



**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**

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

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

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

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 24, 2016	2016_289550_0008	033345-15	Follow up

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### **Licensee/Titulaire de permis**

BRUYERE CONTINUING CARE INC.  
43 BRUYERE STREET OTTAWA ON K1N 5C8

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

RESIDENCE SAINT- LOUIS  
879 CHEMIN PARC HIAWATHA OTTAWA ON K1C 2Z6

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

JOANNE HENRIE (550)

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## **Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): February 2, 3 and 4, 2016**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (E.D.), the Administrator/Clinical Manager, the Director of Care/Clinical Manager, Registered Nurses (RN) and Registered Practical Nurses (RPN).**

**In addition, the inspector reviewed resident health care records and the home's Code Yellow policy.**

**Inspectors observed care and services, staff and resident interaction and meal services.**

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

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

**2 WN(s)**

**1 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. As per O. Reg. 79/10, s. 230 (2),(4) vii every licensee of a long-term care home shall ensure that the emergency plans for the home are in writing. The licensee shall ensure that the emergency plans provide for the following: situations involving a missing resident.

Furthermore,

O. Reg. 79/10, s. 8 (1)(b) indicates that where the Act or this Regulation requires the licensee of a long-term care home to have, institute of otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system is complied with.

On November 17, 2015, the licensee was issued Compliance Order #001 for failing to immediately initiate the home's Code Yellow policy after a resident went missing because the resident was competent and known to leave the home unaccompanied. The resident was found approximately 9 hours later, dead, outside on the home's property. The Compliance Order had a compliance date of January 21, 2016.

On February 2, 2016 Inspector #550 conducted a follow-up inspection to C.O. #001 which required the home to provide re-education to all staff members for the Code Yellow policy/emergency plan missing person. The re-education needed to be documented and some of the identified required actions were:

- assess and/or reassess the needs of residents permitted to leave the home unaccompanied, review and, if necessary, revise the plan of care based on the assessed needs
- update and revise the Code Yellow policy to clarify procedures and staff interventions when mentally capable residents do not return to the home within set time frames.
- train all staff members to ensure adherence to the updated/revise Code Yellow policy to ensure adherence to the updated/revise Code Yellow policy.

Inspector #550 reviewed the plan of care and health records for residents #003 and #004 who were identified by the Director of Care/Clinical Manager as being permitted to leave the home unattended. Documentation was observed as follows:

- resident #003: on the physician order sheet dated a specific date in October 2015, a physician order that indicated "outings permitted (up to 24 hours) may be sent with



required medication". No indication that the resident may leave unaccompanied and no indication in the plan of care regarding the leave of absence. Inspector was unable to find documentation of assessment, reassessment of this resident's need to leave the home unaccompanied.

-resident #004: unable to find any documentation regarding permission to a leave of absence in the health records or plan of care and no assessment or reassessment of the need to leave the home unaccompanied.

The inspector reviewed the home's Code Yellow policy and observed the review date to be November 2014 and was unable to determine that the procedures and staff interventions for when mentally capable residents do not return to the home within the set time frames were clarified.

During an interview, the Administrator/Clinical Manager indicated to Inspector #550 that they had revised the Code Yellow policy and felt that despite of what the Compliance Order indicated, the policy did not need any clarification on the procedures and staff interventions when mentally capable residents do not return to the home within the set time frames. She further indicated the statement 1.0 on page 1 of their policy "Upon discovery of a missing resident (person): A person is considered missing as soon as the person is not where you expect them to be" is clear to them that it includes mentally capable residents who do not return to the home within set time frames. She indicated to the inspector the home had provided education of their Code Yellow policy as a refresher to registered staff only as they thought that only registered staffs were required to be trained. The residents permitted to leave the home unaccompanied were not assessed / reassessed as to their continued abilities to leave unaccompanied.

As evidenced above, residents #003 and #004 who are permitted to leave the home unaccompanied did not have their need assessed/reassessed and, their plan of care revised based on the assessed needs. The licensee did not review their Code Yellow policy to clarify procedures and staff interventions when mentally capable residents do not return to the home within set time frames and did not train all staff members to ensure adherence to the updated/revised Code Yellow policy. [s. 8. (1)]

***Additional Required Actions:***

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



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

**Specifically failed to comply with the following:**

**s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

Resident #003 was admitted to the home in 2015 with multiple diagnoses including a specific kidney disease. The resident receives a specific treatment in the home.

During an interview, the Director of Care/Clinical manager indicated to Inspector #550 the home uses paper copies of written plan of care and that they are kept in a binder on each respective unit for each resident. The home is in the process of implementing the Point Click Care software for their plan of care but it had not been fully implemented at the time of the inspection.

The unit where the resident resides, is a unit for a special type of care which includes 3 long term care beds and one of them is occupied by resident #003. Inspector #550 asked RPN #S102 who is the regular day RPN on the unit where she could find resident #003's written care plan. The RPN indicated he was not sure where care plans were kept and he then asked RPN #S103 who happened to arrive at that time. RPN #S103 indicated to the inspector the long term care home residents' written plan of care must be in the residents' chart as they only have three long term care home residents on this unit. The inspector was unable to find resident #003's written plan of care in his/her chart. RPN #S102 indicated resident #003 was recently transferred to this unit and that it was possible that his/her written plan of care had been left on the previous unit. RPN #S102 went to the previous unit where resident #003 was residing before and returned with his/her written plan of care indicating to the inspector it had been forgotten on the previous unit.

As such, staff and others who provide direct care to resident #003 were not kept aware of the contents of his/her plan of care and did not have convenient and immediate access to it. [s. 6. (8)]



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***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that staff and others who provide direct care to residents are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it, to be implemented voluntarily.***

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**Issued on this 24th day of March, 2016**

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

**Original report signed by the inspector.**





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**Order(s) of the Inspector**

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

**Ordre(s) de l'inspecteur**

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

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

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

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** JOANNE HENRIE (550)

**Inspection No. /**

**No de l'inspection :** 2016\_289550\_0008

**Log No. /**

**Registre no:** 033345-15

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Mar 24, 2016

**Licensee /**

**Titulaire de permis :** BRUYERE CONTINUING CARE INC.  
43 BRUYERE STREET, OTTAWA, ON, K1N-5C8

**LTC Home /**

**Foyer de SLD :** RESIDENCE SAINT- LOUIS  
879 CHEMIN PARC HIAWATHA, OTTAWA, ON,  
K1C-2Z6

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Chantal Cameron

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To BRUYERE CONTINUING CARE INC., 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**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 :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre  
existant:** 2015\_381592\_0022, CO #001;**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and

(b) is complied with. O. Reg. 79/10, s. 8 (1).

**Order / Ordre :**

The licensee shall revise their Code Yellow policy to include clear directions and procedures to staff regarding residents who are mentally capable of leaving the facility on their own.

Identify all residents in the home who are capable of leaving the facility on their own and ensure this is documented in their written plan of care.

The Licensee must ensure that education of their revised policy "Code Yellow" is provided to all staff. The Licensee must submit a list of all the staff including managers employed by the home at the time the education was provided and include the date the education was completed for each employees.

This list must be submitted no later than 11:59PM on May 26th, 2016 to Joanne Henrie via email at ottawaSAO.moh@ontario.ca.

This Compliance Order was previously issued by inspector Melanie Sarrazin on November 17, 2015 with a compliance date of January 21, 2016.

**Grounds / Motifs :**

1. As per O. Reg. 79/10, s. 230 (2),(4) vii every licensee of a long-term care home shall ensure that the emergency plans for the home are in writing. The



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licensee shall ensure that the emergency plans provide for the following:  
situations involving a missing resident.

Furthermore,

O. Reg. 79/10, s. 8 (1)(b) indicates that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system is complied with.

On November 17, 2015, the licensee was issued Compliance Order #001 for failing to immediately initiate the home's Code Yellow policy after a resident went missing because the resident was competent and known to leave the home unaccompanied. The resident was found approximately 9 hours later, dead, outside on the home's property. The Compliance Order had a compliance date of January 21, 2016.

On February 2, 2016 Inspector #550 conducted a follow-up inspection to C.O. #001 which required the home to provide re-education to all staff members for the Code Yellow policy/emergency plan missing person. The re-education needed to be documented and some of the identified required actions were:

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- update and revise the Code Yellow policy to clarify procedures and staff interventions when mentally capable residents do not return to the home within set time frames.
- train all staff members to ensure adherence to the updated/revised Code Yellow policy to ensure adherence to the updated/revised Code Yellow policy.

Inspector #550 reviewed the plan of care and health records for residents #003 and #004 who were identified by the Director of Care/Clinical Manager as being permitted to leave the home unattended. Documentation was observed as follows:

- resident #003: on the physician order sheet dated a specific date in October 2015, a physician order that indicated "outings permitted (up to 24 hours) may be sent with required medication". No indication that the resident may leave



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unaccompanied and no indication in the plan of care regarding the leave of absence. Inspector was unable to find documentation of assessment, reassessment of this resident's need to leave the home unaccompanied.

-resident #004: unable to find any documentation regarding permission for a leave of absence in the health records or plan of care and no assessment or reassessment of the resident's capability of leaving the home unaccompanied.

The inspector reviewed the home's Code Yellow policy and observed the review date to be November 2014. The inspector was observed that the procedures and staff interventions for when mentally capable residents do not return to the home within the set time frames were not clear.

During an interview, the Administrator/Clinical Manager indicated to Inspector #550 that they had revised the Code Yellow policy and felt that despite of what the Compliance Order indicated, the policy did not need any clarification on the procedures and staff interventions when mentally capable residents do not return to the home within the set time frames. She further indicated the statement 1.0 on page 1 of their policy "Upon discovery of a missing resident (person): A person is considered missing as soon as the person is not where you expect them to be" is clear to them that it includes mentally capable residents who do not return to the home within set time frames. She indicated to the inspector the home had provided education on their Code Yellow policy as a refresher to registered staff only as they thought that only registered staff were required to be trained. The residents permitted to leave the home unaccompanied were not assessed/reassessed as to their continued abilities to leave unaccompanied.

As evidenced above, residents #003 and #004 who are permitted to leave the home unaccompanied did not have their capability of leaving the home unaccompanied assessed/reassessed and, their plan of care revised based on their assessed needs. The licensee did not review their Code Yellow policy to clarify procedures and staff interventions when mentally capable residents do not return to the home within set time frames and therefore did not train all staff members to ensure adherence to the updated/revised Code Yellow policy. (550)



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

May 26, 2016



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**Ministère de la Santé et  
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## **REVIEW/APPEAL INFORMATION**

### **TAKE NOTICE:**

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

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

The written request for review must include,

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

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

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



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

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

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### **PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Inspection de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> 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  
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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

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

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

**Issued on this 24th day of March, 2016**

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

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

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