



**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**

Ottawa Service Area Office
347 Preston St 4th Floor
OTTAWA ON L1K 0E1
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston 4^{ième} étage
OTTAWA ON L1K 0E1
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 23, 2015	2015_270531_0007	O-001650-15	Resident Quality Inspection

Licensee/Titulaire de permis

PROVINCIAL NURSING HOME LIMITED PARTNERSHIP
1090 MORAND STREET WINDSOR ON N9G 1J6

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

REGENCY MANOR NURSING HOME, DIVISION OF PROVINCIAL NURSING HOME
LIMITED PARTNERSHIP
66 DORSET STREET EAST PORT HOPE ON L1A 1E3

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

SUSAN DONNAN (531), DARLENE MURPHY (103), JESSICA PATTISON (197)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): March 9,10,11,12,13,16 and 17, 2015

The following were concurrently completed during this Resident Quality Inspection:

Log #O-000416-14, O-001734-15, O-001374-14, O-000769-14, O-001721-15 and O-001832-15

During the course of the inspection, the inspector(s) spoke with Residents, Family members, Resident and Family Council presidents, Personal Support Workers (PSW), Registered Practical Nurses(RPN), Registered Nurses (RN), Food Services Supervisor (FSS), Dietary aides, Environmental Supervisor, Life Enrichment Coordinator, RAI coordinator, Administrative assistant, Director of Care and the Administrator.

During the course of the inspection, the inspector(s) conducted a walking tour of the home, observed resident dining, medication administration practices and resident care, reviewed resident and family council meeting minutes, resident health care records, applicable policies and procedures including falls prevention and infection control.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Accommodation Services - Laundry
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Trust Accounts**

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

6 WN(s)

1 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)



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 LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home



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Specifically failed to comply with the following:

s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,

(a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).

(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).

Findings/Faits saillants :



1. The licensee has failed to comply with LTCHA, 2007 s. 44 (7) whereby the licensee refused an applicant's admission to the home based on reasons that are not permitted in the legislation.

On a specified date, the home received an application for Resident # 46. A refusal letter was sent stating the home could not accept the application to the home because the home lacked the physical facilities to meet the resident's care needs.

The letter further explained the resident has significant illnesses that have compromised their system considerably. The home stated the resident would be admitted to a four bed ward and it would not be to the resident's or other residents' benefit.

The DOC was interviewed and stated she is generally the person responsible for the review of all applications to the home. She indicated in this case, she did not do the review but stated it was done by someone at the corporate level. She indicated corporate becomes involved in any application where the home is unsure if the application can be approved. The DOC indicated the application was declined given the fact the resident would have been sharing a four bed ward, the home did not feel this was dignified for this resident or the co-residents sharing the room.

The Administrator was interviewed and stated the home has had past issues with residents who take an excessive amount of time in the shared washroom which has caused past conflicts with the co-residents. The home wanted to avoid this type of situation.

This inspector reviewed the application which indicated the resident was palliative, no longer able to ambulate and was wearing briefs. The application indicated the resident was not expected to live greater than six months.

The Central East Community Care Access Centre was contacted on March 17, 2015. Resident # 46 deceased on a specified date in hospital. [s. 44. (7)]

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. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (3) Subject to subsections (4) and (5), the licensee shall ensure that no person administers a drug to a resident in the home unless that person is a physician, dentist, registered nurse or a registered practical nurse. O. Reg. 79/10, s. 131 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that no person administers a drug to a resident in the home unless that person is a physician, dentist, registered nurse, registered practical nurse or a nursing student in accordance with the legislated process.

The following findings are related to log O-001832-15:

During the inspection, a complaint was lodged that indicated an RPN was delegating medication administration to Personal Support Workers. S#119 was interviewed and stated he/she has been asked to put Resident #22's medication into a specified food during meals. The staff member stated he/she has refused to do so but on many occasions has been pressured by RPN #100 and told he/she can be taught to give the medications. The staff member went on to say on one past occasion Resident #22's medication was in a specified food and the medication was almost given to the wrong resident. S#119 stated he/she is aware medication is not a part of his/her job description and it would not be a safe practice for a PSW to give the medications.

S#109 was interviewed and stated Resident #22 can be resistant to taking medications at times. The staff member indicated the resident's medications are crushed and placed into a small amount of food to ensure it is fully ingested. The registered staff indicated the resident must be watched to ensure all of the medication is taken.

Resident #22's plan of care was reviewed and does indicate medications may be crushed in food.

Inspector #531 interviewed the Administrator who stated the home has been made aware of the concern and an investigation is currently underway. [s. 131. (3)]



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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 no person administers a drug to a resident in the home unless that person is a physician, dentist, registered nurse, registered practical nurse or a nursing student in accordance with the legislated process, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:**

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg 79/10, s. 33 (1) whereby residents are not bathed twice a week, by the method of their choice.

Resident #2 was interviewed and reported being showered by staff twice weekly. The resident stated they would prefer to be bathed, but you have to follow the staff rules.

Resident #2's care plan in effect at the time of this inspection was reviewed related to bathing and stated the following:

- Resident does not like showers
- bathe twice weekly with assist of one staff member.

Resident #14 reported to the inspector during an interview that he/she receives only showers but would like to have a bath on occasions. The resident stated they have asked staff to have a bath and is told "maybe someday, but not today". The resident further stated they believe the staff would need to take additional time to provide a bath and that showers can be done much more quickly.

The resident care plan in effect at the time of this inspection related to bathing was reviewed and stated:

- resident prefers showers.

On March 13, 2015, the DOC was interviewed and stated the resident's preference for bathing is determined at the time of admission by the Resident Services Coordinator. This preference is then entered into the resident care plan. The DOC did state it would be her expectation that staff would respond to any request for a method of bathing that differs from what is indicated in the care plan.

On March 17, 2015, the DOC advised this inspector that Resident #14 was offered a bath over the weekend and declined because he/she didn't feel up to it. The inspector reiterated that resident's should always have the opportunity to request a method of bathing based on their choice on an ongoing basis. [s. 33. (1)]

**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57.
Powers of Residents' Council**



Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the Residents' Council received a written response within ten days of advising the licensee of concerns or recommendations.

On a specified date during an interview with the Residents' Council President and review of the February 6, 2015 Council meeting minutes confirmed that a concern was brought forward regarding blinds or drapes for the first floor lounge . The President of Council confirmed that Council did not receive a written response to the concern.

On March 12, 2015 during an interview with the Administrator and review of the Residents Council Meeting follow up response document confirmed a written response was provided on March 2, 2015. [s. 57. (2)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

**s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
(c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner; O. Reg. 79/10, s. 71 (1).**

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg. 79/10, s. 71(1)(c) in that the menu cycle did not provide for an alternative dessert at a lunch meal for two residents.

On a specified date, the lunch meal was observed on the second floor.

The dessert options for this meal were mandarin magic and vanilla ice cream.

Resident # 39 is on a regular, pureed diet with pudding thick fluids. He/she is not able to have ice cream and so was only offered the mandarin magic. After one serving of the mandarin magic, the resident overheard the staff offering ice cream to other residents and so he/she asked if he/she could have ice cream. Rather than offer him/her another choice of dessert the staff provided him/her with a second helping of the mandarin magic.

Just after lunch, PSW #S103 was interviewed in the dining room. He/she confirmed that Resident # 39 was not given a choice of dessert at the lunch meal due to the fact that he/she cannot have ice cream because of his/her diet order. PSW S103 stated that it would be nice for him/her to have a choice. PSW #S103 further stated that Resident #15 also could not have the ice cream today. PSW #S103 stated that he/she felt Resident #15 should have been offered an alternative for dessert since he/she receives mandarin oranges for breakfast every morning.

Food Service Worker #S102 was interviewed and confirmed that an alternative dessert had not been prepared for these two residents.

The Food Services Manager was interviewed on March 12, 2015 and provided inspector #197 with the production sheet for the lunch meals on a specified date. No alternative dessert was planned for residents who could not have ice cream. He/she further stated that going forward they will ensure that these residents are provided with alternatives for dessert. [s. 71. (1) (c)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service



Specifically failed to comply with the following:

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
1. Communication of the seven-day and daily menus to residents. O. Reg. 79/10, s. 73 (1).**

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 73(1)1 in that the weekly menu is not communicated to residents on the second floor.

During dining observation on March 9, 2015, it was noted that there was no weekly menu posted outside the second floor dining room.

RPN #S100 was interviewed and stated that there is no weekly menu posted on the second floor.

During an interview with the Food Service Manager on March 12, 2015, she confirmed that the weekly menu is only posted on the bulletin board on the first floor and it is not communicated to residents on the second floor. [s. 73. (1) 1.]

Issued on this 23rd day of March, 2015

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

Original report signed by the inspector.



**Ministry of Health and
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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*

**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) : SUSAN DONNAN (531), DARLENE MURPHY (103),
JESSICA PATTISON (197)

Inspection No. /

No de l'inspection : 2015_270531_0007

Log No. /

Registre no: O-001650-15

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Mar 23, 2015

Licensee /

Titulaire de permis : PROVINCIAL NURSING HOME LIMITED
PARTNERSHIP
1090 MORAND STREET, WINDSOR, ON, N9G-1J6

LTC Home /

Foyer de SLD : REGENCY MANOR NURSING HOME, DIVISION OF
PROVINCIAL NURSING HOME LIMITED
PARTNERSHIP
66 DORSET STREET EAST, PORT HOPE, ON,
L1A-1E3

Angela Rodrigues



**Ministry of Health and
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Order(s) of the Inspector

Pursuant to section 153 and/or
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**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :**

To PROVINCIAL NURSING HOME LIMITED PARTNERSHIP, 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
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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. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,

(a) the home lacks the physical facilities necessary to meet the applicant's care requirements;

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or

(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).

Order / Ordre :

The home is hereby ordered to cease the practice of withholding an applicant's approval unless:

(a) the home lacks the physical facilities necessary to meet the applicant's care requirements;

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or

(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval.

Grounds / Motifs :

1. The licensee has failed to comply with LTCHA, 2007 s. 44 (7) whereby the licensee refused an applicant's admission to the home based on reasons that are not permitted in the legislation.

On a specified date, the home received an application for Resident # 46. A refusal letter was sent stating the home could not accept the application to the home because the home lacked the physical facilities to meet the resident's care needs.

The letter further explained the resident has significant illnesses that have compromised their system considerably. The home stated the resident would be admitted to a four bed ward and it would not be to the resident's or other residents' benefit.

The DOC was interviewed and stated she is generally the person responsible for the review of all applications to the home. She indicated in this case, she did not do the review but stated it was done by someone at the corporate level. She indicated corporate becomes involved in any application where the home is unsure if the application can be approved. The DOC indicated the application was declined given the fact the resident would have been sharing a four bed ward, the home did not feel this was dignified for this resident or the co-residents sharing the room.

The Administrator was interviewed and stated the home has had past issues with residents who take an excessive amount of time in the shared washroom which has caused past conflicts with the co-residents. The home wanted to avoid this type of situation.

This inspector reviewed the application which indicated the resident was palliative, no longer able to ambulate and was wearing briefs. The application indicated the resident was not expected to live greater than six months.

The Central East Community Care Access Centre was contacted on March 17, 2015. Resident #46 was deceased on specified date in hospital. (103)



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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 :**

Apr 17, 2015



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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



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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
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.



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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
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.



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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
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 23rd day of March, 2015

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

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

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