



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

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

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 8, 2015	2015_189120_0022	H-000901/902/903/908- 14	Follow up

Licensee/Titulaire de permis

NIAGARA INA GRAFTON GAGE HOME OF THE UNITED CHURCH
413 Linwell Road St. Catharines ON L2M 7Y2

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

INA GRAFTON-GAGE HOME
413 Linwell Road St Catharines ON L2M 7Y2

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 a Follow up inspection.

This inspection was conducted on the following date(s): March ²⁶27, 2015 *BL*

An inspection (2014-189120-0028) was previously conducted between April 28-30, 2014 at which time Orders #001 (Doors), #002 (Beds), #003 (Resident-Staff Communication and Response System) and #008 (Elevator Access) was issued for non-compliance. For this follow-up inspection, all orders remain non-compliant except for #002. See below for details.

During the course of the inspection, the inspector(s) spoke with the Administrator and Director of Care. The Inspector toured the 1st floor of Building "B" identified as the Long Term Care Home, observed resident bed systems and verified whether any changes were made to the home's door security systems and resident-staff communication and response system.

The following Inspection Protocols were used during this inspection:
Safe and Secure Home

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

- 3 WN(s)
- 0 VPC(s)
- 3 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
O.Reg 79/10 s. 15. (1)	CO #002	2014_189120_0028		120



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 O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

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

Findings/Faits saillants :

1. The licensee did not ensure that the resident-staff communication and response system was easily seen or easily accessible to residents, staff and visitors at all times.

The home's resident-staff communication and response system (RSCRS) consisted of wireless pendants worn by residents (at their discretion) and wall mounted activation stations in the tub rooms and resident washrooms. In order to activate the RSCRS, residents or staff had to press a button on the resident's pendant or pull a cord on an activation station where available in order to alert other staff that assistance was required in a particular location. During this visit, the RSCRS was determined to be non-compliant for several reasons. Visitors, staff and residents not wearing a pendant could not be expected to find a resident wearing a pendant in order to call for assistance. Secondly, not all residents wore the pendant consistently. Activation stations were not located in the dining room, activity room, library/chapel, kitchenette/lounge, hair salon, cafe, outdoor courtyard, resident bedrooms or main foyer (sitting area).

Non-compliance was previously issued on inspection report #2014-189120-0028 dated May 28, 2014 and at the time of this follow-up inspection, no changes to the system had been made. [s. 17(1)(a)]



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 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. (1).

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).

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).

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. The licensee did not ensure that;

1. Doors to which residents had access and that led to unsecured outdoor areas were equipped with a door access control system, and

2. Doors leading to stairways and unsecured outdoor areas to which residents had access, were connected to the resident-staff communication and response system or to an enunciator located at the nurse's station with audio and visual capabilities.

The first floor of Building "B" was identified as the long-term care home and was therefore evaluated for compliance with door and security legislation. Many of the doors and areas leading to non-long term care home areas were not adequately secured. Although two doors were installed with magnetic access control locking devices (one on each side of a long corridor where residents' rooms were located), residents were required to leave the segregated area to have access to their lobby, cafe, activity room, dining room, secured outdoor space, main lobby, hair salon and library/chapel. The following areas and doors were identified to be non-compliant;

1. Two glass doors were located in the resident's dining room that were not locked and that led to an outdoor area that was not secured. The outdoor area led directly to a busy road and other areas of the property. The dining room was used by both long term care residents and tenants from the upper floors. The Environmental Services Supervisor reported that the dining room was kept locked between meals and residents would not



have access. Residents however are entitled to have access to their dining room between meals.

2. Four stairwell doors were not connected to the resident-staff communication and response system known as the Versus System. An enunciator panel was not available at the nurse's station as the alternative option in which to connect the doors.

3. The main door located in the lobby of the first floor was equipped with a magnetic locking system, however the system was not connected to the resident-staff communication and response system known as the Versus System. An enunciator panel was not available at the nurse's station as the alternative option in which to connect the doors.

4. Access to Building "A" which was identified to be a non-long term care area was located on the first floor. This area did not have any doors in which to prevent unsupervised resident access to the area.

5. Access to the basement from the main lobby was identified via a set of unsecured stairs. The basement had many doors leading to unsecured outdoor areas and non-long term care areas.

Non-compliance was previously issued on inspection report #2014-189120-0028 dated May 28, 2014 and at the time of this follow-up inspection, no changes to the door security system and unsupervised resident access had been made. [s. 9. (1)]

2. The licensee did not ensure that doors that led to the outdoor secured courtyard were equipped with locks to restrict unsupervised access to the area by residents.

Several glass doors were located in the home to which residents had access and were not equipped with locks to restrict unsupervised access to the outdoor courtyard. These doors were located in the activity room, main foyer and library/chapel.

Non-compliance was previously issued on inspection report #2014-189120-0028 dated May 28, 2014 and at the time of this follow-up inspection, no changes to the doors had been made. [s. 9(1)1.1]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".



**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 10. Elevators
Specifically failed to comply with the following:**

**s. 10. (1) Every licensee of a long-term care home shall ensure that any elevators
in the home are equipped to restrict resident access to areas that are not to be
accessed by residents. O. Reg. 79/10, s. 10 (1).**

Findings/Faits saillants :

1. The licensee did not ensure that the elevators located in the long-term care home
were restricted to areas not to be accessed by residents.

Two elevators in the home were identified to be accessible to residents of the home and
were not equipped with a device or access codes to prevent resident access to either the
basement or to the upper floors which were occupied by non long term care home
tenants. These areas all led to unsecured outdoor areas via unsecured stairwells.

Non-compliance was previously issued on inspection report #2014-189120-0028 dated
May 28, 2014 and at the time of this follow-up inspection, no changes to the elevators
had been made. [s. 10(1)]

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 8th day of April, 2015

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

B. Sosnik

Original report signed by the inspector.



Ministry of Health and
Long-Term Care

Ministère de la Santé et
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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** BERNADETTE SUSNIK (120)

**Inspection No. /
No de l'inspection :** 2015_189120_0022

**Log No. /
Registre no:** H-000901/902/903/908-14

**Type of Inspection /
Genre
d'inspection:** Follow up

**Report Date(s) /
Date(s) du Rapport :** Apr 8, 2015

**Licensee /
Titulaire de permis :** NIAGARA INA GRAFTON GAGE HOME OF THE
UNITED CHURCH
413 Linwell Road, St. Catharines, ON, L2M-7Y2

**LTC Home /
Foyer de SLD :** INA GRAFTON-GAGE HOME
413 Linwell Road, St Catharines, ON, L2M-7Y2

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** PATRICK O'NEILL

To NIAGARA INA GRAFTON GAGE HOME OF THE UNITED CHURCH, you are hereby required to comply with the following order(s) by the date(s) set out below:



Order # /
Ordre no : 001 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /
Lien vers ordre 2014_189120_0028, CO #003;
existant:

Pursuant to / Aux termes de :

O.Reg 79/10, s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

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

Order / Ordre :

The licensee shall;

1. Install a functional wall mounted activation station in a visible location in the dining room, in the activity room, library/chapel, main foyer (sitting area) hair salon, outdoor courtyard, small lounge/kitchen and any other common area to which residents have access.

2. A wireless and functional pendant shall be made available in each resident bedroom so that it can be easily seen and accessed by anyone. An alternative option would be to install a functional wall mounted activation station next to each resident bed.

Grounds / Motifs :



Ministry of Health and
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Ministère de la Santé et
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

1. The licensee did not ensure that the resident-staff communication and response system was easily seen or easily accessible to residents, staff and visitors at all times.

The home's resident-staff communication and response system (RSCRS) consisted of wireless pendants worn by residents (at their discretion) and wall mounted activation stations in the tub rooms and resident washrooms. In order to activate the RSCRS, residents or staff had to press a button on the resident's pendant or pull a cord on an activation station where available in order to alert other staff that assistance was required in a particular location. During this visit, the RSCRS was determined to be non-compliant for several reasons. Visitors, staff and residents not wearing a pendant could not be expected to find a resident wearing a pendant in order to call for assistance. Secondly, not all residents wore the pendant consistently. Activation stations were not located in the dining room, activity room, library/chapel, kitchenette/lounge, hair salon, cafe, outdoor courtyard, resident bedrooms or main foyer (sitting area).

Non-compliance was previously issued on inspection report #2014-189120-0028 dated May 28, 2014 and at the time of this follow-up inspection, no changes to the system had been made. (120)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 30, 2015



Order # /
Ordre no : 002 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /
Lien vers ordre 2014_189120_0028, CO #001;
existant:

Pursuant to / Aux termes de :

O.Reg 79/10, 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.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

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.

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).

Order / Ordre :

The licensee shall;

1. Connect all four stairwell doors (G16, G46, next to #1134 and next to #1142) and the main foyer door to the resident-staff communication and response system.
2. Equip the glass exit doors leading to the enclosed courtyard located in the activity room, main foyer and library/chapel with a locking system that cannot be easily manipulated by residents.
3. Secure the open staircase in the main foyer so that residents cannot gain access to the basement unsupervised.
4. Secure the non-residential area known as Building "A" from the long-term care home located in Building "B".

Grounds / Motifs :

1. The licensee did not ensure that;

1. Doors to which residents had access and that led to unsecured outdoor areas were equipped with a door access control system, and
2. Doors leading to stairways and unsecured outdoor areas to which residents had access, were connected to the resident-staff communication and response system or to an enunciator located at the nurse's station with audio and visual capabilities.

The first floor of Building "B" was identified as the long-term care home and was therefore evaluated for compliance with door and security legislation. Many of the doors and areas leading to non-long term care home areas were not adequately secured. Although two doors were installed with magnetic access control locking devices (one on each side of a long corridor where residents' rooms were located), residents were required to leave the segregated area to have access to their lobby, cafe, activity room, dining room, secured outdoor space, main lobby, hair salon and library/chapel. The following areas and doors were identified to be non-compliant;

1. Two glass doors were located in the resident's dining room that were not locked and that led to an outdoor area that was not secured. The outdoor area led directly to a busy road and other areas of the property. The dining room was used by both long term care residents and tenants from the upper floors. The Environmental Services Supervisor reported that the dining room was kept locked between meals and residents would not have access. Residents however

are entitled to have access to their dining room between meals.

2. Four stairwell doors were not connected to the resident-staff communication and response system known as the Versus System. An enunciator panel was not available at the nurse's station as the alternative option in which to connect the doors.

3. The main door located in the lobby of the first floor was equipped with a magnetic locking system, however the system was not connected to the resident-staff communication and response system known as the Versus System. An enunciator panel was not available at the nurse's station as the alternative option in which to connect the doors.

4. Access to Building "A" which was identified to be a non-long term care area was located on the first floor. This area did not have any doors in which to prevent unsupervised resident access to the area.

5. Access to the basement from the main lobby was identified via a set of unsecured stairs. The basement had many doors leading to unsecured outdoor areas and non-long term care areas.

Non-compliance was previously issued on inspection report #2014-189120-0028 dated May 28, 2014 and at the time of this follow-up inspection, no changes to the door security system and unsupervised resident access had been made. (120)

2. The licensee did not ensure that doors that led to the outdoor secured courtyard were equipped with locks to restrict unsupervised access to the area by residents.

Several glass doors were located in the home to which residents had access and were not equipped with locks to restrict unsupervised access to the outdoor courtyard. These doors were located in the activity room, main foyer and library/chapel.

Non-compliance was previously issued on inspection report #2014-189120-0028 dated May 28, 2014 and at the time of this follow-up inspection, no changes to the doors had been made. (120)



**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

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

Sep 30, 2015



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

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*

Order # /
Ordre no : 003 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /
Lien vers ordre 2014_189120_0028, CO #008;
existant:

Pursuant to / Aux termes de :

O.Reg 79/10, s. 10. (1) Every licensee of a long-term care home shall ensure that any elevators in the home are equipped to restrict resident access to areas that are not to be accessed by residents. O. Reg. 79/10, s. 10 (1).

Order / Ordre :

The licensee shall equip all elevators located on the first floor of the Long-term Care Home to resident access to the basement or the upper two floors.

Grounds / Motifs :

1. The licensee did not ensure that the elevators located in the long-term care home were restricted to areas not to be accessed by residents.

Two elevators in the home were identified to be accessible to residents of the home and were not equipped with a device or access codes to prevent resident access to either the basement or to the upper floors which were occupied by non long term care home tenants. These areas all led to unsecured outdoor areas via unsecured stairwells.

Non-compliance was previously issued on inspection report #2014-189120-0028 dated May 28, 2014 and at the time of this follow-up inspection, no changes to the elevators had been made. (120)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Sep 30, 2015



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

Order(s) of the Inspector
Pursuant to section 153 and/or
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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

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



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

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

**Ministère de la Santé et
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Ordre(s) de l'inspecteur
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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

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
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.



**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

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
1075, rue Bay, 11e 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.



**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*

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
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 8th day of April, 2015

Signature of Inspector /

Signature de l'inspecteur :

B. Susnik

Name of Inspector /

Nom de l'inspecteur :

BERNADETTE SUSNIK

Service Area Office /

Bureau régional de services : Hamilton Service Area Office