



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

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

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur 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**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 18, 2016	2016_381592_0018	034362, 034361	Follow up

Licensee/Titulaire de permis

Chartwell Master Care LP
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

CHATEAU GARDENS LANCASTER LONG TERM CARE CENTRE
105 MILITARY ROAD NORTH P.O. BOX 429 LANCASTER ON K0C 1N0

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

MELANIE SARRAZIN (592)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): July 19, 20, 21, 2016

This follow-up inspection was in relation to two Compliance Orders (CO #001 and #002) issued to the home as a result of the Resident Quality Inspection that occurred in November 2015. The Compliance Orders were issued as a result of non compliance related to lingering offensive odors and the home's furnishings and equipment not maintained in a safe condition and in a good state of repair.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), Housekeeping staff (HKP), Registered Nurse (RN), Registered Practical Nurse (RPN) and Personal Support Workers (PSW).

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Accommodation Services - Maintenance

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

- 1 WN(s)
- 0 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 # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 15. (2)	CO #002	2015_381592_0028		592

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 O.Reg 79/10, s. 87. Housekeeping
Specifically failed to comply with the following:**

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

Findings/Faits saillants :

1. The licensee has failed to ensure that procedures are developed and implemented for addressing incidents of lingering offensive odors.



The home was noted to be non-compliant with addressing incidents of lingering offensive odors during the Resident Quality Inspection # 2015_381592_0028 conducted on November 18, 2015. A compliance order was issued on December 9, 2015 as a result of the inspection with a compliance date of March 31, 2016.

The Administrator requested an extension date on March 02, 2016 in order to comply with incidents of lingering offensive odors which was granted with a new extended compliance date of June 30, 2016

A follow-up inspection to the orders was conducted on July 19, 20 and 21, 2016.

Upon arrival to the home, Inspector #592 interviewed the Administrator who indicated that renovations was completed for several resident washrooms, including the ones identified in the compliance order issued during the RQI with lingering odors. She further told Inspector #592 that the washroom renovations included to remove and change the floors, toilets, sinks and vanity. She further told Inspector #592 that the staff were instructed to report any lingering odors on a daily basis and to follow the new policy in place which was developed by the home's corporation. She indicated to Inspector #592 that staff members were also instructed to remove any causing items of lingering odors and to dispose continent products out of the resident rooms and washrooms. In addition, the Administrator told Inspector #592 that the home's expectation is for nursing staff members to clean any urine, puddles and feces observed on the floor right away and to get housekeeping staff member for deeper cleansing. She further told Inspector #592 that if lingering odor re-occurred after cleaning, the staff are instructed to report to the Maintenance department who will look for further alternative procedures. She further told Inspector #592 that one resident's washroom was identified with lingering odors due to resident's behaviours to not use the toilet and being incontinent on the floor. She further told Inspector #592 that extra cleaning was put in place for that washroom in order to neutralized the odor.

Inspector #592 conducted a tour in the home, specifically in three resident washrooms , identified in the compliance order issued on December 9, 2015.

On July 19, 2016, lingering offensive odors were identified by Inspector #592 in two resident washrooms identified in the previous order. Two additional resident washrooms were also identified with lingering offensive odors.

On July 20, 2016, lingering offensive odors were identified by Inspector #592 in the same



four resident washrooms.

The lingering offensive odors were noted in all of the identified resident washrooms at different times of the day.

In an interview with full time Hkp #100, she told Inspector #592 that following the RQI Inspection, the home renovated resident washrooms to address lingering offensive odors but that several specific resident washrooms on a specified unit still have the presence of lingering offensive odors despite routine cleaning. HKP #100 further told Inspector #592 that since a month or two, the home is now using a new product to clean and disinfect toilets, sink and floors which is also used to neutralize odors. She further told Inspector #592 that the product was working much better as taking away the odors; however, the lingering offensive odors were present after a few hours. She further told Inspector #592 that each resident washrooms were cleaned on a daily basis and as needed. She further told Inspector #592 that PSW's would often wipe immediately any urine, feces, and puddles on the floor and immediately get the HKP staff for a deeper cleansing. During a walk through of the home, HKP #100 informed Inspector #592 that a specified washroom, identified with lingering offensive odors was just cleaned and disinfected with the new home product. HKP told Inspector #592 that the odor was still present even though it was just cleaned. She further told Inspector #592 that the odor issue is persistent and has been identified many times in the past and reported to the Administrator and that it still not resolved despite the staff efforts.

In an interview with PSW #103 and RPN #105, they both told Inspector #592 that a specified unit was an ongoing issue for managing lingering offensive odors. They both told Inspector #592 that as soon as they noticed urine, feces on the floor, staff will clean immediately and then they would get the HKP staff member for deeper cleansing. In addition, they told Inspector #592 that staff does frequent spot checks especially in one specific washroom where resident's behaviours were identified of frequently urinating on the floor and as well as to put towels in the toilet tank. They both told Inspector that any item identified with a smell is removed immediately from the resident rooms and washrooms and that the exhaust fan will be turned on to eliminate the smell.

A review of the home's Policy titled "Lingering odours" number LTC-CA-WQ-100-05-17, effective date of February 2016, indicates in terms of reference that "Lingering Odor" means an offensive odor lasting more than (2) hours.

The Policy further indicates under Procedures for Environmental Services Manager (ESM) to complete the attached "Odor Source Investigation" form within 24 hours of



receiving a complaint from staff member and for residents who have been identified with a persistent odor emitting condition, consider ordering an air cleaner with ultra violet light.

In an interview with the Administrator who is in charge of the Environmental Services, she told Inspector #592 that she was made aware by staff members of the re-occurring presence of lingering offensive odors. She further told Inspector #592 that during a discussion held in June with the home's outside vendor, the company had provided a sample for the home to try which would help to neutralize the smell. The Administrator told Inspector #592 that as soon as she obtains the "Workplace Hazardous Materials Information Sheet" for the new sample product, the product will be used. In a walk through of the home accompanied with the Administrator, she noted that four specified resident washrooms had a lingering offensive odors present and told Inspector #592 that the exhaust fans were not turned on as per the home's policy as an intervention to neutralize odors. When Inspector #592 inquired about the "Odor Source Investigation" form as per the home policy to be completed within 24 hours when she was made aware of the presence of a persistent odor, she told Inspector #592 that the form was not completed. Inspector #592 also inquired if as per the home's policy if after the reporting of persistent odor emitting condition, the air cleaner with ultra violet light had being considered for alternative procedures. She told Inspector #592 that she was not sure if the product was ordered and was unable to provide any documentation due to the person responsible for the orders being off work for several weeks.

As such the home did not ensure that when procedures are not effective, to have a process to reassess and look at alternative procedures to address these lingering odors.
[s. 87. (2) (d)]

Additional Required Actions:

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



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**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

Issued on this 29th day of August, 2016

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

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

Ordre(s) de l'inspecteur

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

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

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : MELANIE SARRAZIN (592)

Inspection No. /

No de l'inspection : 2016_381592_0018

Log No. /

Registre no: 034362, 034361

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Aug 18, 2016

Licensee /

Titulaire de permis :

Chartwell Master Care LP
100 Milverton Drive, Suite 700, MISSISSAUGA, ON,
L5R-4H1

LTC Home /

Foyer de SLD :

CHATEAU GARDENS LANCASTER LONG TERM
CARE CENTRE
105 MILITARY ROAD NORTH, P.O. BOX 429,
LANCASTER, ON, K0C-1N0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur :

Shoma Maraj



**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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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

To Chartwell Master Care LP, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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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*

Order # /**Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (b)**Linked to Existing Order /****Lien vers ordre
existant:** 2015_381592_0028, CO #001;**Pursuant to / Aux termes de :**

O.Reg 79/10, 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).

Order / Ordre :



Order(s) of the Inspector

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The Licensee shall ensure that procedures are developed and implemented to immediately eliminate persistent lingering offensive odors, specifically in four identified washrooms and,

if procedures are not effective in eliminating these persistent lingering offensive odors, the licensee must explore other procedures until success is achieved.

This plan must be submitted in with attention to Melanie Sarrazin, LTCH Inspector at 347 Preston Street, 4th floor, Ottawa, Ontario K1S 3J4, by fax at 1-613-569-9670 or email OttawaSAO.MOH@ontario.ca, on or before August 31, 2016.

Grounds / Motifs :

1. 1. The licensee has failed to ensure that procedures are developed and implemented for addressing incidents of lingering offensive odors.

The home was noted to be non-compliant with addressing incidents of lingering offensive odors during the Resident Quality Inspection # 2015_381592_0028 conducted on November 18, 2015. A compliance order was issued on December 9, 2015 as a result of the inspection with a compliance date of March 31, 2016.

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members to clean any urine, puddles and feces observed on the floor right away and to get housekeeping staff member for deeper cleansing. She further told Inspector #592 that if lingering odor re-occurred after cleaning, the staff are instructed to report to the Maintenance department who will look for further alternative procedures. She further told Inspector #592 that one resident's washroom was identified with lingering odors due to resident's behaviours to not use the toilet and being incontinent on the floor. She further told Inspector #592 that extra cleaning was put in place for that washroom in order to neutralized the odor.

Inspector #592 conducted a tour in the home, specifically in three resident washrooms , identified in the compliance order issued on December 9, 2015.

On July 19, 2016, lingering offensive odors were identified by Inspector #592 in two resident washrooms identified in the previous order. Two additional resident washrooms were also identified with lingering offensive odors.

On July 20, 2016, lingering offensive odors were identified by Inspector #592 in the same four resident washrooms.

The lingering offensive odors were noted in all of the identified resident washrooms at different times of the day.

In an interview with full time Hkp #100, she told Inspector #592 that following the RQI Inspection, the home renovated resident washrooms to address lingering offensive odors but that several specific resident washrooms on a specified unit still have the presence of lingering offensive odors despite routine cleaning. HKP #100 further told Inspector #592 that since a month or two, the home is now using a new product to clean and disinfect toilets, sink and floors which is also used to neutralize odors. She further told Inspector #592 that the product was working much better as taking away the odors; however, the lingering offensive odors were present after a few hours. She further told Inspector #592 that each resident washrooms were cleaned on a daily basis and as needed. She further told Inspector #592 that PSW's would often wipe immediately any urine, feces, and puddles on the floor and immediately get the HKP staff for a deeper cleansing.

During a walk through of the home, HKP #100 informed Inspector #592 that a specified washroom, identified with lingering offensive odors was just cleaned and disinfected with the new home product. HKP told Inspector #592 that the odor was still present even though it was just cleaned. She further told Inspector

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#592 that the odor issue is persistent and has been identified many times in the past and reported to the Administrator and that it still not resolved despite the staff efforts.

In an interview with PSW #103 and RPN #105, they both told Inspector #592 that a specified unit was an ongoing issue for managing lingering offensive odors. They both told Inspector #592 that as soon as they noticed urine, feces on the floor, staff will clean immediately and then they would get the HKP staff member for deeper cleansing. In addition, they told Inspector #592 that staff does frequent spot checks especially in one specific washroom where resident's behaviours were identified of frequently urinating on the floor and as well as to put towels in the toilet tank. They both told Inspector that any item identified with a smell is removed immediately from the resident rooms and washrooms and that the exhaust fan will be turned on to eliminate the smell.

A review of the home's Policy titled "Lingering odours" number LTC-CA-WQ-100-05-17, effective date of February 2016, indicates in terms of reference that "Lingering Odor" means an offensive odor lasting more than (2) hours. The Policy further indicates under Procedures for Environmental Services Manager (ESM) to complete the attached "Odor Source Investigation" form within 24 hours of receiving a complaint from staff member and for residents who have been identified with a persistent odor emitting condition, consider ordering an air cleaner with ultra violet light.

In an interview with the Administrator who is in charge of the Environmental Services, she told Inspector #592 that she was made aware by staff members of the re-occurring presence of lingering offensive odors. She further told Inspector #592 that during a discussion held in June with the home's outside vendor, the company had provided a sample for the home to try which would help to neutralize the smell. The Administrator told Inspector #592 that as soon as she obtains the "Workplace Hazardous Materials Information Sheet" for the new sample product, the product will be used. In a walk through of the home accompanied with the Administrator, she noted that four specified resident washrooms had a lingering offensive odors present and told Inspector #592 that the exhaust fans were not turned on as per the home's policy as an intervention to neutralize odors. When Inspector #592 inquired about the "Odor Source Investigation" form as per the home policy to be completed within 24 hours when she was made aware of the presence of a persistent odor, she told Inspector #592 that the form was not completed. Inspector #592 also inquired if as per the



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home's policy if after the reporting of persistent odor emitting condition, the air cleaner with ultra violet light had being considered for alternative procedures. She told Inspector #592 that she was not sure if the product was ordered and was unable to provide any documentation due to the person responsible for the orders being off work for several weeks.

As such the home did not ensure that when procedures are not effective, to have a process to reassess and look at alternative procedures to address these lingering odors. [s. 87. (2) (d)] (592)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Oct 20, 2016



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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
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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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
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

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
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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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*

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
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 18th day of August, 2016

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Melanie Sarrazin

Service Area Office /

Bureau régional de services : Ottawa Service Area Office