



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^{ième} 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
Apr 30, May 1, 3, 2012	2012_072120_0039	Other

Licensee/Titulaire de permis

OAKWOOD RETIREMENT COMMUNITIES INC.
325 Max Becker Drive, Suite 201, KITCHENER, ON, N2E-4H5

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

THE VILLAGE OF ERIN MEADOWS
2930 Erin Centre Boulevard, MISSISSAUGA, ON, L5M-7M4

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Assistant Director of Care, Neighbourhood Aid, Environmental Services Supervisor, Food Services Supervisor and non-registered staff regarding the home's environmental services (laundry, housekeeping, maintenance, safety & security) and infection prevention and control program.

During the course of the inspection, the inspector(s) toured all home areas by visiting randomly selected resident rooms, common areas, utility rooms, bathing rooms and laundry room, took water temperatures, evaluated lighting levels, checked door security systems, evaluated linen quantity and quality, checked exhaust system in tub/shower rooms, reviewed resident and family council minutes, environmental services policies and procedures and maintenance service records. (H-000845-12)

This inspection was conducted concurrently with the Resident Quality Inspection #2012-026147-0013 (H-000659-12).

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance



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Infection Prevention and Control

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following subsections:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;

(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;

(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;

(e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;

(f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;

(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;

(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;

(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;

(j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and

(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

s. 90. (3) The licensee shall ensure that the home's mechanical ventilation systems are functioning at all times except when the home is operating on power from an emergency generator. O. Reg. 79/10, s. 90 (3).

Findings/Faits saillants :

1. [O. Reg. 79/10, s.90(1)(b)] The licensee has not ensured that there are schedules in place for routine, preventive and remedial maintenance.

During the inspection on April 30, May 1 and 2, 2012, the following observations were made:

* Numerous toilets throughout the home were noted to be leaking water from the tank to the toilet bowl. Resident washrooms #363, 368, 126, 131, 147, 242, 250, 229, 328 and toilets in the shower rooms in the Howland, Meadowvale, Trafalgar, Dundas & Derry home areas and the toilet in the tub room in the Dundas home area were all noted to be running. The home relies on a remedial process to identify these deficiencies by requiring health care aides and nursing staff to report maintenance deficiencies on a form. These deficiencies were not recorded by staff. No preventive program is in place.

* The flooring material in the Trafalgar shower room has water underneath it, as identified when water seeped out from under the floor at a seam when it was stepped on. The seam has been breached, allowing water to enter the area under the floor. The staff who were interviewed reported that the floor has been seeping water for over a month and that the flooring had been replaced in the past but that the seepage keeps re-occurring. No preventive program is in place.

* The pot lights provided in the Meadowvale, Sheridan, Dundas and Derry shower rooms are non-functional, creating low levels of illumination. No procedures or schedules are in place for monitoring or replacing burnt out lights in the home. The home depends on staff working in the various home areas to report the deficiencies related to lighting. No deficiencies were recorded by staff for these areas.

2. [O. Reg. 79/10, s.90(2)(g)] The licensee has not ensured that procedures have been implemented to ensure that the temperature of the water serving all bathtubs, showers and hand basins used by residents is 49 degrees Celsius or less. Water temperatures were recorded by the inspector during the inspection in the Dundas and Derry home areas. The temperature in the common washroom in the Dundas home area was 52.9C and 52.7C in the dining room. The hot water temperature in the common washroom on the Derry home area was 51.2C.

3. [O. Reg. 79/10, s.90(2)(h)] The licensee has not taken immediate action to reduce the water temperature in the event that it exceeds 49 degrees Celsius.

Temperature logs maintained by the nursing staff on the Trafalgar, Meadowvale and Sheridan home areas verify that recordings of temperatures reached over 49 degrees Celsius. Temperatures were recorded as follows:

Trafalgar - April 25th - 50C, April 26th - 55C
Meadowvale April 3, 4 and 10th - 51C, April 21st - 50C
Sheridan - March 8th - 56C, March 13th - 51C

The temperature logs contain a column labeled "Follow Up". None of the above temperature recordings had any follow up action recorded on the forms as required by the home's policy.

4. [O. Reg. 79/10, s. 90(2)(k)] The licensee has not ensured that where procedures are developed, that they are implemented to ensure that, if the home is not using a computerized system to monitor water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water.

As the home does not have a computerized water monitoring system, the home has developed a manual procedure to monitor hot water temperatures. This procedure however has not been implemented. The procedure includes the recording of water temperatures on a form by the RN, as per policy #6-18. The form was located in a binder located at each of the 6 home area nurse's stations. The form requires staff to document the date, water temperature, location and any follow-up comments. The form does not accommodate recording of temperatures on each of the shifts worked. The following was identified:

Meadowvale - Missing water temps noted for April 6-9, 17-20, 22-28 and 30th
 Trafalgar - Missing water temps noted for April 1-3, 5, 10-12, 14-24, 27-29
 Dundas - No water forms available in the binder and staff not aware of them missing.
 Howland & Derry - Forms with an April date on them were blank for the whole month.
 Sheridan - Missing water temperatures for April 3-6, 9, 11, 12, 14, 20-28, 30

The water temperatures are not being monitored once per shift in random locations where residents have access to hot water. Absolutely no water temperatures were taken in resident accessible areas on April 22, 23, 24, 27 & 28th. None of the management staff (Administrator, Director of Care, Environmental Services Supervisor) were aware of the missing forms and temperatures.

5. [O. Reg. 79/10, s.90(3)] The licensee has not ensured that procedures are developed and implemented to ensure that the mechanical ventilation systems are functioning at all times except when the home is operating on power from an emergency generator.

The exhaust system servicing the Meadowvale, Sheridan and Derry shower rooms was not functioning after identifying that these rooms were very stuffy or odorous on May 1 & 3, 2012. A maintenance person was notified after the exhaust manual over ride switch was activated and failed to initiate the exhaust system. He verified that 2 exhaust units on the roof were not functioning. The home does not have any policies or procedures on the process for monitoring and reporting of the heating, ventilation and exhaust system to ensure that they are functioning at all times. No direction is included in any policy as to how or who will identify deficiencies. The home relies on staff to report deficiencies to the manager of environmental services who in turn contacts the servicing company.

Additional Required Actions:

CO # - 901 was 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. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.

Homes to which the 2009 design manual applies	Location	Lux
Enclosed Stairways	Minimum levels of	322.92 lux
	continuous consistent lighting throughout	All corridors - Minimum levels of 322.92 lux
In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms.	Minimum levels of	322.92 lux
	continuous consistent lighting throughout	All corridors - Minimum levels of 215.28 lux
In all other areas of the home	Minimum levels of	215.84 lux
	Each drug cabinet	Minimum levels of 1,076.39 lux
At the bed of each resident when the bed is at the reading position	Minimum levels of	376.73 lux
		O. Reg. 79/10, r. 18, Table.

Findings/Faits saillants :

The lighting requirements set out in the lighting table have not been maintained. Lighting levels in all corridors of the home do not provide a continuous and consistent lux of 322.92. Lux levels were measured with a light meter and ranged between 850 to 75 lux as the light meter was carried along the corridors located in the resident home areas. Lighting fixtures in the corridors are spaced approximately 8 to 10 feet apart which create dark zones. The lights above resident door entrances are diffused and do not contribute any light to the corridor.

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 lighting requirements set out in the Table are maintained, to be implemented voluntarily.



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WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following subsections:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

(iii) contact surfaces;

(c) removal and safe disposal of dry and wet garbage; and

(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. [O. Reg. 79/10, s. 87(2)(b)] The licensee has not ensured that where procedures have been developed for cleaning and disinfection of resident care equipment using hospital grade disinfectant, according to manufacturer's specifications, that they be implemented.

The home's cleaning and disinfecting policy #06-30 for tubs, shower chairs and commodes requires that personal care aides clean and disinfect the surfaces after each use and that once per day, a thorough cleaning is done followed by disinfection. Evidence that the equipment is not being cleaned and disinfected after each use was identified by visiting shower/tub rooms and resident rooms where the equipment is used. The following was observed:

* Meadowvale shower - two commode chairs underside visibly dirty April 30, May 1st and 3rd, fecal matter on toilet April 30th and May 1st.

* Room 126 - dried fecal matter down leg of commode chair in bathroom on both April 30th and May 3rd

* Trafalgar Shower - commode visibly soiled on underside, mesh backing stained with scale/soap scum on April 30th and May 3rd

*Derry Shower - fecal stains on underside of gray foam seat cushion for blue shower chair on May 1st

* Sheridan Shower - white chair in shower area visibly soiled April 30th, May 1st and 3rd. Underside of gray foam back cushion on blue shower chair not clean (pink/black mould forming)

* Howland - gel cushion on commode chair visibly soiled and not able to be cleaned properly due to type of surface and underside of commode chair not clean on April 1st and May 3rd..

The tub and shower rooms in all six home areas were identified to have bottles of disinfectant available as required by the home's policy for cleaning communal equipment. The disinfectant is to be applied to the surface of communal equipment such as commode and shower chairs after each use. The use of the disinfectant was monitored over the course of 3 days and the bottle contents did not diminish and the location of the bottles did not change in the Howland tubroom, Sheridan Shower, Trafalgar Shower and Dundas Tub room. Personal support workers confirmed that the bottles are to be used for communal equipment disinfection.

Policy #06-02 related to the cleaning and disinfecting washbasins and bed pans requires staff to collect the articles weekly, take them to a utility room, place them in a dishwasher and then to use a disinfectant on the surface. The policy, although dated December 2010 is not in keeping with best practices. Such articles are to be cleaned and disinfected between use. According to staff, the washbasins are typically rinsed in the resident's washroom sink with soap and water and not disinfected after use. Several resident washrooms were observed to have wash basins stored on shelving with a small amount of water in them. Throughout the course of the inspection, dishwashers were noted to be empty or had the same soiled articles in them. Confirmation with the Director of Care revealed that monitoring of cleaning and disinfection practices of personal care articles has not been consistent.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :



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1. The licensee has not ensured that the home is a safe and secure environment for its residents.

On April 30, May 2 & 3 2012, the door to the tub room on the Trafalgar home area was found stuck on the door frame and could be pushed open. The inspector pulled the door closed on each occasion. The room contained disinfectant for the communal equipment and was therefore accessible to residents. The product is hazardous when ingested.

The serveries in each of the home areas are located within the dining rooms. Dining room doors are not required to be locked, however the home has a policy that staff lock dining room doors to keep residents out of the serveries and away from tables that are set up for meal service between meals. During the inspection on April 30th, after the lunch meal, the Trafalgar and Howland serveries were accessible to residents, along with a sanitizing product (hazardous when ingested) under the sink in both serveries. The Trafalgar home area also had the steam tables turned on and the water in wells was over 60C. No staff were present in the dining area or the surrounding corridors or common spaces in either home area. On May 1, 2012, the Dundas servery was accessible after the lunch service at 1:25 p.m. and the steam table, even though it was turned off, was still very hot (steamy). Staff were noted to be completing paperwork in a lounge nearby, but did not have a visual to the dining room or servery.

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 home is a safe and secure environment for its residents, to be implemented voluntarily.

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
O.Reg 79/10 r. 90. (2)	CO #001	2012_072120_0039	120

Issued on this 21st day of June, 2012

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

B. Lusk



**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) :	BERNADETTE SUSNIK (120)
Inspection No. / No de l'inspection :	2012_072120_0039
Type of Inspection / Genre d'inspection:	Other
Date of Inspection / Date de l'inspection :	Apr 30, May 1, 2012
Licensee / Titulaire de permis :	OAKWOOD RETIREMENT COMMUNITIES INC. 325 Max Becker Drive, Suite 201, KITCHENER, ON, N2E-4H5
LTC Home / Foyer de SLD :	THE VILLAGE OF ERIN MEADOWS 2930 Erin Centre Boulevard, MISSISSAUGA, ON, L5M-7M4
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	ASH AGARWAL

To OAKWOOD RETIREMENT COMMUNITIES 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
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Order # /
Ordre no : 001

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

- (a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;
- (b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;
- (c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;
- (d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;
- (e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;
- (f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;
- (g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;
- (h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;
- (i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;
- (j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and
- (k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

Order / Ordre :

The licensee shall:

Adjust or alter the hot water temperatures so that the temperature serving all bathtubs, showers and hand basins used by residents does not exceed 49 degrees Celsius.

Grounds / Motifs :



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1. The licensee has not ensured that procedures have been implemented to ensure that the temperature of the water serving all bathtubs, showers and hand basins used by residents is 49 degrees Celsius or less. Water temperatures were recorded during the inspection by the inspector in the Dundas and Derry home areas. The temperature in the common washroom in the Dundas home area was 52.9C and 52.7C in the dining room. The hot water temperature in the Derry home area, common washroom was 51.2C.

The licensee has not taken immediate action to reduce the water temperature in the event that it exceeds 49 degrees Celsius. Temperature logs maintained by the nursing staff on the Trafalgar, Meadowvale and Sheridan home areas verify that recordings of temperatures reached over 49 degrees Celsius. Temperatures were recorded as follows:

Trafalgar -	April 25th - 50C April 26th - 55C
Meadowvale	April 3, 4 and 10th - 51C April 21st - 50C
Sheridan -	March 8 - 56C March 13 - 51C

The temperature logs contain a column labeled as "Follow Up". None of the above temperature recordings had any follow up action recorded on the forms as required by the home's policy. (120)

This order must be complied with by /

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



**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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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

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.



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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
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.

Issued on this 1st day of May, 2012

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

Name of Inspector /

Nom de l'inspecteur : BERNADETTE SUSNIK

Service Area Office /

Bureau régional de services : Hamilton Service Area Office