



**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**

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130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
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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
Nov 1, 2016	2016_325568_0020	027447-16	Resident Quality Inspection

Licensee/Titulaire de permis

GOLDEN DAWN SENIOR CITIZEN HOME
80 Main Street P.O. Box 129 Lion's Head ON N0H 1W0

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

GOLDEN DAWN NURSING HOME
80 Main Street P. O. Box 129 Lion's Head ON N0H 1W0

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

DOROTHY GINTHER (568), REBECCA DEWITTE (521)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): September 30, 2016, October 3, 4, 5, 6, 2016.

A complaint inspection, log #019336-16 IL-45268-LO, related to sufficient staffing and responsive behaviours was conducted in conjunction with the Resident Quality Inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Risk and Resource Manager, Programs Manager, Administrative Assistant, Food Services Manager, one Registered Nurse, eight Personal Support Workers, one housekeeping staff, Resident Council representative, residents and their families.

The inspectors also toured the home, observed medication administration, medication storage; reviewed relevant clinical records, policies and procedures, meeting minutes, schedules, posting of required information; observed the provision of resident care, resident-staff interactions, and observed the general maintenance, cleanliness, safety and condition of the home.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Contenance Care and Bowel Management
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Skin and Wound Care
Sufficient Staffing**



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

- 5 WN(s)
- 2 VPC(s)
- 1 CO(s)
- 0 DR(s)
- 0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<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.O. 2007, c.8, 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 there was at least one registered nurse who was an employee of the licensee and a member of the regular nursing staff on duty and present in the home at all times unless there was an allowable exception to this requirement.

Review of the registered staff schedule for the period of September 26, 2016 to October 5, 2016 revealed the following:

- a) There were three registered nurses on the staff schedule.
- b) There were seven out of ten night shifts (64 percent) where there was no registered nurse on duty and present in the home. There were seven out of twenty shifts (35 percent) where a registered nurse was not on duty and present in the home during the ten day period.

Review of the registered staff schedule for the period of August 15, 2016 to September 11, 2016 revealed the following:

- a) There were three registered nurses on the staff schedule.
- b) There were nineteen out of twenty-eight night shifts (68 percent); and one out of twenty-eight day shifts (four percent) where there was no registered nurse on duty and present in the home.

On October 5, 2016, during an interview with the Administrator they acknowledged that the home did not have a registered nurse that was an employee of the licensee and a member of the regular nursing staff on duty and present in the home at all times. The Administrator indicated that they continue to find recruitment of registered nurses to the area a challenge. They were successful in hiring one registered nurse this year, but have not received any resumes from qualified candidates recently. They continue to



advertise on the home's website, as well as on Indeed and the Canadian Government jobs website.

On October 6, 2016, during a review of the identified websites, a current posting for part time casual registered nurse was found on the Golden Dawn website, however, there were no active postings for a registered nurse on the Indeed and Government of Canada job websites.

The severity of this area of noncompliance was identified as minimal harm with potential for actual harm. The scope was considered a pattern as there were 35 percent of registered nursing shifts not covered during the two periods reviewed. This area of noncompliance was previously issued as a voluntary plan of correction on September 8, 2014. [s. 8. (3)]

Additional Required Actions:

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

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

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



Findings/Faits saillants :

1. The licensee has failed to ensure that staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments were integrated, consistent with and complement each other.

During observations on two occasions during the Resident Quality Inspection resident #002 had two bed rails in the up position.

The plan of care for resident #002 stated the resident had one bed rail to assist with bed mobility.

Review of the bed system measurement device test result worksheet dated February 6, 2015, identified that resident #002 had two bed rails up.

A review of the most recent Minimum Data Set (MDS) assessment identified "Other types of side rails used".

During an interview with the Risk and Resource Manager #101 they acknowledged that the assessments related to resident #002's bed rails were not consistent and did not complement each other. [s. 6. (4) (a)]

2. The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs changed.

Observations during the Resident Quality Inspection revealed that resident #021 had two bed rails in the up position. Resident #003 had one bed rail in the up position.

Record review of resident #021's plan of care, identified that the resident was to have one bed rail in use.

The plan of care for resident #003 stated that no bed rails were in use for the resident at that time.

During an interview with the Risk and Resource Manager #101 they indicated that there had been a change in both resident #021 and #003's care needs and their plan of care with respect to bed rails had not been updated.



The licensee failed to ensure that resident #003 and #021's plan of care with respect to bed rails had been reviewed and revised when their care needs changed.

The severity of harm for this area of noncompliance was identified as minimal harm with potential for actual harm. The scope was considered isolated. This area of noncompliance was previously issued as a voluntary plan of correction on May 6, 2015. [s. 6. (10) (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 that staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 31. Restraining by physical devices

Specifically failed to comply with the following:

s. 31. (1) A resident may be restrained by a physical device as described in paragraph 3 of subsection 30 (1) if the restraining of the resident is included in the resident's plan of care. 2007, c. 8, s. 31. (1).

s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:

4. A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining. 2007, c. 8, s. 31 (2).

s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:

5. The restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. 2007, c. 8, s. 31 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a restraint by a physical device was included in the plan of care.

During observations in stage one of the Resident Quality Inspection resident #002 had a physical device in place.

During an interview with PSW #106 they stated that the physical device was intended to prevent resident #002 from getting up.

During an interview with Registered Nurse #107 they reported that the physical device was being used to prevent resident #002 from getting up and falling.

The Risk and Resource Manager #101 acknowledged that resident #002 was being restrained by the physical device and this was not included in the plan of care for the resident. 31. (1)]

2. The licensee has failed to ensure that the restraint plan of care included an order by the physician or the registered nurse in the extended class.



Interviews with two PSW's #105 and #106 identified that resident #002 had a physical device in place which prevented the resident from getting up.

A review of the plan of care revealed that there was no order by the physician or the registered nurse in the extended class for the physical device which was being used as a restraint.

During an interview with the Risk and Resource Manager #101, they acknowledged that resident #002 had a physical device in place which was acting to restrain the resident and the plan of care did not include an order by the physician. [s. 31. (2) 4.]

3. The licensee has failed to ensure that the restraint plan of care included the consent by the resident or if the resident is incapable, by the SDM.

Record review revealed resident #002 had a cognitive impairment. An interview screen completed with resident #002 confirmed that the resident was not oriented to place and time.

Interviews with two Personal Support Workers #105 and #106 identified that resident #002 had a physical device in place which prevented the resident from getting up.

Review of the plan of care identified that there was no consent by the Substitute Decision Maker (SDM) for the physical device to be used as a restraint.

During an interview with the Risk and Resource Manager #101, they acknowledged that there was no documented consent by the resident's SDM for the physical device to be used as a restraint.

The severity of harm for this area of noncompliance was identified as minimal harm with potential for actual harm. The scope was considered isolated. The compliance history was a level two, one or more unrelated noncompliance. [s. 31. (2) 5.]



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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 a restraint by a physical device was included in the plan of care, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following:

s. 31. (2) Every licensee of a long-term care home shall ensure that there is a written staffing plan for the programs referred to in clauses (1) (a) and (b). O. Reg. 79/10, s. 31 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that there is a written staffing plan for the nursing and personal support services programs.

During a review of the nursing and personal support services programs there was no evidence of a written staffing plan.

During an interview with the Risk and Resource Manager #101 they indicated that the home had processes in place related to nursing and personal support services staffing which included organization and scheduling of shifts to ensure assessed care and safety needs were met, continuity of care, and a contingency plan to address situations when staff could not come to work. The Risk and Resource Manager #101 said that while these processes were in place they did not have a written staffing plan which included the identified components.

The licensee failed to ensure there was a written staffing plan for the nursing and personal support services programs.

The severity of harm for this area of noncompliance was identified as minimal harm. The scope was considered isolated. The compliance history was a level two, one or more unrelated noncompliance. [s. 31. (2)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that the resident who was incontinent received an assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and was conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence where the condition or circumstances of the resident require.

Observations during stage one of the Resident Quality Inspection identified a strong odour around resident #002.

Review of resident #002's plan of care indicated the resident was incontinent of bladder and bowel as stated in the most recent MDS assessment.

A review of resident #002's assessments indicated that there were no continence assessments completed for the resident.

During an interview with Registered Nurse (RN) #107 they indicated that the home did not have a continence assessment in place. RN #107 further stated that at present they rely on information from the Personal Support Worker to make changes to a resident's continence plan of care.

The licensee failed to ensure that resident #002, who exhibited signs of incontinence, had a continence assessment.

The severity of harm for this area of noncompliance was identified as minimal harm. The scope was considered isolated. The compliance history was a level two, one or more unrelated noncompliance. [s. 51. (2) (a)]



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Loi de 2007 sur les foyers de
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Issued on this 2nd day of November, 2016

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

Original report signed by the inspector.



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

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des Soins de longue durée**

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) : DOROTHY GINTHER (568), REBECCA DEWITTE
(521)

Inspection No. /

No de l'inspection : 2016_325568_0020

Log No. /

Registre no: 027447-16

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Nov 1, 2016

Licensee /

Titulaire de permis : GOLDEN DAWN SENIOR CITIZEN HOME
80 Main Street, P.O. Box 129, Lion's Head, ON,
N0H-1W0

LTC Home /

Foyer de SLD : GOLDEN DAWN NURSING HOME
80 Main Street, P. O. Box 129, Lion's Head, ON,
N0H-1W0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : KEVIN JONES



**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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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 GOLDEN DAWN SENIOR CITIZEN HOME, 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) (a)**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, 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 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.

Grounds / Motifs :

1. The licensee has failed to ensure that here at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff on duty and present at all times unless there is an allowable exception to this requirement.

Review of the registered staff schedule for the period of September 26, 2016 to October 5, 2016 revealed the following:

- a) There were three registered nurses on the staff schedule.
- b) There were seven out of ten night shifts (64 percent) where there was no registered nurse on duty and present in the home. There were seven out of twenty shifts (35 percent) where a registered nurse was not on duty and present in the home during the ten day period.

Review of the registered staff schedule for the period of August 15, 2016 to September 11, 2016 revealed the following:

- a) There were three registered nurses on the staff schedule.
- b) There were nineteen out of twenty-eight night shifts (68 percent); and one out of twenty-eight day shifts (four percent) where there was no registered nurse on duty and present in the home.



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On October 5, 2016, during an interview with the Administrator they acknowledged that the home did not have a registered nurse that was an employee of the licensee and a member of the regular nursing staff on duty and present in the home at all times. The Administrator indicated that they continue to find recruitment of registered nurses to the area a challenge. They were successful in hiring one registered nurse this year, but have not received any resumes from qualified candidates recently. They continue to advertise on the home's website, as well as on Indeed and the Canadian Government jobs website.

On October 6, 2016, during a review of the identified websites, a current posting for part time casual registered nurse was found on the Golden Dawn website, however, there were no active postings for a registered nurse on the Indeed and Government of Canada job websites.

The severity of harm for this area of noncompliance was identified as minimal harm with potential for actual harm. The scope was considered a pattern as there were 35 percent of registered nursing shifts not covered during the two periods reviewed. This area of noncompliance was previously issued as a voluntary plan of correction on September 8, 2014. (568)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Feb 28, 2017



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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 1st day of November, 2016

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Dorothy Ginther

Service Area Office /

Bureau régional de services : London Service Area Office