no evidence that information from this intake study was assessed by the Registered Dietitian. Management staff interviewed confirmed that the 72 hour intake study records were incomplete and a nutritional assessment of this information was not available.

The triggered Resident Assessment Protocol (RAP) summary related to Nutrition and Hydration, completed by the Registered Dietitian, did not include an assessment of the resident's hydration status in relation to minimum daily fluid intake goals outlined on the resident's plan of care. The resident had a history of poor hydration over the quarter.

**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. 6. Plan of care**



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Specifically failed to comply with the following subsections:

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

s. 6. (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

2. The outcomes of the care set out in the plan of care.

3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).

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**Findings/Faits saillants :**

1. [LTCHA, 2007, S.O. 2007, c.8, s. 6(9)1]

The licensee did not ensure that the care set out in the plan of care for an identified resident was documented.

Food and fluid intake records for four consecutive months in 2011 were noted to be incomplete. There were six meals and multiple missing entries at snacks noted in one month; 16 missing entries for meals and 17 missing entries for snacks the next month; one missing entry for meals, and 34 missing entries for snacks the next month; and 76 missing entries for snacks in the final month.

Documentation for the 72 hour intake records, completed over a two week period in 2011, had numerous missing entries. Not one of the days in this period had a completed record.

The Administrator acknowledged that documentation was incomplete on the resident's food and fluid intake and 72 hour intake records.

2. [LTCHA, 2007, S.O. 2007, c.8, s. 6(4)(b)]

The different aspects of care for an identified resident were not integrated, consistent with, and did not complement each other.

The nutritional assessment completed by the Registered Dietitian, indicated the resident was consuming 100% of the high protein pudding that was to be given three times daily. Food and fluid intake records completed by personal support worker staff (PSW) did not reflect that the pudding was provided or consumed during this time period. The pudding was not recorded until after the nutritional assessment.

Staff interviewed could not identify why the recorded information was inconsistent.

**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 with section 6(4)(b) and section 6(9)1, to be implemented voluntarily.*

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**  
Specifically failed to comply with the following subsections:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and

(b) is complied with. O. Reg. 79/10, s. 8 (1).

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**Findings/Faits saillants :**



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**1. [O.Reg. 79/10, s. 8(1)(a)(b)]**

The licensee did not ensure that the home's policies and procedures were in compliance with and implemented in accordance with applicable requirements under the Act and complied with related to the following policies:

72 hour Food intake study (LTC-H-100)

Hydration guidelines (LTC-H-130)

Nursing Dietary Liaison - Change in Nutritional Status (LTC-H-80)

Therapeutic diets/modified textures (LTC-H-150)

Weights - Facility specific (C-05-205)

The Weights policy indicates that a referral will be made to the clinical Dietitian using the Dietitian referral form when a weight loss is greater than or equal to 5% in one month, or greater than or equal to 7.5% in three months. The policy was not followed for an identified resident. A referral to the Registered Dietitian was not sent after significant weight loss was identified for two subsequent months.

The Therapeutic Diets/Modified Textures policy does not include a definition of this diet and does not provide direction for staff implementing the diet. An identified resident had a physician order for a specialized diet, however, there is no clear definition of this diet.

The 72 hours food intake study policy was not followed by staff when an intake study was ordered for an identified resident. The policy indicates that when the study is completed a referral is sent to the Registered Dietitian who will complete an assessment at his/her next visit and that the Dietitian will calculate pertinent nutrients such as grams of protein, fat, carbohydrates, caloric intake and fluid intake. Staff did not refer to the Dietitian when the intake study was completed, and the Dietitian did not complete an assessment of the information.

The Nursing Dietary Liason - Change in Nutritional Status policy is not in compliance with all applicable requirements under the Act and is not complied with by staff. The policy identifies that the Food Services Manager will assess residents' nutritional care and make recommendations and may or may not consult with the Registered Dietitian. This Act/Regulations require the Registered Dietitian to complete a nutritional assessment for all residents on admission and when there is a significant change in a resident's health condition and that the Dietitian assesses residents' nutritional status, including height, weight, and any risks relating to nutritional care as well as hydration status and any risks relating to hydration (Section 26(4) of the Regulations). This policy was not followed by staff after an identified resident had a significant weight loss in two subsequent months. The policy identifies significant weight loss will be referred to the Food Services Supervisor, however, a referral was not initiated for either documented significant weight loss. This was confirmed with the Administrator.

The Home's hydration policy was not consistent with the home's food and fluid intake documentation records. Food and fluid intake documentation records do not allow for the recording of intake when a resident's fluid intake is more than 1550cc/day, however, the hydration guidelines reflects that residents will be provided 2500cc/day and the hydration policy reflects 2125cc/day. The hydration policy also states that fluid intake is to be documented in milliliters on the food and fluid intake record. The intake record only allows for fluids to be documented as Good, Fair, Poor or Refused. The Assistant Director of Care and Administrator confirmed that the current form is difficult to evaluate and identify residents at risk of poor hydration.

***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 with ensuring that any plan, policy, protocol, procedures, strategy, or system put into place is in compliance with and is implemented in accordance with all applicable requirements under the Act and is complied with, to be implemented voluntarily.***



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Issued on this 27th day of January, 2012

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

*Y. Wawner*



**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

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) :

MICHELLE WARRENER (107)

Inspection No. /  
No de l'inspection :

2011\_066107\_0010

Type of Inspection /  
Genre d'inspection:

Complaint

Date of Inspection /  
Date de l'inspection :

Sep 28, 29, Oct 5, 13, 18, 19, Nov 30, Dec 1, 21, 2011

Licensee /  
Titulaire de permis :

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

LTC Home /  
Foyer de SLD :

BAYWOODS PLACE  
330 MAIN STREET EAST, HAMILTON, ON, L8N-3T9

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

~~DIAN SHANNON~~ Kelly Kontkanen *uw*

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



**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

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de l'article 154 de la *Loi de 2007 sur les foyers  
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|---------------------------------|-----------------------------------------|
| <b>Order # /<br/>Ordre no :</b> | <b>Order Type /<br/>Genre d'ordre :</b> |
| 001                             | Compliance Orders, s. 153. (1) (b)      |

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 69. Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

**Order / Ordre :**

The licensee shall prepare and submit a plan that outlines how the licensee will ensure that:

- a) significant weight changes are identified
- b) re-weights, to verify the accuracy of the significant weight change, are completed in a timely manner
- c) there is an interdisciplinary assessment of significant weight changes
- d) the Registered Dietitian is informed when there is a significant weight change; and
- e) action is taken when a significant weight change is identified

This plan shall include short and long term actions to ensure compliance. The plan shall be implemented. The licensee shall submit the plan electronically to Inspector Michelle Warrener, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch at [Michelle.Warrener@ontario.ca](mailto:Michelle.Warrener@ontario.ca) by January 16, 2012.

**Grounds / Motifs :**

1. [O.Reg. 79/10, s. 69, 2]

An identified resident had an 8.2% significant weight loss over three months in 2011, however, this weight change was not assessed using an interdisciplinary approach, with actions taken and outcomes evaluated. The computerized system the home is using for flagging significant weight changes did not identify the resident's significant weight loss and an interdisciplinary assessment, (including nursing staff), of the weight change did not occur. The Registered Dietitian did note the weight loss at the nutritional assessment, however, action was not taken to address the weight loss. The plan of action identified by the Dietitian stated to continue with the current diet and care plan interventions and to follow up in three months. The resident's plan of care identifies a goal for weight maintenance within the resident's goal weight range. The resident fell below the goal weight range during this time, however, action was not taken to address the significant weight loss at that time.

The resident had a further significant weight loss of 12.8% over one month recorded the subsequent month, and a 17.8% over three months. An interdisciplinary assessment of the significant weight change did not occur, a referral to the Registered Dietitian was not initiated, and a re-weigh to verify the accuracy of the significant weight change was not completed. Action was not taken until the resident's family requested a referral to the Registered Dietitian for assessment. (107)

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

**Vous devez vous conformer à cet ordre d'ici le :** Feb 29, 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  
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**Ministère de la Santé et  
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**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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|                                       |                                               |
|---------------------------------------|-----------------------------------------------|
| <b>Order # /</b><br><b>Ordre no :</b> | <b>Order Type /</b><br><b>Genre d'ordre :</b> |
| 002                                   | Compliance Orders, s. 153. (1) (a)            |

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,  
(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and  
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).

**Order / Ordre :**

The licensee shall ensure that the Home's Registered Dietitian completes a nutritional assessment for all residents when there is a significant change in residents' health condition, specifically related to changes in hydration and skin integrity, and that hydration is included as part of the assessment process.

**Grounds / Motifs :**

1. [O.Reg. 79/10, s.26(4)(a)]  
The Registered Dietitian who is a member of the staff of the home did not complete a nutritional assessment for an identified resident when there was a significant change in the resident's health status.  
The Registered Dietitian did not complete a timely assessment of nutrition risks related to skin integrity. Skin integrity problems were identified by nursing staff, however, a nutritional assessment was not completed until 1.5 months after the the open areas were identified.

[O.Reg. 79/10, s. 26(4)(b)]  
The Registered Dietitian who is a member of the staff of the home did not assess an identified resident's hydration status and any risks related to hydration.  
At four nutrition assessments in 2011 the Registered Dietitian did not assess the resident's hydration status. The plan of care includes a specific daily fluid requirement, however, food and fluid intake documentation reflects the resident was consuming fluids fair or poorly (less than 1500cc/day) for two consecutive months. An nutritional assessment related to hydration was not completed during the four assessments in 2011 nor after risk factors related to poor hydration were identified.

A 72 hour food and fluid intake study was initiated for an identified resident (as per progress notes and monitoring records), however, there is no evidence that information from this intake study was assessed by the Registered Dietitian.

The Resident Assessment Protocol (RAP) summary for triggered Nutrition and Hydration, completed by the Registered Dietitian, did not include an assessment of the resident's hydration status in relation to minimum fluid goals identified on the resident's plan of care. (107)

**This order must be complied with by /**  
**Vous devez vous conformer à cet ordre d'ici le :** Jan 31, 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

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**Ordre(s) de l'inspecteur**  
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**REVIEW/APEAL 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  
55 St. Clair Avenue West  
Suite 800, 8th Floor  
Toronto, ON M4V 2Y2  
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 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  
55 St. Clair Avenue West  
Suite 800, 8th Floor  
Toronto, ON M4V 2Y2  
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  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 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.

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  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 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 21st day of December, 2011**

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

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

MICHELLE WARRENER

**Service Area Office /**

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