



**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  
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347 rue Preston bureau 420  
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## **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>
Jun 12, 2017	2017_603194_0017	004700-17, 005742-17, 005776-17, 006668-17	Complaint

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

TRENT VALLEY LODGE LIMITED  
195 Bay Street TRENTON ON K8V 1H6

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

TRENT VALLEY LODGE LIMITED  
195 BAY STREET TRENTON ON K8V 1H9

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

CHANTAL LAFRENIERE (194)

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



**Ministry of Health and  
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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): May 9, 10, 11, 15, 16, 18 and 19, 2017**

**The following inspections were completed; Logs # 00668-17, #005776-17 and #005742-17, #004700-17 complaints related to staffing and provision of resident care**

**During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Scheduling clerk, Residents, Registered Nurse (RN), Registered Practical Nurse (RPN) and Personal Support Workers (PSW)**

**Also reviewed scheduling records, orientation records, staffing educational records, clinical health records of identified residents and observed staff to resident provision of care**

**The following Inspection Protocols were used during this inspection:  
Dignity, Choice and Privacy  
Personal Support Services  
Sufficient Staffing**

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

**3 WN(s)  
0 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 O.Reg 79/10, s. 31. Nursing and personal support services**



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

**s. 31. (3) The staffing plan must,**

- (a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).**
- (b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).**
- (c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).**
- (d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).**
- (e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).**

**Findings/Faits saillants :**

1. According to the LTCHA, S.O, 2007, s. 8 (1) (b) the Licensee of a long-term care home shall ensure that there is an organized program of personal support services for the home to meet the assessed needs of the residents.

As per O. Reg. 79/10, s. 31. (3) (a), the staffing plan must provide for a staffing mix that is consistent with resident's assessed care and safety needs and that meets the requirements set out in the Act and this Regulation.

Related to Log #00668-17, #005776-17, #005742-17 and #004700-17

Four complaints were received related to residents not receiving their care because of staffing issues.

On May 19, 2017, Inspector #194 interviewed residents #014, #018 and #013 who are alert and oriented. The residents indicated to the inspector that when PSWs cannot come to work, the units are working short staffed. As a result of this, they have to wait longer periods of time to have call bells answered, assistance with toileting and assistance to bed. The wait times for providing care needs when units are working short staffed were



confirmed by PSWs #110, #108, #102, #115, #116, 117, #118 and #119 during interviews as described below. Documentation in resident's health care records also confirmed that the care was not provided as per finding under O. Reg. 79/10, s. 33, and s.41 identified in WN #2 and #3 of this report. The Administrator, the DOC and the Nursing Care Supervisor were aware of the staffing issues in the home.

Inspector #194 reviewed the home's staffing schedule for PSWs for the months of February, March and April 2017. It was observed that in:

- February 2017; there were 65 shifts not covered,
- March 2017; there were 81.5 shifts not covered,
- April 2017; there were 40 shifts not covered.

It was also noted by inspector #194 that during the review period, that eight PSWs were reported to be on extended leaves.

During an interview on May 18, 2017 DOC indicated that 13 PSW positions had been successfully filled since October 2016. DOC indicated that advertising and interviewing for PSW positions is ongoing, although at the present time there are no vacant positions in the schedule. The DOC has indicated that the home has reduced the number of agency staff utilized at the home and that overtime is being offered. During interview with Administrator and DOC, inspector #194 was informed that the sick time at the home is being reviewed with steps recently being taken to address the staff involved.

Review of the back-up staffing plan was completed with DOC and inspector #194 and directed that;

- when the home is down one or two PSW's the charge nurse will commence the call in process and if unable fill the shift, notify on call Manager for further direction. It was noted that the same steps are to be taken for when down three PSW's adding that the life enrichment department is to assist with meals, and baths are to be rearranged, which may include moving them to the next day.

During interview with inspector #194, DOC has indicated that she has not been receiving calls from the midnight shift when she is on call to inform her that the home is working short staffed.

During interview with inspector #194 on May 18, 2019 RN #121 indicated that when working as Evening charge, the duties include being responsible for completing the call-ins for sick calls. RN #121 indicated not being aware that on call manager was to be



informed if shift could not be filled.

Interview with PSW staff confirmed that when working short on weekends, the activation staff were not available to assist with the breakfast meal and that baths were being rescheduled to the following day, but rarely completed as the units were working short on both of the days/evenings during the weekends.

As evidenced above, the licensee did not ensure that there was an organized program of personal support services for the home to meet the assessed needs of the residents. [s. 31. (3)]

***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 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 ensure that residents are bathed, at a minimum, twice a week by the method of their choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements.

Log #005742-17 involving resident #014 related to concerns about bathing;

Resident #014 is cognitively well and able to direct care and is a two staff assist with transfers.

Resident #014 also indicated during interview a preference for a bath prior to breakfast. The resident indicated not being provided a bath before breakfast if the unit is short staffed. As a result resident #014 indicated having agreed to wear a robe breakfast rather



than be given a bed bath as offered by staff. Resident #014 indicated a preference of being bathed and dressed prior to attending the dining room.

Review of the current plan of care for resident #014 related to bathing, directs;

Bath

**INTERVENTIONS:**

Resident #014 typically gets a bath prior to breakfast but if this does not happen, the resident #014 would like to be dressed in a robe and covered appropriately. Resident #014 does not want to be completely dressed more than once due to pain from a previous injury.

Review of the progress notes for resident #014 indicated;

On 2017-03-24 at 15:31 hrs : Annual Care Conference held in the Family Dining Room with resident, SDM, ADOC, RAIC, and FSM. SDM said things are going very well. Resident #014 missed a bath last Saturday because "they were short". Staff are awesome but sometimes they are rushed.

Related to resident #008;

Resident #008 was noted to have some cognitive impairments, but able to answer simple yes/no questions. Resident #008 is a two staff assist with all care related to responsive behaviours.

Interview with resident #008 was conducted on May 19, 2017. Resident #008 indicated when asked by inspector #194 that the resident was only being provided with one bath a week, but was unable to elaborate as to any specific reasons.

Review of the bathing for the period of seven weeks was completed by inspector #194, the records indicated that on an identified date the bathing did not occur and that on two other dates resident #008 was provided a bed bath.

Telephone interview with scheduling clerk was conducted on May 24, 2017 related to the staffing levels for the identified shifts on the bathing record for resident #008. Inspector #194 was informed that on first incident of no bathing and one incident of a bed bath the unit was working with all personal support staff. The second incident of a bed bath the unit was short a PSW staff member for the period of 1900 - 2200 hours.





Review of the current plan of care for resident #008 was completed by inspector and directed that the resident was to receive two baths weekly using the whirlpool tub. Resident #008 is a two staff assist for bathing related to responsive behaviours.

During an interview with inspection #194 on May 19, 2017, PSW #115 has indicated that baths are not always completed when the unit is working short indicating that Resident #031 and Resident #008 would be missed if working short. PSW #115 indicated that the following shift is informed but they are not usually able to complete the baths. PSW #115 indicated that when a bath has not been completed related to working short the POC will be left blank. RPN is informed when baths are missed.

During an interview with inspector #194 on May 19, 2017, PSW #118 indicated that baths are not always completed when working short and at times bed baths are provided and documented as such.

The licensee failed to ensure that resident #008 and #014 were bathed, at a minimum, twice a week by the method of his/her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements. [s. 33. (1)]

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 41. Every licensee of a long-term care home shall ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep. O. Reg. 79/10, s. 41.**

**Findings/Faits saillants :**





1. The licensee has failed to ensure that the resident #014's desired bedtime and rest routine supported and individualized to promote comfort, rest and sleep.

Log #005742-17 involving resident #014 related to concerns about bed time routine

Resident #014 is cognitively well and able to direct care and is a two staff assist with transfers.

Resident #014 has indicated during interview with inspector of preferring a bedtime of 2100 hours but because of the Personal Support staffing in the home, the resident has been assisted to bed at 2200 hour frequently in that last few months.

Review of the plan of care for resident #014 related to bed time routines indicated:

Sleep and Rest

INTERVENTIONS:

- \* Sleeps well although wakes periodically throughout the night;
- \* Maintain past bedtime (1900hrs - 2000hrs) and waking time (0700hrs - 0800hrs)

Review of the progress notes for the period of seven weeks was completed by inspector # 194 and indicated:

On an identified date. Resident in chair at start of shift and to bed at 2230.

On an identified date: Resident up at start of shift and to bed at 2235.

On an identified date: Resident up at start of shift, was toileted and then to bed.

On an identified date: Resident up at start of shift and to bed soon after.

PSW #118 who works evenings on the unit where resident #014 resides, indicated during interview with inspector on May 18, 2017 that on the evening shift 1800-2200 there are often 5-6 resident left up at the end of the shift waiting to go to bed. PSW #118 and PSW #115 indicated that even when they are not working short it is very difficult to care for all of the residents on the floor. [s. 41.]



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**Issued on this 13th day of June, 2017**

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

**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*

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

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

**Public Copy/Copie du public**

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

**Nom de l'inspecteur (No) :** CHANTAL LAFRENIERE (194)

**Inspection No. /**

**No de l'inspection :** 2017\_603194\_0017

**Log No. /**

**Registre no:** 004700-17, 005742-17, 005776-17, 006668-17

**Type of Inspection /**

**Genre**

**d'inspection:**

Complaint

**Report Date(s) /**

**Date(s) du Rapport :** Jun 12, 2017

**Licensee /**

**Titulaire de permis :** TRENT VALLEY LODGE LIMITED  
195 Bay Street, TRENTON, ON, K8V-1H6

**LTC Home /**

**Foyer de SLD :** TRENT VALLEY LODGE LIMITED  
195 BAY STREET, TRENTON, ON, K8V-1H9

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Bill Weaver

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To TRENT VALLEY LODGE LIMITED, 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*

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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**Order # /**

Ordre no : 001

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 31. (3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;

(b) set out the organization and scheduling of staff shifts;

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

O. Reg. 79/10, s. 31 (3).

**Order / Ordre :**

The Licensee shall;

- Re-evaluate the staffing plan to ensure the personal support staffing mix is consistent with resident's assessed care and safety needs and that meets the requirements set out in the LTCHA, 2007 and Ont. Reg 79/10.

- Re-educate the Registered Nurses (responsible for using the back up staffing plan), on the back up staffing plan, and expectations of the licensee related to replacement of Personal Support Worker shifts at the home.

- Develop a monitoring tool that will evaluate the effectiveness of the back up plan and ensures that resident care needs are being met.

**Grounds / Motifs :**

1. According to the LTCHA, S.O, 2007, s. 8 (1) (b) the Licensee of a long-term care home shall ensure that there is an organized program of personal support services for the home to meet the assessed needs of the residents.

As per O. Reg. 79/10, s. 31. (3) (a), the staffing plan must provide for a staffing

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mix that is consistent with resident's assessed care and safety needs and that meets the requirements set out in the Act and this Regulation.

Related to Log #00668-17, #005776-17, #005742-17 and #004700-17

Four complaints were received related to residents not receiving their care because of staffing issues.

On May 19, 2017, Inspector #194 interviewed residents #014, #018 and #013 who are alert and oriented. The residents indicated to the inspector that when PSWs cannot come to work, the units are working short staffed. As a result of this, they have to wait longer periods of time to have call bells answered, assistance with toileting and assistance to bed. The wait times for providing care needs when units are working short staffed were confirmed by PSWs #110, #108, #102, #115, #116, #117, #118 and #119 during interviews as described below. Documentation in resident's health care records also confirmed that the care was not provided as per finding under O. Reg. 79/10, s. 33, and s.41 identified in WN #2 and #3 of this report. The Administrator, the DOC and the Nursing Care Supervisor were aware of the staffing issues in the home.

Inspector #194 reviewed the home's staffing schedule for PSWs for the months of February, March and April 2017. It was observed that in:

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Review of the back-up staffing plan was completed with DOC and inspector



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#194 and directed that;

-when the home is down one or two PSW's the charge nurse will commence the call in process and if unable fill the shift, notify on call Manager for further direction. It was noted that the same steps are to be taken for when down three PSW's adding that the life enrichment department is to assist with meals, and baths are to be rearranged, which may include moving them to the next day.

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Interview with PSW staff confirmed that when working short on weekends, the activation staff were not available to assist with the breakfast meal and that baths were being rescheduled to the following day, but rarely completed as the units were working short on both of the days/evenings during the weekends.

As evidenced above, the licensee did not ensure that there was an organized program of personal support services for the home to meet the assessed needs of the residents. [s. 31. (3)]

A Compliance Order is being issued under LTCHA, 2007 s. 31(3) related to compliance history for the home, four complaints received by the ministry and identified resident care needs not being provided when Personal Support shifts in the home are not replaced. A Voluntary Plan of Correction (VPC) was issued on September 2, 2014 for s. 31(3), a VPC was issued on January 26, 2015 for s. 31(3) and a Compliance Order was issued on February 16, 2015 for s. 31(3).  
(194)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Aug 18, 2017



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**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

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

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

The written request for review must include,

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

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

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



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

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

Health Services Appeal and Review Board and the Director

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

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

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



**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  
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 12th day of June, 2017**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Chantal Lafreniere

**Service Area Office /**

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