



**Ministry of Health and  
Long-Term Care**

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

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

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**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 10, 2015	2015_346133_0043	O-001780-15	Follow up

**Licensee/Titulaire de permis**

VILLA MARCONI LONG TERM CARE CENTER  
1026 BASELINE ROAD OTTAWA ON K2C 0A6

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

VILLA MARCONI  
1026 BASELINE ROAD OTTAWA ON K2C 0A6

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

JESSICA LAPENSEE (133)

**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): November 3rd and 5th, 2015 (on site)**

**During the course of the inspection, the inspector(s) spoke with the Director of Care, a maintenance worker, the nursing ward clerk and the receptionist for the Villa Marconi complex.**

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

**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**

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
<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. 9. Doors in a home**

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

**s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:**

**1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,**

**i. kept closed and locked,**  
**ii. equipped with a door access control system that is kept on at all times, and**  
**iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,**

**A. is connected to the resident-staff communication and response system, or**  
**B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. O. Reg. 79/10, s. 9. (1).**

**2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.**

**4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

### **Findings/Faits saillants :**

1. The licensee has failed to comply with O. Reg. 79/10, s. 9 (1) 1. iii. in that the licensee has failed to ensure that all doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to, are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, is connected to the resident-staff communication and response system, or, is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.



The licensee was served with a compliance order, CO #003, related to door alarms, on March 13th 2015, which had a due date of September 11th, 2015. The order was issued as a result of the Resident Quality Inspection (RQI), #2015\_285546\_0006, conducted on February 23rd - 27th and March 2nd - 7th, 2015. Due to the ongoing non-compliance, as described below, this will be the licensee's second consecutive finding of non-compliance, that includes a compliance order, related to door alarms.

On November 5th, 2015, inspector #133 determined that there were thirteen doors in the Long Term Care (LTC) home that required alarms as per O. Reg. 79/10, s. 9 (1) 1. iii. Working in collaboration with staff #S100, a maintenance worker, it was determined that only three of the thirteen doors were now compliant in that they were equipped with alarms as prescribed by the regulation. The three compliant doors were the exit door, on 2nd floor, which leads into the Marconi Centre, and the stairway 1G and 2G doors. It was determined, following several testing periods, that two doors were not compliant as they were not equipped with audible alarms (stairway 3A, stairway 2B). As well, it was determined that the remaining seven stairway doors (1F, 2F, 1H, 2H, 2C, 3C, 3B), and the main exit door from the LTC portion of the building were not compliant as they had been equipped with audible door alarms which self-cancelled when the alarming door was closed. Doors alarms must remain active until such time that staff are able to verify the cause of the alarm and cancel it manually, at the door.

Related to the connection between the door alarms and the resident-staff communication and response system, it was observed by inspector #133 and staff #S100 that not all of the nursing staff pagers that were supposed to be connected to each door received notification when the door alarm was activated.

Specific details about pager related issues are presented below, in addition to the non-compliance summarized above.

a) At the main exit doors, it was observed that the alarm started sounding after the doors were opened for approximately 35 seconds. The doors were held open for 2 minutes and 30 seconds. The two nursing staff pagers (#2, #3) from the gentle care unit, being observed by staff #S100, did not receive notification of the door alarm until approximately 3 minutes and 30 seconds.

b) At stairway 2C, it was observed that the alarm started sounding after the door was open for approximately 1 minute and 10 seconds. Of the five nursing staff pagers ( #1 - #5) being observed by staff #S100, pager #1 and #3 did not receive notification of the

door alarm.

c) At stairway 3A, the door was held open for approximately 3 minutes and there was no audible alarm. After approximately 1 minute 20 seconds, the four pagers ( #1, #3 - #5) being observed by staff #S100 registered a call from stairway door 3A, despite the lack of audible door alarm.

Inspector #133 later revisited this door and held it open for 5 minutes, and again there was no audible alarm.

d) On the 1st floor, in the gentle care unit, pagers # 2, #3 and #5 were obtained. As observed by staff #S100, pager #5 did not receive notification of the door alarms at stairway 1G and 1F while pagers #2 and #3 did.

e) On the 1st floor, lobby area of the LTC centre, at stairway door 1H, with pagers #2, #3 and #5 from the gentle care unit, it was observed that the door alarm started sounding at 20 seconds and then stopped sounding at 35 seconds, while the door was still open. As observed by staff #S100, pager #5 did not receive notification of the door alarm while pagers #2 and #3 did.

This was the first example of a door alarm self-cancelling while the door was still open.

f) On the second floor, at stairway 2B, staff #S100 obtained nursing staff pagers #1- #4. The door was held open for approximately 3 minutes and 5 seconds, and no alarm sounded. As observed by staff #S100, pager #1 did not receive notification. As observed by staff #S100, pagers # 2 - #4 registered a call from the stairway door, despite the lack of audible door alarm. The call registered once to the pagers, but did not return.

Inspector #133 later revisited this door and held it open for 5 minutes, and again there was no audible alarm.

g) On the second floor, at exit door A, which leads into the Marconi Centre, nursing staff pagers #1 - #4 were obtained. The door was held open for approximately 1 minute 45 seconds. The alarm started sounding after approximately 30 seconds. As observed by staff #S100, pagers # 1, #3 and #4 did not receive notification of the door alarm.

Inspector #133 returned to the stairway 3B door. The door was held open and the alarm started sounding at approximately 17 seconds. With the door still open, the alarm



stopped sounding at approximately 30 seconds, and as the inspector began to close the door, the alarm started sounding again. The alarm self-cancelled once the door was closed. The inspector then revisited stairway doors 1H, 2H, 1F, 2F, 2C and 3C. Further testing of all doors confirmed that the initial alarm stopped sounding after a certain period, whether the door was closed or not. If the door remained open for a certain period, the alarm started sounding again and remained active until the door was closed. For example, at stairway 2H, with the door open, the alarm started sounding at approximately 21 seconds, stopped sounding at approximately 32 seconds, started sounding again at approximately 55 seconds, and then remained active until approximately 1 minute 42 seconds, at which point the inspector closed the door and the alarm self-cancelled. At stairway 2C, with the door open, the alarm started sounding at approximately 1 minutes 5 seconds, stopped sounding at approximately 1 minutes 16 seconds, started sounding again at approximately 2 minutes 24 seconds, and the remained active until approximately 3 minutes 22 seconds, at which point the inspector closed the door and the alarm self-cancelled. [s. 9. (1)]

***Additional Required Actions:***

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

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**Issued on this 10th day of November, 2015**

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

**Original report signed by the inspector.**





**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

**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**

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

**Nom de l'inspecteur (No) :** JESSICA LAPENSEE (133)

**Inspection No. /**

**No de l'inspection :** 2015\_346133\_0043

**Log No. /**

**Registre no:** O-001780-15

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Nov 10, 2015

**Licensee /**

**Titulaire de permis :** VILLA MARCONI LONG TERM CARE CENTER  
1026 BASELINE ROAD, OTTAWA, ON, K2C-0A6

**LTC Home /**

**Foyer de SLD :** VILLA MARCONI  
1026 BASELINE ROAD, OTTAWA, ON, K2C-0A6

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Gaetan Grondin

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To VILLA MARCONI LONG TERM CARE CENTER, 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

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<b>Order # /</b> <b>Ordre no :</b> 001	<b>Order Type /</b> <b>Genre d'ordre :</b> Compliance Orders, s. 153. (1) (a)
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<b>Linked to Existing Order /</b> <b>Lien vers ordre</b> <b>existant:</b>	2015_285546_0006, CO #003;
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**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

- i. kept closed and locked,
- ii. equipped with a door access control system that is kept on at all times, and
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system, or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

**Order / Ordre :**

In order to achieve compliance with O. Reg. 79/10, s. 9 (1) 1. iii, the licensee must equip the stairway 3A and 2B doors with audible alarms. The licensee must then ensure that the alarms in place on the main Long Term Care exit doors and stairway 1H, 1F, 2B, 2F, 2H, 2C, 3A, 3B and 3C doors do not self-cancel when the alarming door closes. A door alarm must remain active until a person verifies the cause of the alarm, and cancels it manually, at the door.

The licensee must connect all door alarms to the resident-staff communication and response system, and ensure that all staff pagers associated to each door receive timely notification of a door alarm.

The licensee will revise the written procedure that outlines the door alarm response system. If the licensee elects to have non nursing staff act as primary responders to a door alarm during certain days/hours, (i.e at H1 stairway door and the main exit doors from the Long Term Care portion of the building) the procedure must outline a communication process that will be followed to ensure that registered nursing staff on the unit that is ultimately responsible for the door are informed without delay that the cause of a door alarm was verified before it was manually cancelled, and that no resident is at risk. The procedure must outline the process that is to be followed if/when a primary door responder, who is not nursing staff (ie. ward clerk, receptionist), is absent during the days/times they are scheduled to be the primary door alarm responder. All staff with responsibility for door alarm response must receive documented education about the revised written procedure.

Once all doors are equipped as required, the licensee must implement a routine testing process for the thirteen applicable doors within the Long Term Care portion of the building. The testing process must be documented. The testing process will verify that all door alarms and all associated pagers are maintained in good repair and functioning as required.

The first testing process for the thirteen applicable doors must occur before the compliance date. The applicable doors are: the main exits doors from the Long Term Care portion of the building, exit door "A" on the 2nd floor which leads into the Marconi Centre, and stairway 1G, 1F, 1H, 2G, 2F, 2H, 2B, 2C, 3A, 3B, 3C doors.

## **Grounds / Motifs :**

1. The licensee has failed to comply with O. Reg. 79/10, s. 9 (1) 1. iii. in that the

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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*

licensee has failed to ensure that all doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to, are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, is connected to the resident-staff communication and response system, or, is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

The licensee was served with a compliance order, CO #003, related to door alarms, on March 13th 2015, which had a due date of September 11th, 2015. The order was issued as a result of the Resident Quality Inspection (RQI), #2015\_285546\_0006, conducted on February 23rd - 27th and March 2nd - 7th, 2015. Due to the ongoing non-compliance, as described below, this will be the licensee's second consecutive finding of non-compliance, that includes a compliance order, related to door alarms.

On November 5th, 2015, inspector #133 determined that there were thirteen doors in the Long Term Care (LTC) home that required alarms as per O. Reg. 79/10, s. 9 (1) 1. iii. Working in collaboration with staff #S100, a maintenance worker, it was determined that only three of the thirteen doors were now compliant in that they were equipped with alarms as prescribed by the regulation. The three compliant doors were the exit door, on 2nd floor, which leads into the Marconi Centre, and the stairway 1G and 2G doors. It was determined, following several testing periods, that two doors were not compliant as they were not equipped with audible alarms (stairway 3A, stairway 2B). As well, it was determined that the remaining seven stairway doors (1F, 2F, 1H, 2H, 2C, 3C, 3B), and the main exit door from the LTC portion of the building were not compliant as they had been equipped with audible door alarms which self-cancelled when the alarming door was closed. Doors alarms must remain active until such time that staff are able to verify the cause of the alarm and cancel it manually, at the door.

Related to the connection between the door alarms and the resident-staff communication and response system, it was observed by inspector #133 and staff #S100 that not all of the nursing staff pagers that were supposed to be connected to each door received notification when the door alarm was activated.

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Specific details about pager related issues are presented below, in addition to the non-compliance summarized above.

a) At the main exit doors, it was observed that the alarm started sounding after the doors were opened for approximately 35 seconds. The doors were held open for 2 minutes and 30 seconds. The two nursing staff pagers (#2, #3) from the gentle care unit, being observed by staff #S100, did not receive notification of the door alarm until approximately 3 minutes and 30 seconds.

b) At stairway 2C, it was observed that the alarm started sounding after the door was open for approximately 1 minute and 10 seconds. Of the five nursing staff pagers ( #1 - #5) being observed by staff #S100, pager #1 and #3 did not receive notification of the door alarm.

c) At stairway 3A, the door was held open for approximately 3 minutes and there was no audible alarm. After approximately 1 minute 20 seconds, the four pagers ( #1, #3 - #5) being observed by staff #S100 registered a call from stairway door 3A, despite the lack of audible door alarm.

Inspector #133 later revisited this door and held it open for 5 minutes, and again there was no audible alarm.

d) On the 1st floor, in the gentle care unit, pagers # 2, #3 and #5 were obtained. As observed by staff #S100, pager #5 did not receive notification of the door alarms at stairway 1G and 1F while pagers #2 and #3 did.

e) On the 1st floor, lobby area of the LTC centre, at stairway door 1H, with pagers #2, #3 and #5 from the gentle care unit, it was observed that the door alarm started sounding at 20 seconds and then stopped sounding at 35 seconds, while the door was still open. As observed by staff #S100, pager #5 did not receive notification of the door alarm while pagers #2 and #3 did.

This was the first example of a door alarm self-cancelling while the door was still open.

f) On the second floor, at stairway 2B, staff #S100 obtained nursing staff pagers #1- #4. The door was held open for approximately 3 minutes and 5 seconds, and no alarm sounded. As observed by staff #S100, pager #1 did not receive notification. As observed by staff #S100, pagers # 2 - #4 registered a call from

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the stairway door, despite the lack of audible door alarm. The call registered once to the pagers, but did not return.

Inspector #133 later revisited this door and held it open for 5 minutes, and again there was no audible alarm.

g) On the second floor, at exit door A, which leads into the Marconi Centre, nursing staff pagers #1 - #4 were obtained. The door was held open for approximately 1 minute 45 seconds. The alarm started sounding after approximately 30 seconds. As observed by staff #S100, pagers # 1, #3 and #4 did not receive notification of the door alarm.

Inspector #133 returned to the stairway 3B door. The door was held open and the alarm started sounding at approximately 17 seconds. With the door still open, the alarm stopped sounding at approximately 30 seconds, and as the inspector began to close the door, the alarm started sounding again. The alarm self-cancelled once the door was closed. The inspector then revisited stairway doors 1H, 2H, 1F, 2F, 2C and 3C. Further testing of all doors confirmed that the initial alarm stopped sounding after a certain period, whether the door was closed or not. If the door remained open for a certain period, the alarm started sounding again and remained active until the door was closed. For example, at stairway 2H, with the door open, the alarm started sounding at approximately 21 seconds, stopped sounding at approximately 32 seconds, started sounding again at approximately 55 seconds, and then remained active until approximately 1 minute 42 seconds, at which point the inspector closed the door and the alarm self-cancelled. At stairway 2C, with the door open, the alarm started sounding at approximately 1 minutes 5 seconds, stopped sounding at approximately 1 minutes 16 seconds, started sounding again at approximately 2 minutes 24 seconds, and the remained active until approximately 3 minutes 22 seconds, at which point the inspector closed the door and the alarm self-cancelled.

(133)

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

**Vous devez vous conformer à cet ordre d'ici le :** Jan 11, 2016



**Ministry of Health and  
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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](http://www.hsarb.on.ca).



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

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

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

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

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

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

**PRENDRE AVIS**

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<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  
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](http://www.hsarb.on.ca).

**Issued on this 10th day of November, 2015**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** JESSICA LAPENSEE

**Service Area Office /**

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