



**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
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Sep 10, 11, 13, 17, 18, 19, 20, 24, 25, 26, 27, 30, Oct 1, 2, 3, 5, 11, 14, 2012	2012_070141_0017	Resident Quality Inspection
Licensee/Titulaire de permis		
THE REGIONAL MUNICIPALITY OF PEEL 10 PEEL CENTRE DRIVE, BRAMPTON, ON, L6T-4B9		
Long-Term Care Home/Foyer de soins de longue durée		
PEEL MANOR 525 MAIN STREET NORTH, BRAMPTON, ON, L6X-1N9		
Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs		
SHARLEE MCNALLY (141), CAROL POLCZ (156), LALEH NEWELL (147), TAMMY SZYMANOWSKI (165)		
Inspection Summary/Résumé de l'inspection		



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

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Supervisors of Care (SOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSWs), Dietary staff, Food Service Supervisor, Dietitian, dietary team lead, Program Support Nurse, Environmental staff, Program Service Manager, Office Manager, Laundry staff, Family Council and Resident Council Presidents, residents and families.

During the course of the inspection, the inspector(s) reviewed resident records, policies and procedures, observed meal services, medication administration, resident care, food production. Reviewed Family and Resident Council minutes, Food Committee minutes, Quality Improvement minutes, Admission Packages, resident business files, and homes complaint log.

Log #H-001710-12

PLEASE NOTE: An Environmental inspection, Inspection #2012-072120-0073 was conducted by Inspector #120 concurrently with this inspection.

PLEASE NOTE: Inspection #2012-149165-0009 was conducted concurrently with this inspection. Findings of non-compliance related to O.Reg79/10 s.72.(3)(a) identified in Inspection 2012-149165-0009 is contained in this report of inspection.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Laundry

Accommodation Services - Maintenance

Admission Process

Continence Care and Bowel Management

Dining Observation

Falls Prevention

Family Council

Food Quality

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation



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Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Safe and Secure Home

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following subsections:

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(a) a goal in the plan is met;

(b) the resident's care needs change or care set out in the plan is no longer necessary; or

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee did not ensure that the care set out in the plan of care was based on an assessment of the resident and the needs and preferences of that resident. Resident #496 was observed in bed with 2 full length bed rails in the up position. The current written plan of care stated the resident had two bed rails up at all times when in bed but did not state the purpose of the bed rails. Review of the resident's records did not identify that an assessment was completed to determine if the bed rails were to be in place as a Personal Assistive Device (PASD) or a restraint. Staff confirmed that 2 bed rails were in place at all times when the resident was in bed because of family request and safety. s.6(2)

2. The licensee did not ensure that the care set out in the plan of care was based on an assessment of the resident and the needs and preferences of that resident. Resident #555 was observed in bed with 2 full length bed rails in the up position. The current written plan of care stated the resident had two bed rails up at all times when in bed but did not state the purpose of the bed rails. Review of the resident's records did not identify that an assessment was completed to determine if the bed rails were to be in place as a Personal Assistive Device (PASD) or a restraint. Staff confirmed that 2 bed rails were in place at all times when the resident was in bed because of family request and safety. s.6(2)

3. The licensee did not ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

a) The plan of care for resident #1007 indicated that staff were to follow the home's bowel protocol which included action to be taken when the resident did not have a bowel movement for 2 consecutive days. Daily records indicated the resident did not have a bowel movement on 2 occasions for four days in September, 2012 however the medication administration record indicated that interventions were not provided after the second consecutive day. Registered staff confirmed that interventions were not provided despite the resident not having a bowel movement on two occasions for four days.

b) The plan of care for resident #1006 indicated that staff were to follow the home's bowel protocol which included action to be taken when the resident did not have a bowel movement for 2 consecutive days. Daily records indicated the resident did not have a bowel movement on three occasions for four and five days in September, 2012 however the medication administration record indicated that interventions were not provided after the second consecutive day. Registered staff confirmed that interventions were not provided despite the resident not having a bowel movement on three occasions for four and five days.

c) The plan of care for resident #605 indicated that staff were to follow the home's bowel protocol which included action to be taken when the resident did not have a bowel movement for 2 consecutive days. Daily records indicated the resident did not have a bowel movement extending over periods of 10 days, 7 days, and 5 days in August and September, 2012 however the medication administration record indicated that interventions were not provided during this time. Progress notes indicated that Lactulose was provided in September, 2012 on the 6th and 7th day with no bowel movement. The registered practical nurse confirmed that interventions were not provided and the home's bowel protocol was not followed despite the resident not having a bowel movement extending over periods of 10 days, 7 days, and 5 days. s.6(7)

4. Resident #328 had a dietitian order for a nutritional supplement daily. In September, 2012 the home's dietitian discontinued the order because the resident had extra supplements in the fridge. Documentation indicated that once the supplementation was consumed the dietitian would resume supplements in order for the resident to meet their nutritional needs. On an identified day during the inspection period it was observed that the resident had no supplements in the fridge and the resident confirmed they had consumed all the supplements. The resident stated they wanted supplements as they had not been eating well. The resident stated it had been two weeks since they received supplements. The dietitian confirmed once the supply in the resident's fridge was consumed that the expectation was the resident would resume receiving supplement supplied by the home. The resident's plan of care and fluid plan indicated the resident was to receive supplement daily before bed. s.6(7)

5. The licensee did not ensure that the resident was reassessed and the plan of care reviewed and revised at least every 6 months and at any other time when the resident's care needs changed, or care set out in the plan was no longer necessary. Resident #605 was not reassessed at the time of identified change in needs related to responsive behaviours. The resident's written plan of care documented a new need related to a responsive behaviour initiated on March, 2012, and for another responsive behaviour initiated July, 2012. Staff confirmed the resident had escalating responsive behavioural episodes. The quarterly Resident Assessment Instrument Minimum Data Set (RAI MDS) assessments completed April, 2012 and July, 2012 did not include assessments for the identified responsive behaviours of March and July, 2012. s.6(10)(b)

6. The home records indicated that 40 residents full size bed rails have been changed for quarter size bed rails in the past 2-3 weeks throughout the first floor. The Supervisor of Care confirmed that no assessments of resident needs were completed on any of the residents prior to the change.

The licensee did not ensure resident #431 was reassessed and their plan of care reviewed and revised when the resident's care needs changed. The resident was changed from having two full side rails up when in bed to two quarter rails up when in bed in September, 2012. Documentation did not indicate an assessment of resident's needs were completed at the time of change. Staff confirmed that an assessment of the resident's needs was not completed at the time of change and the resident was at risk of falling from the bed. The resident's current written plan of care related to risk for falls stated resident is to have two side rails up in bed for mobility and safety. s.6(10)(b)

7. The licensee did not ensure resident #153 was reassessed and their plan of care reviewed and revised when the resident's care needs changed. The resident was changed from having two full side rails up when in bed to two quarter rails up when in bed in September, 2012. Documentation did not indicate an assessment of resident's needs were completed at the time of change. Staff confirmed that an assessment of the resident's needs was not completed at the time of change and the resident was at risk of falling from the bed. The resident's current written plan of care related to risk for falls stated resident is to have two side rails up in bed for safety and the resident attempts to climb out of bed. s.6(10)(b)

8. The licensee did not ensure resident #609 was reassessed and their plan of care reviewed and revised when the resident's care needs changed. The resident was changed from having two full side rails up when in bed to two quarter rails up when in bed in September, 2012. Documentation did not indicate an assessment of resident's needs were completed at the time of change. Staff confirmed that an assessment of the resident's needs was not completed at the time of change. The resident's current written plan of care related to risk for falls stated resident is to have two side rails up in bed for safety. The resident records indicated the resident had to have full side rails put back after the conversion, as the resident was sliding out of bed. s.6(10)(b)

Additional Required Actions:

CO # - 901 was served on the licensee. Refer to the "Order(s) of the Inspector".

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 the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
 - i. participate fully in the development, implementation, review and revision of his or her plan of care,
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
 - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
 - i. the Residents' Council,
 - ii. the Family Council,
 - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
 - iv. staff members,
 - v. government officials,
 - vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee did not ensure that the following rights of residents were fully respected and promoted:

Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. Resident #555 was not afforded privacy in treatment for their personal needs. The resident was observed in September, 2012, during noon medication pass, to have blood sugar testing completed by the registered staff while sitting outside of the dining room in the presence of other residents. The resident was also observed to have insulin administered by injection outside of the dining room with other residents present. s.3.(1)8

2. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. Resident #497 was observed by an inspector on a toilet in their room. The door to the bathroom and hallway were left open. A staff member confirmed that they had assisted the resident onto the toilet and then proceeded to attend a resident in a different room. The resident was unable to consent to having the both doors left open. The resident was visible on the toilet by anyone entering through the open door of the bedroom. s.3.(1)8.

3. Every resident did not have the right to participate fully in the development, implementation, review and revision of his or her plan of care. Residents #1000 and #451 had their full length bed rails converted to quarter length bed rails in September, 2012. Both residents confirmed that their bed rails had been converted without their participation in the decision making. Both residents also confirmed that their choice would be to keep full length bed rails to allow independence in positioning and mobility in bed. The Power of Attorney (POA) for resident #1002 confirmed that they were not provided opportunity to participate in the decision making for the conversion of the full length bed rails. s.3(1) 11i

4. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference. It was reported to an inspector that outside visitors were informed that they were not allowed to visit a home area during an outbreak which occurred in 2011. Staff confirmed that the home area was closed to visitors and the Supervisor of Care confirmed that communication was provided to families indicating that the home area was closed to visitors. Review of Public Health documentation, provided by the home, did not indicate that the Medical Director of Health had recommended the closure of the home area to visitors. s.3(1)14

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 every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs; the right to participate fully in the development, implementation, review and revision of his or her plan of care; has the right to communicate in confidence, and receive visitors of his or her choice and consult in private with any person without interference, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :

1. The licensee did not ensure that staff used safe transferring and positioning devices or techniques when assisting resident #497. The resident was observed by an inspector to be on a toilet attached by a sling to a sit/stand lift. There were no staff present in the resident's room or bathroom. The resident was attempting to lift themselves up by use of the sit/stand lift and repeatedly stated "I can't stay here". Facial expression demonstrated discomfort. The resident's plan of care stated the resident was a 2 person lift to transfer on and off the toilet and 1 staff was to remain with the resident at all times while on the toilet or the resident will attempt to get up by themselves. Nursing staff responded to the call bell that was activated by the inspector and confirmed the resident should have been not been left alone but the staff had done so to provide care to another resident. Nursing staff confirmed that the resident was put on the toilet prior to their partner leaving for break 25 minutes prior to observation. s.36

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 staff use safe transferring and positioning devices or techniques when assisting the residents, to be implemented voluntarily.

**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 65. No interference by licensee
A licensee of a long-term care home,**

- (a) shall not interfere with the meetings or operation of the Residents' Council or the Family Council;**
- (b) shall not prevent a member of the Residents' Council or Family Council from entering the long-term care home to attend a meeting of the Council or to perform any functions as a member of the Council and shall not otherwise hinder, obstruct or interfere with such a member carrying out those functions;**
- (c) shall not prevent a Residents' Council assistant or a Family Council assistant from entering the long-term care home to carry out his or her duties or otherwise hinder, obstruct or interfere with such an assistant carrying out those duties; and**
- (d) shall ensure that no staff member, including the Administrator or other person involved in the management or operation of the home, does anything that the licensee is forbidden to do under clauses (a) to (c). 2007, c. 8, s. 65.**

Findings/Faits saillants :

1. The licensee did not ensure that the licensee did not interfere with the meetings or operation of the Family Council.
- a) Family Council meeting minutes were edited by the home prior to posting. In March, 2012 the posted Family Council minutes did not include several statements found in the original minutes including several statements concerning staffing issues and perceptions of the Family Council goals. An email confirmed the staff liaison for the council had stated the minutes of the Family Council could not be posted in the home prior to the Administrator's approval. The Administrator confirmed the minutes had been edited by him prior to posting.
 - b) The council requested to have the Family Council's Program Networking co-ordinator from Self-Help Resource Centre speak to the Family Council, however, this was not allowed by the home. An email in August, 2012 confirmed a conversation had occurred with the Administrator and the request was denied. The Administrator confirmed he had requested the council not have the speaker attend a council meeting at the present time.
 - c) The council requested to have their own newsletter for families of the residents, however this was denied by the home. An email in July, 2012 indicated the Administrator would not approve an independent newsletter. The Administrator confirmed he did tell the Family Council they could not have an independent newsletter at the present time. s.65(a)

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the licensee does not interfere with the meetings or operation of the Family Council, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc. Specifically failed to comply with the following subsections:

- s. 78. (2) The package of information shall include, at a minimum,**
- (a) the Residents' Bill of Rights;**
 - (b) the long-term care home's mission statement;**
 - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;**
 - (d) an explanation of the duty under section 24 to make mandatory reports;**
 - (e) the long-term care home's procedure for initiating complaints to the licensee;**
 - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;**
 - (g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained;**
 - (h) the name and telephone number of the licensee;**
 - (i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91**
 - (1) for each type of accommodation offered in the long-term care home;**
 - (j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home;**
 - (k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges;**
 - (l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge;**
 - (m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs;**
 - (n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents;**
 - (o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package;**
 - (p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations;**
 - (q) an explanation of the protections afforded by section 26; and**
 - (r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)**

Findings/Faits saillants :

1. The licensee did not ensure that the package of information provided to residents and families at the time of admission included all required information. Review of resident admission packages and interview with the Financial Control Clerk confirmed that the home's admission packages did not include explanation of whistle-blowing protections related to retaliation, a disclosure of any non-arm's length relationships that exist between the licensee and other providers who offer care, services, programs or goods to residents, the home's policy on minimizing the restraining of residents and how to obtain a copy of the policy and an explanation of the duty to make mandatory reports related to incidents resulting in harm or risk of harm to a resident, such as:

- * improper or incompetent treatment or care of a resident
- * abuse by anyone or neglect by the licensee or staff
- * unlawful conduct
- * misuse or misappropriation of a resident's money
- * misuse or misappropriation of funding provided to the licensee

[s. 78(2)(d)(g)(n)(q)]

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 the package of information given to every resident at the time that the resident is admitted includes an explanation of the duty under section 24 to make mandatory reports; notification of the long-term care home's policy to minimize the restraining of resident and how a copy of the policy can be found; a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents; and an explanation of the protections afforded by section 26, to be implemented voluntarily.

**WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information
Specifically failed to comply with the following subsections:**

- s. 79. (3) The required information for the purposes of subsections (1) and (2) is,**
- (a) the Residents' Bill of Rights;**
 - (b) the long-term care home's mission statement;**
 - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;**
 - (d) an explanation of the duty under section 24 to make mandatory reports;**
 - (e) the long-term care home's procedure for initiating complaints to the licensee;**
 - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;**
 - (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained;**
 - (h) the name and telephone number of the licensee;**
 - (i) an explanation of the measures to be taken in case of fire;**
 - (j) an explanation of evacuation procedures;**
 - (k) copies of the inspection reports from the past two years for the long-term care home;**
 - (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years;**
 - (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years;**
 - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council;**
 - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council;**
 - (p) an explanation of the protections afforded under section 26; and**
 - (q) any other information provided for in the regulations. 2007, c. 8, ss. 79 (3)**

Findings/Faits saillants :

1. The licensee did not ensure that the required information was posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the home. The required information not posted included an explanation of whistle-blowing protections related to retaliation, policy to minimize the restraining as well as information about how a copy of the policy can be obtained, the procedures for initiating complaints to the licensee and the policy to promote zero tolerance of abuse and neglect of residents was not posted and communicated. [s.79(3)(c)(e)(g)(p)]

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 the required information is posted in the home is a conspicuous and easily accessible location that includes the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; the long-term care home's procedure for initiating complaints to the licensee; notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; and an explanation of the protections afforded under section 26, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey
Specifically failed to comply with the following subsections:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3);

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and

(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. The licensee did not seek the advice of the Family Council in developing and carrying out the satisfaction survey and in acting on its results. The Family Council president stated that the Council had not participated in the development and carrying out of the satisfaction survey and in acting on its results. A review of the Family Council minutes of meetings did not include a discussion on the development of the satisfaction survey. The Administrator confirmed that the Family Council did not participate in the development of the 2011 or 2012 satisfaction survey. s.85(3)

2. The licensee did not ensure that the results of the survey taken of residents and their families was documented and made available to the Family Council, if any, to seek their advice under subsection (3). The Family Council president stated that the Council had not seen the results of the satisfaction survey. A review of the Family Council minutes of meetings did not include a discussion on the results of satisfaction survey. The Administrator confirmed that the results of the 2011 satisfaction survey were available but had not been provided to the Family Council. s.85(4)(a)

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure the licensee seeks the advice of the Family Council in developing and carrying out the survey of residents and their families, and acting on the results; and the results of the survey are documented and made available to the Family Council to seek their advice under subsection (3), to be implemented voluntarily.

**WN #8: 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).

Findings/Faits saillants :

1. The licensee did not ensure the plan, policy, protocol, procedure, strategy or system for medication administration, was complied with. The home's policy and procedure "Medication-Administration-General" (LTC9-05.12.01) stated:
- Administer medication to resident ensuring that resident has swallowed all medication.
- Medication must not be left with a resident or at the dining room table except under circumstances detailed in policy, Administration-Medication-Self(LTC9-05.12.2)

In September, 2012 during the inspection period residents #514 and #1001 were observed at the same table with 2 other residents during the breakfast meal in a dining room. Both identified residents had multiple medications at their table setting in a medication cup and registered nursing staff were not present in the dining room. Resident #1001 medication remained at their table for 10 minutes and the resident took the medication without the registered nurse supervising to ensure the medication had been swallowed. The registered nurse who left the medication for the resident was in another dining room and confirmed the resident was not observed taking the medication. Resident #514 medication remained at their table for 20 minutes prior to taking them. Review of the residents' plans of care confirmed that neither resident was capable to self administering their medication. s.8(1)(b)

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 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 related to medication administration is complied with, to be implemented voluntarily.

**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production
Specifically failed to comply with the following subsections:**

s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,
(a) preserve taste, nutritive value, appearance and food quality; and
(b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).

Findings/Faits saillants :

1. The licensee did not ensure that all food and fluids in the food production system were prepared, stored, and served using methods to preserve taste, nutritive value, appearance and food quality.

During the inspection period:

a) Cheddar cheese and cantaloupe were combined, minced and served for resident's who required minced textured diets. The recipe for the minced cheddar fruit plate indicated to mince each prepared product separately. The menu item did not preserve taste, appearance and quality.

b) The therapeutic menu indicated that residents who required puree texture were to receive a cottage cheese fruit plate. The recipe included puree cottage cheese, cantaloupe, honeydew, and bread however, cheddar cheese and cantaloupe were combined, pureed and served instead. The menu item did not preserve taste, appearance and quality.

c) Puree zucchini salad served for a lunch meal and contained pieces of skin which compromised texture and quality.

d) Grilled cheese served for a lunch was not grilled and the cheese was not melted. The menu item did not preserve taste, appearance and quality. s.72(3)(a)

2. The home did not follow the posted directions for thickening fluids. Dietary staff interviewed indicated that resident #1007 was to receive honey thickened fluids however; during a lunch meal an inspector observed the resident's juice was not of honey consistency. Dietary staff confirmed that tomato juice for the resident was to be thickened following the posted directions. s.72(3)(a)

PLEASE NOTE: This evidence of non-compliance was found during inspection #2012_149165_0009

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that all food and fluids in the food production system are prepared, stored, and served using methods to preserve taste, nutritive value, appearance and food quality, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program
Specifically failed to comply with the following subsections:

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.

2. Residents must be offered immunization against influenza at the appropriate time each year.

3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.

4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :

1. The licensee did not ensure that each resident admitted to the home was screened for tuberculosis (TB) within 14 days of admission unless the resident had already been screened at some time in the 90 days prior to admission and the documented results of this screening were available to the licensee.

a) Resident #451 was admitted in March, 2012, and Step 1 of the TB screening was completed within 14 days however; Step 2 of the TB screening was not initiated was not within the 14 days and documentation indicated results were pending.

b) Resident #613 was admitted in January, 2012 and Step 1 of TB screening was initiated within 14 days but documentation indicated results pending and Step 2 was not initiated within the 14 days.

c) Resident #616 was admitted in August, 2012, however documentation indicated they were not screened for TB as of the inspection period and there was no indication in the resident's clinical health record that they were screened at some time in the 90 days prior to admission. The Program Support Nurse confirmed that the identified residents were not screened for tuberculosis within 14 days of admission. s.229.(10)1

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 each resident admitted to the home is screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee, to be implemented voluntarily.

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following subsections:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

1. The licensee did not ensure that the planned menu items were offered and available at each meal and snack. The therapeutic menu (Week 4 Wednesday) indicated that minced and puree fruit salad was to be served however, when it was tasted by the inspector it was confirmed that minced and puree pineapple was served instead. The dietary aide also confirmed it was pineapple. The egg salad plate recipe directed staff to prepare 2 hard boiled eggs per salad plate and serve 4 egg halves however, during a lunch meal an inspector observed residents in one dining room only received 3 egg halves. The puree cottage cheese fruit plate recipe directed staff to prepare puree cottage cheese, peaches, pears, and bananas however, the puree meal served during a lunch meal did not include puree bananas. s.71(4)

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the planned menu items are offered and available at each meal and snack, to be implemented voluntarily.

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 224. Information for residents, etc.

Specifically failed to comply with the following subsections:

s. 224. (1) For the purposes of clause 78 (2) (r) of the Act, every licensee of a long-term care home shall ensure that the package of information provided for in section 78 of the Act includes information about the following:

- 1. The resident's ability under subsection 82 (2) of this Regulation to retain a physician or registered nurse in the extended class to perform the services required under subsection 82 (1).**
- 2. The resident's obligation to pay the basic accommodation charge as described in subsection 91 (3) of the Act.**
- 3. The obligation of the resident to pay accommodation charges during a medical, psychiatric, vacation or casual absence as set out in section 258 of this Regulation.**
- 4. The method to apply to the Director for a reduction in the charge for basic accommodation and the supporting documentation that may be required, including the resident's Notice of Assessment issued under the Income Tax Act (Canada) for the resident's most recent taxation year.**
- 5. A list of the charges that a licensee is prohibited from charging a resident under subsection 91 (1) of the Act.**
- 6. The list of goods and services permitted under paragraph 3 of subsection 91 (1) of the Act that a resident may purchase from the licensee and the charges for those goods and services.**
- 7. The resident's ability to have money deposited in a trust account under section 241 of this Regulation.**
- 8. The Ministry's toll-free telephone number for making complaints about homes and its hours of service. O. Reg. 79/10, s. 224 (1).**

Findings/Faits saillants :

1. The licensee did not ensure that the admission package included information about the resident's ability under subsection 82(2) of this regulation to retain a physician or registered nurse in the extended (EC) class to perform the services required under subsection 82(1). Review of the resident's admission packages and interview with the Financial Control Clerk confirmed that the admission packages did not include information on the ability to retain a physician or RN (EC) to perform the required services. s.224(1)¹

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system
Specifically failed to comply with the following subsections:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;
(b) is on at all times;
(c) allows calls to be cancelled only at the point of activation;
(d) is available at each bed, toilet, bath and shower location used by residents;
(e) is available in every area accessible by residents;
(f) clearly indicates when activated where the signal is coming from; and
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The licensee did not ensure that the home was equipped with a resident-staff communication and response system that, can be easily seen, accessed and used by residents, staff and visitors at all times. On a day during the inspection period the bathroom call bells in an identified home area for 2 bedrooms were wrapped around the grab bars and could not be activated. The bathroom call bell in another room was threaded through an attachment on the wall and could not be activated. On another day during the inspection period the bathroom call bell in another resident room was wrapped around the grab bar and could not be activated. A staff member confirmed that the call bell did not work in the current situation and it should not be wrapped around the grab bars. Staff confirmed that residents residing in the room were capable of independently activating the call bell. s.17(1)(a)

WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours
Specifically failed to comply with the following subsections:

s. 53. (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:
1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other.
2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.
3. Resident monitoring and internal reporting protocols.
4. Protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 53 (1).

Findings/Faits saillants :

1. The licensee did not ensure resident #605 had a referral to specialized resources where required. The resident had demonstrated increasing responsive behaviours. Staff confirmed that the resident's responsive behaviours were ongoing. The DOC confirmed that the resident should have been referred to the psycho-geriatrician for assessment. s53. (1)⁴



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

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:

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

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 6. (10)	CO #901	2012_070141_0017	141

Issued on this 18th day of October, 2012

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



**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**

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	SHARLEE MCNALLY (141), CAROL POLCZ (156), LALEH NEWELL (147), TAMMY SZYMANOWSKI (165)
Inspection No. / No de l'inspection :	2012_070141_0017
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Date of Inspection / Date de l'inspection :	Sep 10, 11, 13, 17, 18, 19, 20, 24, 25, 26, 27, 30, Oct 1, 2, 3, 5, 11, 14, 2012
Licensee / Titulaire de permis :	THE REGIONAL MUNICIPALITY OF PEEL 10 PEEL CENTRE DRIVE, BRAMPTON, ON, L6T-4B9
LTC Home / Foyer de SLD :	PEEL MANOR 525 MAIN STREET NORTH, BRAMPTON, ON, L6X-1N9
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	RANJIT GILY <i>James Egan</i>

To THE REGIONAL MUNICIPALITY OF PEEL, 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

**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



**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

Order # /
Ordre no : 901

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

- (a) a goal in the plan is met;
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Order / Ordre :

The licensee shall refrain from converting any resident full length bed rails without a reassessment of the resident's care needs, and complete reassessments on all residents who have had the bed rail conversion previously completed. The licensee will prepare, submit and implement a plan for achieving compliance to meet the requirement under this Act for the completion of the reassessments of resident needs prior to bed rail conversion. The plan is to be submitted electronically to Compliance Inspector Sharlee.McNally@ontario.ca by October 5, 2012.

Grounds / Motifs :

1. The home records indicated that 40 residents full length bed rails have been changed for quarter size bed rails in the past 2-3 weeks throughout the first floor. The Supervisor of Care confirmed that no assessments of resident needs were completed on any of the residents prior to the change.
The licensee did not ensure resident #609 was reassessed and their plan of care reviewed and revised when the resident's care needs changed. The resident was changed from having two full length bed rails up when in bed to two quarter length bed rails up when in bed in September, 2012. Documentation did not indicate an assessment of resident's needs were completed at the time of change. Staff confirmed that an assessment of the resident's needs was not completed at the time of change and the resident was at risk of falling from the bed. The resident's current written plan of care related to risk for falls stated resident was to have two side rails up in bed for safety. The resident records indicated that the resident had to have two full bed rails put back after the conversion as the resident was sliding out of bed. (141)
2. The licensee did not ensure an resident #153 was reassessed and their plan of care reviewed and revised when the resident's care needs changed. The resident was changed from having two full length bed rails up when in bed to two quarter length bed rails up when in bed in September, 2012. Documentation did not indicate an assessment of resident's needs were completed at the time of change. Staff confirmed that an assessment of the resident's needs was not completed at the time of change and the resident was at risk of falling from the bed. The resident's current written plan of care related to risk for falls stated resident was to have two bed rails up in bed for safety and the resident attempts to climb out of bed. s.153(1)(a)(b) (141)
3. The licensee did not ensure an resident #431 was reassessed and their plan of care reviewed and revised when the resident's care needs changed. The resident was changed from having two full length bed rails up when in bed to two quarter length bed rails up when in bed in September, 2012. Documentation did not indicate an assessment of the resident's needs were completed at the time of change. Staff confirmed that an assessment of the resident's needs was not completed at the time of change and the resident was at risk of falling from the bed. The resident's current written plan of care related to risk for falls stated the resident was to have two bed rails up in bed for mobility and safety. (141)

This order must be complied with by /

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



**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
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**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
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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
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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
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.



**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
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Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
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
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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.

Issued on this 14th day of October, 2012

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

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

SHARLEE MCNALLY

Service Area Office /

Bureau régional de services : Hamilton Service Area Office