



Ministry of Health and
Long-Term Care

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

Ministère de la Santé et des
Soins de longue durée

Rapport d'inspection 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

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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
Aug 30, 2013	2013_204133_0021	O-000213- 13	Follow up

Licensee/Titulaire de permis

THE PERLEY AND RIDEAU VETERANS' HEALTH CENTRE
1750 Russell Road, OTTAWA, ON, K1G-5Z6

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

THE PERLEY AND RIDEAU VETERANS' HEALTH CENTRE
1750 RUSSELL ROAD, OTTAWA, ON, K1G-5Z6

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection



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

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

This inspection was conducted on the following date(s): August 13th, 15th and 16th 2013

This inspection was conducted concurrent to Critical Incident inspection # 2013_204133_0020, Log # O-000572-13.

Please note that it is reflected on this report that CO#001, pursuant to LTCHA, 2007, S.O 2007, c.8, s.19. (1), issued to the home in June 2011, as a result of inspection #2011_042148_0010, by inspector #148, is complied as a result of this inspection. In fact, the Compliance Order was complied by inspector #148, on August 10th 2011, as a result of inspection #2011_042148_0020. The current Ministry of Health and Long Term Care inspection application (IQS Stage II Tablet Application) does not reflect that the Compliance Order has been previously complied. This inspection report therefore serves to correct this technical issue.

During the course of the inspection, the inspector(s) spoke with the Chief of Resident Care, the Chief Financial Officer, the Director of Support services, the Manager of Support Services, the Improvement Performance Consultant, a RAI RPN, members of the dietary services department, a physiotherapist and a non registered nursing staff member.

During the course of the inspection, the inspector(s) verified if resident accessible doors throughout the home, which lead to non residential areas, were equipped with locks and kept locked when the area was not immediately supervised by staff.

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

Findings of Non-Compliance were found during this inspection.



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. 9. Doors in a home



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

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. O. Reg. 79/10, s. 9. (1).

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. O. Reg. 79/10, s. 9. (1).

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. (1).

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg. 79/10, s.9.(1).2. in that the licensee has failed to ensure that all doors leading to non-residential areas are locked, when the area is not immediately supervised, in order to restrict unsupervised access to those areas by residents. The following findings present a pattern of potential risk to the residents at the home.

It is to be noted that a Compliance Order (#002), pursuant to O. Reg. 79/10, s.9.(1).2., has been previously issued to the licensee. Compliance Order #002 was issued as a result of Critical Incident inspection #2013_204133_0005 (log # O-001805-12), on March 13th 2013, and was to have been complied with by April 12th 2013.

During the inspection, on August 15th 2013, at 2:47pm, the inspector found the front door into the Rideau 2 South (R2S) servery open. There were no staff present in the area at the time. In the servery, the inspector was able to turn the stove elements and the oven on. The inspector noted an industrial coffee maker on the counter and took the temperature, with a thermometer found within the servery, of the water that pours from the upper red spigot on the unit. It was 160 degrees Fahrenheit. The inspector went into the back area and found one spray bottle of Oasis Multi Quat Liquid Sanitizer and another of Oasis 137 Orange Force Multi Surface Cleaner Degreaser, hanging on a rack over the sink. While the inspector was in the servery, a nursing staff member (#S100) came in to fill their water bottle with ice. The inspector asked the staff member if this room is normally unlocked. Staff member #S100 told the inspector they find the room unlocked about 50% of the time. While the R2S servery door is equipped with a lock, it was not closed and locked in order to prevent unsupervised access to the area by residents. This area is not one in which residents would customarily receive care and/or services.

During the inspection, on August 15th 2013, at 3:03pm, the inspector found the door (from the hallway) into the Rideau 2 North (R2N) "country kitchen" unlocked. There were no staff present in the area at the time. The room was noted to contain a commercial microwave, a kettle, 2 refrigerators, a dishwasher and a stove. The inspector was able to turn the stove elements and the oven on. The inspector left the area and spoke with staff member #S101, who has an office down the hallway from this room. Staff member #S101 explained that this room is used by the activities department for events such as the breakfast club, that staff keep their lunches in the fridge and families/visitors will also use the room to prepare food. Staff member #S101 indicated that this room is always unlocked. While the R2N country kitchen door is



equipped with a lock, it was not closed and locked in order to prevent unsupervised access to the area by residents. This area is not one in which residents would customarily receive care and/or services.

During the inspection, on August 15th 2013, at 3:20pm, the inspector found the door into the Rideau 1 North (R1N) staff locker room unlocked. There were no staff present supervising the area. The room contains staff storage lockers. While the R1N staff locker room door is equipped with a lock, it was not closed and locked in order to prevent unsupervised access to the area by residents. This area is not one in which residents would customarily receive care and/or services.

During the inspection, on August 15th 2013, at approximately 3:22pm, the inspector found the door (from the hallway) to the Rideau 1 North "country kitchen" unlocked. There was no staff present in the area at the time. The room is as described above for the Rideau 2 North country kitchen, yet there is no stove. The inspector observed a squeeze bottle of Wood Wyant Universal Cleaner and Polish on the counter, next to the sink. While the R1N country kitchen door is equipped with a lock, it was not closed and locked in order to prevent unsupervised access to the area by residents. This area is not one in which residents would customarily receive care and/or services.

During the inspection, on August 15th 2013, at 3:40pm, the inspector found the door (from the hallway) into the Rideau 1 South (R1S) servery ("country kitchen") unlocked. There was no staff present in the area at the time. The inspector was able to turn the stove elements and the oven on. The inspector was able to turn the food warming surface and all other food preparation equipment on. The inspector noted an industrial coffee maker on the counter and took the temperature, with a thermometer found within the servery, of the water that pours from the upper red spigot on the unit. It was 200 degrees Fahrenheit. In the back area the inspector found a spray bottle of EcoLab Peroxide Multi Surface Cleaner and another of EcoLab Oasis 146 Multi Quat Liquid Sanitizer at the dish area. A squeeze bottle of Wood Wyant Total Universal Cleaner Polish was also noted in the dish area. While the R1S country kitchen servery door is equipped with a lock, it was not closed and locked in order to prevent unsupervised access to the area by residents. This area is not one in which residents would customarily receive care and/or services.

During the inspection, on August 13th and 15th 2013, the inspector noted that



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

throughout the home, linen storage rooms behind unit nurse stations are kept unlocked as a general practice, whether the area is supervised or not. These rooms contain linen transfer carts and smaller linen storage carts. The doors into these storage rooms are equipped with locks. While these areas would not typically be considered as residential areas, the Director of Support Services asserted that on some care units, such as some areas within the Rideau building, it is understood that residents would routinely access these storage rooms. These storage rooms are not provided with a resident staff communication and response system, as is required by O. Reg. 79/10, s.17(1)e., which applies to every area accessible by residents. It is also noted the storage rooms for incontinence products, throughout all care units, are kept unlocked as a general practice, whether the area is supervised or not. These rooms contain boxes of incontinence products. Neither linen storage rooms or incontinent storage rooms are areas in which residents would customarily receive care and/or services, although some linen storage rooms in certain care areas may be considered as such by the licensee and therefore will require the provision of the resident staff communication and response system.

Doors to non-residential areas, while equipped with locks, are not always being kept closed and locked when the area is not immediately supervised, in order to restrict unsupervised access to those areas by residents. This presents a potential safety risk to the home's residents. [s. 9. (1) 2.]

Additional Required Actions:

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

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

**COMPLIED NON-COMPLIANCE/ORDER(S)
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:**



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

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2011_042148_0010	133

Issued on this 30th day of August, 2013

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

Jessica Lapensée



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
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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) : JESSICA LAPENSEE (133)

Inspection No. /

No de l'inspection : 2013_204133_0021

Log No. /

Registre no: O-000213-13

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Aug 30, 2013

Licensee /

Titulaire de permis : THE PERLEY AND RIDEAU VETERANS' HEALTH
CENTRE
1750 Russell Road, OTTAWA, ON, K1G-5Z6

LTC Home /

Foyer de SLD : THE PERLEY AND RIDEAU VETERANS' HEALTH
CENTRE
1750 RUSSELL ROAD, OTTAWA, ON, K1G-5Z6

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Akos Hoffer

To THE PERLEY AND RIDEAU VETERANS' HEALTH CENTRE, you are hereby
required to comply with the following order(s) by the date(s) set out below:



Ministry of Health and
Long-Term Care

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

Order # /

Order Type /

Ordre no : 001

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

Linked to Existing Order /

Lien vers ordre existant: 2013_204133_0005, CO #002;

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.

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. (1).

Order / Ordre :



**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
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As per O. Reg. 79/10, s.9.(1) 2., the licensee will ensure that all doors leading to non-residential areas are equipped with a lock and are kept closed and locked when the area is not immediately supervised, in order to restrict unsupervised access to those areas by residents.

The licensee may choose to designate an area not typically understood to be a residential area, such as a linen storage room where residents do not customarily receive care and/or services, as a residential area. In this case, the licensee will ensure compliance with O. Reg. 79/10, s.17 (1) e, which states that "Every licensee of a long term care home shall ensure that the home is equipped with a resident staff communication and response system that is available in every area accessible by residents". As well, for such areas, the licensee will ensure that there is nothing potentially hazardous kept in these area and ensure compliance with LTCHA, 2007, S.O. 2007, c.8, s.5 which states that "Every licensee of a long term care home shall ensure that the home is a safe and secure environment for its residents".

Please note that O. Reg. 79/10, s.9.(1)2. focuses on unsupervised access, to non residential areas, by the home's residents. This does not preclude the licensee from granting unsupervised access, to non-residential areas, such as to the R2N "country kitchen", to resident's visitors. This may be accomplished, for example, by providing the visitor with an access key for a key locked door or a code for a door that has been equipped with coded key pad access.

Grounds / Motifs :

1. The licensee has failed to comply with O. Reg. 79/10, s.9.(1)2., in that the licensee has failed to ensure that all doors leading to non-residential areas are locked, when the area is not immediately supervised, in order to restrict unsupervised access to those areas by residents. The following grounds present a pattern of potential risk to the residents at the home.

It is to be noted that a Compliance Order (#002), pursuant to O. Reg. 79/10, s.9 (1)2., has been previously issued to the licensee. Compliance Order #002 was issued as a result of Critical Incident inspection #2013_204133_0005 (log # O-001805-12), on March 13th 2013, and was to have been complied with by April 12th 2013.

During the inspection, on August 15th 2013, at 2:47pm, the inspector found the



**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
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front door into the Rideau 2 South (R2S) servery open. There were no staff present in the area at the time. In the servery, the inspector was able to turn the stove elements and the oven on. The inspector noted an industrial coffee maker on the counter and took the temperature, with a thermometer found within the servery, of the water that pours from the upper red spigot on the unit. It was 160 degrees Fahrenheit. The inspector went into the back area and found one spray bottle of Oasis Multi Quat Liquid Sanitizer and another of Oasis 137 Orange Force Multi Surface Cleaner Degreaser, hanging on a rack over the sink. While the inspector was in the servery, a nursing staff member (#S100) came in to fill their water bottle with ice. The inspector asked the staff member if this room is normally unlocked. Staff member #S100 told the inspector they find the room unlocked about 50% of the time. While the R2S servery door is equipped with a lock, it was not closed and locked in order to prevent unsupervised access to the area by residents. This area is not one in which residents would customarily receive care and/or services.

During the inspection, on August 15th 2013, at 3:03pm, the inspector found the door (from the hallway) into the Rideau 2 North (R2N) "country kitchen" unlocked. There were no staff present in the area at the time. The room was noted to contain a commercial microwave, a kettle, 2 refrigerators, a dishwasher and a stove. The inspector was able to turn the stove elements and the oven on. The inspector left the area and spoke with staff member #S101, who has an office down the hallway from this room. Staff member #S101 explained that this room is used by the activities department for events such as the breakfast club, that staff keep their lunches in the fridge and resident's visitors will also use the room to prepare food. Staff member #S101 indicated that this room is always unlocked. While the R2N country kitchen door is equipped with a lock, it was not closed and locked in order to prevent unsupervised access to the area by residents. This area is not one in which residents would customarily receive care and/or services.

During the inspection, on August 15th 2013, at 3:20pm, the inspector found the door into the Rideau 1 North (R1N) staff locker room unlocked. There were no staff present supervising the area. The room contains staff storage lockers. While the R1N staff locker room door is equipped with a lock, it was not closed and locked in order to prevent unsupervised access to the area by residents. This area is not one in which residents would customarily receive care and/or services.



**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

During the inspection, on August 15th 2013, at approximately 3:22pm, the inspector found the door (from the hallway) to the Rideau 1 North "country kitchen" unlocked. There was no staff present in the area at the time. The room is as described above for the Rideau 2 North country kitchen, yet there is no stove. The inspector observed a squeeze bottle of Wood Wyant Universal Cleaner and Polish on the counter, next to the sink. While the R1N country kitchen door is equipped with a lock, it was not closed and locked in order to prevent unsupervised access to the area by residents. This area is not one in which residents would customarily receive care and/or services.

During the inspection, on August 15th 2013, at 3:40pm, the inspector found the door (from the hallway) into the Rideau 1 South (R1S) servery ("country kitchen") unlocked. There was no staff present in the area at the time. The inspector was able to turn the stove elements and the oven on. The inspector was able to turn the food warming surface and all other food preparation equipment on. The inspector noted an industrial coffee maker on the counter and took the temperature, with a thermometer found within the servery, of the water that pours from the upper red spigot on the unit. It was 200 degrees Fahrenheit. In the back area the inspector found a spray bottle of EcoLab Peroxide Multi Surface Cleaner and another of EcoLab Oasis 146 Multi Quat Liquid Sanitizer at the dish area. A squeeze bottle of Wood Wyant Total Universal Cleaner and Polish was also noted in the dish area. While the R1S country kitchen servery door is equipped with a lock, it was not closed and locked in order to prevent unsupervised access to the area by residents. This area is not one in which residents would customarily receive care and/or services.

During the inspection, on August 13th and 15th 2013, the inspector noted that throughout the home, linen storage rooms behind unit nurse stations are kept unlocked as a general practice, whether the area is supervised or not. These rooms contain linen transfer carts and smaller linen storage carts. The doors into these storage rooms are equipped with locks. While these areas would not typically be considered as residential areas, the Director of Support Services asserted that on some care units, such as some areas within the Rideau building, it is understood that residents would routinely access these storage rooms. These storage rooms are not provided with a resident staff communication and response system, as is required by O. Reg. 79/10, s.17(1)



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

e., which applies to every area accessible by residents. It is also noted the storage rooms for incontinence products, throughout all care units, are kept unlocked as a general practice, whether the area is supervised or not. These rooms contain boxes of incontinence products. Neither linen storage rooms or incontinent storage rooms are areas in which residents would customarily receive care and/or services, although some linen storage rooms in certain care areas may be considered as such by the licensee and therefore will require the provision of the resident staff communication and response system.

Doors to non-residential areas, while equipped with locks, are not always being kept closed and locked when the area is not immediately supervised, in order to restrict unsupervised access to those areas by residents. This presents a potential safety risk to the home's residents.

(133)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 30, 2013



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
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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
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
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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, 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.



**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*

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 30th day of August, 2013

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

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

JESSICA LAPENSEE

**Service Area Office /
Bureau régional de services :** Ottawa Service Area Office