



**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 prévue
le Loi de 2007 les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159 rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Apr 06, 2018;	2018_669642_0007 (A1)	022269-17, 022270-17, 004147-18	Follow up

Licensee/Titulaire de permis

Board of Management for the District of Nipissing West
100 Michaud Street STURGEON FALLS ON P2B 2Z4

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

Au Chateau
100 Michaud Street STURGEON FALLS ON P2B 2Z4

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

Amended by AMY GEAUVREAU (642) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

Amendment required to change and update the severity level, the scope, and the compliance history.



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Issued on this 6 day of April 2018 (A1)

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

Original report signed by the inspector.



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

Amended by AMY GEAUVREAU (642) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

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

This inspection was conducted on the following date(s): March 5-6, 2018.

The following intakes were inspected during the course of this inspection;



-One intake was related to, CO #002 from Inspection report #2017_572627_0010, s. 8 (3) of the Long-Term Care Homes Act (LTCHA), 2007, specific to not having a registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.

-One intake was related to, CO #003 from Inspection report #2017_572627_0010, s. 8 (1) of the Ontario Regulation (O. Reg.) 79/10, specific to following the home's Fall Prevention and Management program and Vital sign monitoring program.

-One Critical Incident intake:

-This intake was related to a critical incident the home submitted to the Director regarding a fall, which resulted in an injury.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), Human Resource Manager (HRM), Maintenance Manager, Maintenance Worker, Scheduling Coordinator, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), residents and residents family.

The Inspector also conducted a tour of the home including, resident care areas, reviewed resident health care records, home investigation notes, home policies, resident common areas, and the delivery of resident care and services, including resident-staff interactions.



The following Inspection Protocols were used during this inspection:

Falls Prevention

Safe and Secure Home

Sufficient Staffing

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

2 WN(s)

1 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 8.	WN	2017_572627_0010	642
O.Reg 79/10 s. 8. (1)	CO #003	2017_572627_0010	642

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
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007, s. 8. Nursing and personal support services
Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that at least one registered nurse who was both an employee of the licensee and a member of the regular nursing staff of the



home was on duty and present in the home at all times.

On August 22, 2017, the following compliance order (CO #002) from inspection #2017_572627-0010, was made under, s. 8 (3), LTCHA.

The licensee shall prepare, submit and implement a plan to ensure that at least one Registered Nurse (RN) who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times.

The compliance date was November 10, 2017.

Inspector #642 reviewed documentation received from the Administrator, which they stated they had sent to the Ministry of Health and Long-Term Care which identified that they were having difficulty finding a full time RN, during a specific time period, they had no choice but to use Agency RN's to fill specific shifts, as all efforts to use an employee of the Home had been exhausted.

Inspector #642 reviewed documentation titled, "Schedule Worksheet," received from the Humans Resource Manager (HRM). The HRM had marked on the schedule, that there were specific shifts identified that Agency RN's had worked. The HRM stated that the Agency RN's would have worked alone, on specific shifts and days. Inspector #642 and the HRM reviewed the schedule together and there were specific shifts identified that the home had a Agency RN covering and the RN's had worked alone, and were not an employee of the home.

Inspector #642 interviewed the Scheduling Coordinator, who confirmed that the home was still using Agency RN's, to cover shifts, when they did not have an RN available from the home.

The Inspector interviewed the Administrator, and the Director of Care (DOC), on separate occasions. They stated that the home was not in compliance with this Order by the specific date and they have not been able to come into compliance at this time.

As the home utilized the Agency RN's as the only RN's in the home during a specific number of shifts the home has failed to ensure that at least one RN who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times. [s. 8. (3)]



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Additional Required Actions:

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

(A1)The following order(s) have been amended:CO# 001

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home



Specifically failed to comply with the following:

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

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

**i. kept closed and locked,
ii. equipped with a door access control system that is kept on at all times, and
iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,**

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

**B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.
O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

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

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



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

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

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

A Critical incident (CI) report, was submitted to the Director, related to a fall which resulted in resident #001 receiving an injury after accessing an area on a specific floor and falling while in their mobility aid. The CI report identified that a specific door leading to a certain area, had a lock system that had deactivated, and the staff had not had an indicator to know the lock system was off.

Inspector #642 reviewed resident #001's progress notes from the home's electronic health care records. Resident #001 was found in their mobility aid at a certain time, in an area on a specific floor. The progress notes stated the door to a specific area was not locked, at the time of the fall.

Inspector #642 reviewed the homes internal investigation notes provided, and a letter from the Maintenance Manager to the Administrator which indicated there had been an accidental release of the lock system on the specific floor, which caused the system to go off line. The only sign would have been a blinking light on the panel.

Inspector #642 interviewed RN #105, who had assessed resident #001 at the time of the fall. They stated the door was not locked to a specific area, and there was no alarm to indicate it was unlocked when the resident entered this area.

Inspector #642 interviewed Maintenance Worker #109, who stated that the lock system for the specific area on a certain floor had shut off, and had unlocked the doors, and the lock system on a specific floor was the only door affected. Maintenance Worker #109 went on to state that the home had now installed an alarm, to this lock system.

Inspector interviewed the Maintenance Manager, who stated that the lock system released only on the two doors on a specific floor, which left them unlocked. The staff found resident #001 in a specific area and the lock system did not have an alarm on, at the time of the fall.

Inspector interviewed the Administrator and the DOC, who stated that the doors to



a certain area on a specific floor, had deactivated, which left the area on the specific floor unlocked. There was no alarm to inform staff that the door was unlocked when resident #001 fell.

As the door to a certain area was unlocked, and there was no alarm activated the licensee failed to ensure that all doors leading to a certain area were kept closed and locked, and was equipped with a door access control system that is kept on at all times, and equipped with an audible door alarm. [s. 9. (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 that all the doors leading to specific areas are kept closed and locked, equipped with a door access control system that is kept on at all times, and equipped with an audible alarm that allows the call to be cancelled only at the point of activation and, is connected to the resident-staff communication and response system, or is connected to an audio visual enunicator that is connected to the nurses station nearest to the door and has a manual reset switch at each door, to be implemented voluntarily.



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Issued on this 6 day of April 2018 (A1)

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

Original report signed by the inspector.



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Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

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

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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : Amended by AMY GEAUVREAU (642) - (A1)

Inspection No. /

No de l'inspection : 2018_669642_0007 (A1)

Appeal/Dir# /

Appel/Dir#:

Log No. /

No de registre : 022269-17, 022270-17, 004147-18 (A1)

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Apr 06, 2018;(A1)

Licensee /

Titulaire de permis : Board of Management for the District of Nipissing
West
100 Michaud Street, STURGEON FALLS, ON,
P2B-2Z4

LTC Home /

Foyer de SLD : Au Chateau
100 Michaud Street, STURGEON FALLS, ON,
P2B-2Z4



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Pursuant to section 153 and/or
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l'article 154 de la Loi de 2007 sur les
foyers de soins de longue durée, L.
O. 2007, chap. 8

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

To Board of Management for the District of Nipissing West, you are hereby required to
comply with the following order(s) by the date(s) set out below:

Order # /	Order Type /
Ordre no : 001	Genre d'ordre : Compliance Orders, s. 153. (1) (a)
Linked to Existing Order /	2017_572627_0010, CO #002;
Lien vers ordre existant:	

Pursuant to / Aux termes de :

LTCHA, 2007, s. 8. (3) Every licensee of a long-term care home shall ensure
that at least one registered nurse who is both an employee of the licensee and
a member of the regular nursing staff of the home is on duty and present in the
home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Order / Ordre :

The licensee must be compliant with s. 8 (3), of the LTCHA.

Specifically, the licensee shall ensure:

That at least one registered nurse who is both an employee of the licensee
and a member of the regular nursing staff of the home are on duty and
present in the home at all times.

Grounds / Motifs :

(A1)

1. The licensee has failed to ensure that at least one registered nurse who was both
an employee of the licensee and a member of the regular nursing staff of the home
was on duty and present in the home at all times.

On August 22, 2017, the following compliance order (CO #002) from inspection
#2017_572627_0010, was made under, s. 8 (3), LTCHA.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the Long-Term
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foyers de soins de longue durée, L.
O. 2007, chap. 8

The licensee shall prepare, submit and implement a plan to ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times.

The compliance due date was November 10, 2017.

Inspector #642 reviewed documentation received from the Administrator, which they stated they had sent to the Ministry of Health and Long-Term Care which identified that they were having difficulty finding a full time Registered Nurse (RN), during a specific time period, they had no choice but to use Agency RN's to fill specific shifts as all efforts to use an employee of the Home had been exhausted.

Inspector #642 reviewed documentation titled, "Schedule Worksheet," received from the Humans Resource Manager (HRM). The HRM had marked on the schedule, that there were specific shifts identified that Agency RN's had worked. The HRM stated that the Agency RN's would have worked alone, on specific shifts and days. Inspector #642 and the HRM reviewed the schedule together and there were specific shifts identified that the home had a Agency RN covering and the RN's had worked alone, and were not an employee of the home.

Inspector #642 interviewed the Scheduling Coordinator, who confirmed that the home was still using Agency RN's, to cover shifts, when they did not have an RN available from the home.

The Inspector interviewed the Administrator, and the Director of Care (DOC), on separate occasions. They stated that the home was not in compliance with this Order by the specific date and they have not been able to come into compliance at this time.

As the home utilized the Agency RN's as the only RN's in the home during a specific number of shifts the home has failed to ensure that at least one RN who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times.

The severity of this issue was a level 2 as there was minimal harm or potential for actual harm. The scope was a level 2 as it was a pattern. The home had a level 3 compliance history, as there was 1 or more related Non-Compliance (NC) with this section of the Act that included: Written notifications (WN) issued August 9, 2017,



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(2017_572627_0010), and Compliance Order (CO) issued August 9, 2017, (2017-572627).
(642)

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

Apr 27, 2018



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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, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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



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section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

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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.

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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foyers de soins de longue durée, L.
O. 2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 6 day of April 2018 (A1)

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

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

Amended by AMY GEAUVREAU - (A1)



**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

Service Area Office / Sudbury
Bureau régional de services :

**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