



**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**

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

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

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159 rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 11, 2018	2018_746692_0008	017726-18	Complaint

Licensee/Titulaire de permis

Victoria Village Inc.
76 Ross Street BARRIE ON L4N 1G3

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

Victoria Village Manor
78 Ross Street BARRIE ON L4N 1G3

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

SHANNON RUSSELL (692)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): July 30-31, August 1-2, 9-10 and 22-24, 2018.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Assistant Director of Care (ADOC), Director of Resident and Family Services (DRFS), as well as the Director, Home and Community Care and the Placement Coordinator with the North Simcoe Muskoka Local Health Integration Network (NSMLHIN).

The following Inspection Protocols were used during this inspection:



Admission and Discharge

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

- 1 WN(s)
- 0 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 LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home

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).

s. 44. (9) If the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out,

(a) the ground or grounds on which the licensee is withholding approval; 2007, c. 8, s. 44. (9).

(b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care; 2007, c. 8, s. 44. (9).

(c) an explanation of how the supporting facts justify the decision to withhold approval; and 2007, c. 8, s. 44. (9).

(d) contact information for the Director. 2007, c. 8, s. 44. (9).

Findings/Faits saillants :

1. The licensee has failed to approve an applicant's admission to the home unless:

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

(b) the staff of the home lacked 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.

A complaint was received by the Director, related to applicant #001's application to the



home being refused by the licensee.

During an interview with the Placement Coordinator at the North Simcoe Muskoka Local Health Integration Network (NSMLHIN), they indicated that applicant #001 had submitted an application to the home and had been refused.

A review of applicant #001's application indicated that the applicant applied for admission to the home. The licensee responded in writing to the substitute decision maker (SDM) and stated "Our home lacks the physical facilities necessary to meet your care requirements". The licensee further commented that due to the client's responsive behaviours, they would not be suitable for a specific home area.

A further review of applicant #001's application indicated an assessment (included as part of the application), demonstrated that applicant #001 had exhibited a previous history of responsive behaviours. The assessment further indicated that the previous responsive behaviours exhibited by applicant #001 had decreased due to an overall health decline and specific therapeutic interventions (the therapeutic intervention had no requirement related to the physical facility).

During an interview with the Associate Director of Care (ADOC) and the Director of Resident and Family Services (DRFS), they indicated that the refusal of applicant #001 was based on exhibiting responsive behaviours and they required a specific therapeutic intervention. The ADOC indicated that applicant #001 was not suitable for a specific home area as they could not monitor for specific responsive behaviours and a co-resident had an aversion to the identified therapeutic intervention. The ADOC confirmed they were aware of the improvements with applicant #001's responsive behaviours and the identified therapeutic intervention, yet continued to refuse the application as they felt there was still concerns with responsive behaviours and the effectiveness of the identified therapeutic intervention.

During an interview with the Director of Care (DOC), they indicated that the refusal of applicant #001 was only due to the home not being able to accommodate the identified therapeutic intervention to assist with responsive behaviours. The DOC further indicated that the alternative to the identified therapeutic intervention was new and if this was ineffective they would not be able to manage their responsive behaviours, even though the staff were trained in managing residents with responsive behaviours. The DOC confirmed the refusal of #001's application for admission did not meet the criteria of the legislation. [s. 44. (7)]



2. Inspector #692 requested to review the most recent applicants who were refused admission. During an interview with the ADOC, they indicated that applicant #002 had submitted an application for admission to the home and had been refused due to the applicant exhibiting responsive behaviours.

The Inspector contacted the Director, Home and Community Care, with the NSMLHIN, they confirmed applicant #002's application was refused by the licensee.

A review of applicant #002's application indicated that the applicant applied for admission to the home and the licensee responded in writing to the SDM stating the homes staff lacked the nursing expertise necessary to meet the care requirements. The written letter indicated that the reason was due to the applicant's responsive behaviours. The written letter further indicated that applicant #002 would pose a risk to the homes vulnerable population and interfere with their ability to provide a safe environment to their current residents.

A further review of applicant #002's application indicated at the time of applying, they were residing at a Long Term Care Home. The review indicated that they exhibited responsive behaviours towards staff, there was not any documentation of exhibiting responsive behaviours towards co-residents.

During an interview with the DOC, they indicated the refusal of applicant #002 was due to the applicant's history of responsive behaviours and the safety risk to other residents. The DOC confirmed the staff were trained to manage responsive behaviours and the reason provided on the refusal letter did not meet the above mentioned legislation. [s. 44. (7)]

3. Inspector #692 requested to review the most recent applicants who were refused admission. During an interview with the ADOC, they indicated that applicant #003 had submitted an application for admission to the home and had been refused due to the applicant requiring an identified medication as prescribed by the physician and the licensee not being able to obtain the medication from their pharmacy provider.

The Inspector contacted the Director, Home and Community Care, with the NSMLHIN, they confirmed applicant #003's application was refused by the licensee.

A review of applicant #003's application indicated that the applicant applied for admission

to the home and the licensee responded in writing to the SDM stating the homes staff lacked the nursing expertise necessary to meet the care requirements. The written letter indicated that the identified medication was not available from their pharmacy, therefore they could not administer the medication as per regulations.

A further review of applicant #003's application, indicated that applicant #003 was prescribed the identified medication by their physician for medical management of a health condition.

During an interview with the DOC, they indicated that the refusal of applicant #003 was due to the homes pharmacy provider not being able to dispense the identified medication to the home. The DOC confirmed that the staff were trained in medication administration and the reason provided on the refusal letter did not meet the above mentioned legislation. [s. 44. (7)]

4. The licensee has failed to include a detailed explanation of how the supporting facts justified the decision to withhold approval and failed to include the contact information for the Director.

A complaint was received by the Director, related to resident #001's application for admission to the home being refused by the licensee.

Review of the refusal letter for applicant #001 that was submitted to the Director from the licensee, indicated that the home lacked the physical facilities necessary to meet care requirements due to responsive behaviours. The refusal letter did not provide a detailed description of how the decision was justified with supporting facts. The refusal letter also did not provide the contact information for the Director.

During an interview with the DOC, they indicated that the letter that had been sent to applicant #001's SDM had included an explanation of how the supporting facts justified the decisions to withhold approval. The DOC indicated that the refusal letter that had been sent to the SDM and copied to the NSMLHIN and the Director included the contact information for the Director and a description of the supporting facts.

The Inspector interviewed the Director, Home and Community Care with the NSMLHIN, who verified that the NSMLHIN received a copy of the licensee's refusal letter that did not include an explanation of how the supporting facts justified the decisions to withhold approval or the contact information for the Director. [s. 44. (9)]



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Additional Required Actions:

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

Issued on this 13th day of September, 2018

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 soins de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : SHANNON RUSSELL (692)

Inspection No. /

No de l'inspection : 2018_746692_0008

Log No. /

No de registre : 017726-18

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Sep 11, 2018

Licensee /

Titulaire de permis : Victoria Village Inc.
76 Ross Street, BARRIE, ON, L4N-1G3

LTC Home /

Foyer de SLD : Victoria Village Manor
78 Ross Street, BARRIE, ON, L4N-1G3

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Olivia Schmitz

To Victoria Village Inc., you are hereby required to comply with the following order(s)
by the date(s) set out below:



**Ministry of Health and
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**Ministère de la Santé et
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Order(s) of the Inspector

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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
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 :

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 licensee must be compliant with s. 44 of the LTCHA.

Specifically, the licensee shall:

1. 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. 2007, c. 8, s. 44(7).
2. The licensee shall obtain current placement applications for applicants #002 and #003 if the applicants are still choosing Victoria Village Manor.
3. The licensee shall accept applicant #003 application unless as specified by this legislation.
4. The licensee shall immediately contact the appropriate placement coordinator at the North Simcoe Muskoka Local Health Integration Network (NSMLHIN) to request the most recent MDS assessment, Behavioural Assessment and any current relevant documents pertaining to applicant #002's responsive behaviours if the applicant is still choosing Victoria Village Manor.
5. Should the licensee withhold approval, the licensee must meet the requirements of s. 44 (9) of the LTCHA and provide a notice addressing:
 - (a) the ground or grounds on which the licensee is withholding approval;
 - (b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care;
 - (c) an explanation of how the supporting facts justify the decision to withhold approval; and,
 - (d) contact information for the Director. 2007, c. 8, s. 44 (9).

Grounds / Motifs :

1. The licensee has failed to approve an applicant's admission to the home unless:
 - (a) the home lacked the physical facilities necessary to meet the applicant's care requirements;
 - (b) the staff of the home lacked the nursing expertise necessary to meet the



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applicant's care requirements; or

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

A complaint was received by the Director, related to applicant #001's application to the home being refused by the licensee.

During an interview with the Placement Coordinator at the North Simcoe Muskoka Local Health Integration Network (NSMLHIN), they indicated that applicant #001 had submitted an application to the home and had been refused.

A review of applicant #001's application indicated that the applicant applied for admission to the home. The licensee responded in writing to the substitute decision maker (SDM) and stated "Our home lacks the physical facilities necessary to meet your care requirements". The licensee further commented that due to the client's responsive behaviours, they would not be suitable for a specific home area.

A further review of applicant #001's application indicated an assessment (included as part of the application), demonstrated that applicant #001 had exhibited a previous history responsive behaviours. The assessment further indicated that the previous responsive behaviours exhibited by applicant #001 had decreased due to an overall health decline and specific therapeutic interventions (the therapeutic intervention had no requirement related to the physical facility).

During an interview with the Associate Director of Care (ADOC) and the Director of Resident and Family Services (DRFS), they indicated that the refusal of applicant #001 was based on exhibiting responsive behaviours and they required a specific therapeutic intervention. The ADOC indicated that applicant #001 was not suitable for a specific home area as they could not monitor for specific responsive behaviours and a co-resident had an aversion to the identified therapeutic intervention. The ADOC confirmed they were aware of the improvements with applicant #001's responsive behaviours and identified therapeutic intervention, yet continued to refuse the application as they felt there was still concerns with responsive behaviours and the effectiveness of the therapeutic intervention.

During an interview with the Director of Care (DOC), they indicated that the

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refusal of applicant #001 was only due to the home not being able to accommodate the identified therapeutic intervention to assist with responsive behaviours. The DOC further indicated that the alternative to the identified therapeutic intervention was new and if this was ineffective they would not be able to manage their responsive behaviours, even though the staff were trained in managing residents with responsive behaviours. The DOC confirmed the refusal of #001's application for admission did not meet the criteria of the legislation.

(692)

2. Inspector #692 requested to review the most recent applicants who were refused admission. During an interview with the ADOC, they indicated that applicant #002 had submitted an application for admission to the home and had been refused due to the applicant exhibiting responsive behaviours.

The Inspector contacted the Director, Home and Community Care, with the NSMLHIN, they confirmed applicant #002's application was refused by the licensee.

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3. Inspector #692 requested to review the most recent applicants who were refused admission. During an interview with the ADOC, they indicated that applicant #003 had submitted an application for admission to the home and had been refused due to the applicant requiring an identified medication as prescribed by the physician and the licensee not being able to obtain the medication from their pharmacy provider.

The Inspector contacted the Director, Home and Community Care, with the NSMLHIN, they confirmed applicant #003's application was refused by the licensee.

A review of applicant #003's application indicated that the applicant applied for admission to the home and the licensee responded in writing to the SDM stating the homes staff lacked the nursing expertise necessary to meet the care requirements. The written letter indicated that the identified medication was not available from their pharmacy, therefore they could not administer the medication as per regulations.

A further review of applicant #003's application, indicated that applicant #003 was prescribed an identified medication by their physician for medical management of a health condition.

During an interview with the DOC, they indicated that the refusal of applicant #003 was due to the homes pharmacy provider not being able to dispense the identified medication to the home. The DOC confirmed that the staff were trained in medication administration and the reason provided on the refusal letter did not meet the above mentioned legislation. [s. 44. (7)]

The severity of this issue was determined to be a level 2 as there was minimal harm or potential for actual harm. The scope of the issue was a level 3 as it related to three of three residents reviewed. The home had a level 3 compliance history, one or more related areas of non-compliance in the last 36 months that included:

- Compliance Order (CO) issued December 6, 2017, (2017_491647_0019), which was appealed by the home and substituted with a Director's Order (DO) January 18, 2018.
- Compliance Order (CO) issued April 6, 2018, (2018_565647_0009) linked to the existing DO.

(692)



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**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

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

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Oct 05, 2018



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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, commercial courier 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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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.



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RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603



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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 11th day of September, 2018

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



**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*

Name of Inspector /

Shannon Russell

Nom de l'inspecteur :

Service Area Office /

Bureau régional de services : Sudbury Service Area Office