



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

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

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

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

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

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

Ottawa Service Area Office  
347 Preston St, 4th Floor  
OTTAWA, ON, K1S-3J4  
Telephone: (613) 569-5602  
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Bureau régional de services d'Ottawa  
347, rue Preston, 4ième étage  
OTTAWA, ON, K1S-3J4  
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**Public Copy/Copie du public**

<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>
Sep 20, 2013	2013_198117_0018	O-000863- 13	Critical Incident System

**Licensee/Titulaire de permis**

ROYAL OTTAWA HEALTH CARE GROUP  
1141 Carling Avenue, OTTAWA, ON, K1Z-7K4

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

ROYAL OTTAWA PLACE  
1145 CARLING AVENUE, OTTAWA, ON, K1Z-7K4

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

LYNE DUCHESNE (117)

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



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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): September 17, 2013**

**During the course of the inspection, the inspector(s) spoke with the home's Administrator, Director of Care, Resident Care Coordinator, Carillion Services Manager and Assistant Manager, a physician, unit Registered Practical Nurse (RPN), several Personal Support Workers (PSW), a private caregiver and an identified resident.**

**During the course of the inspection, the inspector(s) reviewed the identified resident's health care record; reviewed Critical Incident Report # 2933-000011-13; examined an identified resident's room; reviewed the home's following policies: Zero Tolerance for Abuse and Neglect policy # ROHCG-ROP-LTC CORP XII 110, dated June 2013; Sexual Abuse policy # 309.06, dated May 2005; Abuse of a Resident by an Employee # 309.04 dated May 2005; reviewed the home's 2012 training calendar, slide deck and staff attendance on Abuse and Neglect; reviewed the 2nd floor resident care unit staff communication book and staff sign off sheet related to the June 2013 Zero Tolerance of Abuse and Neglect Policy, Carillion Services 2012-2013 training for contracted staff at Royal Ottawa Place.**

**The following Inspection Protocols were used during this inspection:**

**Dignity, Choice and Privacy**

**Prevention of Abuse, Neglect and Retaliation**

**Training and Orientation**

**Findings of Non-Compliance were found during this inspection.**



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. 19. Duty to protect

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :



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1. The licensee failed to comply with LTCHA s. 19 (1) in that they did not protect a resident from sexual abuse by a staff member who had not received training on the home's Zero Tolerance of Abuse and Neglect policy.

Sexual abuse is defined under O.Reg 79/10 s. 1 as "... any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a licensee or staff member. It does not include consensual touching, behaviour or remarks of a sexual nature between a resident and a licensee or staff member that is in the course of a sexual relationship that began before the resident was admitted to the long-term care home or before the licensee or staff member became a licensee or staff member."

Staff is defined under the LTCHA s. 2 (1) as " persons who work at the home, a) as employees of the licensee, b) pursuant to a contract or agreement with the licensee, or c) pursuant to a contract or agreement between the licensee and an employment agency or other third party." Carillion Services have a contract with the licensee to provide dietary, housekeeping and maintenance services at Royal Ottawa Place (ROP). Therefore, Carillion Services staff, working at Royal Ottawa Place, are considered to be staff of the home as per the above definition.

The home's Zero Tolerance for Abuse and Neglect, policy ROHCG-ROP-LTC CORP XII 110, uses the O.Reg 79/10 s. 1 definition to define sexual abuse in their policy. The policy also states under 6.1 Procedure: Roles and Responsibilities:

" The Royal Ottawa Health Care Group (ROHCG) shall make all staff, residents, families and their substitute decision makers (SDMs ) at the ROP-LTC aware of:

- The Zero Tolerance of Abuse policy with the expectation that they will comply with it.
- Upon hire and annually thereafter, all ROP-LTC staff will receive in-service education on the topic of abuse and neglect and the reporting of abuse and neglect. This education will include the relationship between power-imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for care. As well education about situations that may lead to abuse/neglect and how to avoid such situations will be provided. "

On a specified day in September 2013, Resident #1 informed staff member S#101, that he/she had sexual activity with staff member S#102, in his/her room, approximately 2 weeks ago. Resident #1 also informed staff member S#101 that two



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days after the initial sexual encounter, he/she and staff member S#102 had sexual activities a second time, in his/her bathroom.

The staff member S#101 immediately reported Resident #1's sexual activities with staff member S#102 to the unit nursing staff. The unit RPN S#103 immediately reported the incident to the home's Director of Care (DOC).

Resident #1 was interviewed by the DOC and unit RPN S#103. Resident #1 confirmed that he/she had initiated, on both occasions, the sexual contacts with staff member S#102 and that he/she did have two sexual encounters with staff member S#102, two weeks ago. Resident #1 also confirmed that staff member S#102 did not have sexual relationship with him/her prior to his/her admission to the home. Nor did staff member S#102 have a sexual relationship with him/her prior to becoming a staff member at the home. Therefore, staff member S#102 sexually abused and sexually exploited Resident #1 when S#102 and Resident #1 had two sexual encounters.

The home's Administrator and management team immediately removed from work and suspended staff member S#102. Resident #1's Power of Attorney, attending physician and regional police services were notified of the two incidents of sexual abuse and exploitation between Resident #1 and staff member S#102.

A review of the home's 2012 staff education and training calendar shows that the home did provide training to all nursing, personal support workers and activity staff who are directly employed by the Royal Ottawa Health Care Group - Royal Ottawa Place (ROHCG-ROP). The new updated Zero Tolerance for Abuse policy was given this to group of employees for reading in June 2013 and formal training on the policy is planned for the Fall 2013. A review of a resident care unit's communication book shows that the unit's RN, RPN, PSW and physiotherapy staff signed the "Read / Reviewed Sheet" attached to the new 2013 Zero Tolerance for Abuse policy. No contracted staff member, which includes dietary, housekeeping and maintenance, on the unit were noted to have signed the above document.

As per the home's Administrator and Director of Care, the home's housekeeping, dietary and maintenance staff are contracted employees from Carillion Services. The Administrator is not aware if this group of employees received any training on the Zero Tolerance for Abuse and Neglect policy. The Carillion Services Manager and Assistant Manager for the ROHCG, interviewed on September 17, 2013, stated that



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they were not aware if the housekeeping, dietary and maintenance staff had received any training related to the home's Zero Tolerance for Abuse and Neglect policy. They later confirmed to Inspector #117 that staff member S#102 did not receive any training on the ROHCG- ROP Zero Tolerance for Abuse policy prior to working at the home or annually thereafter.

The scope of this incident is isolated; however there was immediate risk and harm to Resident #1 as the resident was sexually abused and exploited by staff member S#102 who had not received any training on the home's Zero Tolerance for Abuse and Neglect policy. [s. 19. (1)]

2. LTCHA s. 19 (1) was issued as a Compliance Order on June 26, 2013 as part of inspection #2013-199161-0016 and had a compliance date of July 10, 2013. The home was required to submit a compliance plan to ensure that residents who are physically restrained are provided with the treatment, care, services, or assistance as per the requirements under O.Reg. 79/10 s. 5 and are not neglected by the licensee or staff. This Compliance Order was not inspected and remains outstanding. [s. 19. (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. 76. Training**

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

**s. 76. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).**

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**Findings/Faits saillants :**



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1. The licensee has failed to comply with LTCHA s. 76 (4) in that not all of the home's staff, including contracted staff, received training on the home's Zero Tolerance of Abuse and Neglect policy.

Staff is defined under the LTCHA s. 2 (1) as " persons who work at the home, a) as employees of the licensee, b) pursuant to a contract or agreement with the licensee, or c) pursuant to a contract or agreement between the licensee and an employment agency or other third party." Carillion Services have a contract with the licensee to provide dietary, housekeeping and maintenance services at Royal Ottawa Place. Therefore, Carillion Services staff, working at Royal Ottawa Place, are considered to be staff of the home as per the above definition.

The home has a Zero Tolerance of Abuse and Neglect policy # ROHCG-ROP-LTC CORP XII 110 that has been in place since 2004. This policy was updated in June 2013. The policy also states under 6.1 Procedure: Roles and Responsibilities that The Royal Ottawa Health Care Group (ROHCG) shall make all staff aware of this policy, shall comply with it and will receive in-service education on the topic of abuse and neglect and the reporting of abuse and neglect upon hire and annually thereafter.

A review of the home's 2012 staff education and training calendar shows that the home did provide training to all nursing, personal support workers and activity staff who are directly employed by the Royal Ottawa Health Care Group - Royal Ottawa Place (ROHCG-ROP). The new updated Zero Tolerance for Abuse policy was given this to group of employees for reading in June 2013. Formal training on the policy is planned for the Fall 2013. A review of a resident care unit's communication book shows that the unit's RN, RPN, PSW and physiotherapy aide staff signed the "Read / Reviewed Sheet" attached to the new 2013 Zero Tolerance for Abuse policy. No contracted staff member, which includes dietary, housekeeping and maintenance, on the unit were noted to have signed the above document.

As per the home's Administrator and Director of Care, the home's housekeeping, dietary and maintenance staff are contracted employees from Carillion Services. The Administrator is not aware if this group of employees received any training on the Zero Tolerance for Abuse and Neglect policy. The Carillion Services ROHCG Manager and Assistant Manager , interviewed on September 17, 2013, stated that they were not aware if the housekeeping, dietary and maintenance staff had received any training



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related to the home's Zero Tolerance for Abuse and Neglect policy. They later confirmed to Inspector #117 that staff member S#102 did not receive any training on the ROHCG- ROP Zero Tolerance for Abuse policy. [s. 76. (4)]

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Issued on this 20th day of September, 2013

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

*Lynne Duchesne # 117*





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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

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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

**Public Copy/Copie du public**

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

**Nom de l'inspecteur (No) :** LYNE DUCHESNE (117)

**Inspection No. /**

**No de l'inspection :** 2013\_198117\_0018

**Log No. /**

**Registre no:** O-000863-13

**Type of Inspection /**

**Genre d'inspection:** Critical Incident System

**Report Date(s) /**

**Date(s) du Rapport :** Sep 20, 2013

**Licensee /**

**Titulaire de permis :** ROYAL OTTAWA HEALTH CARE GROUP  
1141 Carling Avenue, OTTAWA, ON, K1Z-7K4

**LTC Home /**

**Foyer de SLD :** ROYAL OTTAWA PLACE  
1145 CARLING AVENUE, OTTAWA, ON, K1Z-7K4

**Name of Administrator /**

**Nom de l'administratrice  
ou de l'administrateur :** KAREN DALEY

To ROYAL OTTAWA HEALTH CARE GROUP, you are hereby required to comply with the following order(s) by the date(s) set out below:



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**Order # /**

**Ordre no :** 001

**Order Type /**

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

**Linked to Existing Order /**

**Lien vers ordre existant:** 2013\_199161\_0016, CO #001;

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

**Order / Ordre :**

The licensee is to immediately ensure that Resident #1 is not sexually abused and exploited by any staff member, including contracted staff members.

The licensee shall prepare, submit and implement a plan for achieving compliance to ensure the following:

- all staff, including contracted staff members, who are currently employed at Royal Ottawa Place, receive training on the home's Zero Tolerance of Abuse and Neglect policy and annually thereafter
- all new staff, including new contracted staff members, who will work at Royal Ottawa Place, receive training on the home's Zero Tolerance of Abuse and Neglect prior to assuming their responsibilities within the home and annually thereafter.
- all current and future residents, families and their substitute decision makers (SDMs) receive information and are made aware of the home's Zero Tolerance of Abuse and Neglect policy

This plan is to be submitted in writing by September 27, 2013, to Inspector Lyne Duchesne, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 347 Preston St, 4th floor, Ottawa, Ontario, K1S 3J4 or by fax at (613) 569-9670.

**Grounds / Motifs :**

1. The licensee failed to comply with LTCHA s. 19 (1) in that they did not protect a resident from sexual abuse by a staff member who had not received training on the home's Zero Tolerance of Abuse and Neglect policy.



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Sexual abuse is defined under O.Reg 79/10 s. 1 as "... any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a licensee or staff member. It does not include consensual touching, behaviour or remarks of a sexual nature between a resident and a licensee or staff member that is in the course of a sexual relationship that began before the resident was admitted to the long-term care home or before the licensee or staff member became a licensee or staff member."

Staff is defined under the LTCHA s. 2 (1) as " persons who work at the home, a) as employees of the licensee, b) pursuant to a contract or agreement with the licensee, or c) pursuant to a contract or agreement between the licensee and an employment agency or other third party." Carillion Services have a contract with the licensee to provide dietary, housekeeping and maintenance services at Royal Ottawa Place (ROP). Therefore, Carillion Services staff, working at Royal Ottawa Place, are considered to be staff of the home as per the above definition.

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- The Zero Tolerance of Abuse policy with the expectation that they will comply with it.
- Upon hire and annually thereafter, all ROP-LTC staff will receive in-service education on the topic of abuse and neglect and the reporting of abuse and neglect. This education will include the relationship between power-imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for care. As well education about situations that may lead to abuse/neglect and how to avoid such situations will be provided. "

On a specified day in September 2013, Resident #1 informed staff member S#101, that he/she had sexual activity with staff member S#102, in his/her room, approximately 2 weeks ago. Resident #1 also informed staff member S#101 that



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two days after the initial sexual encounter, he/she and staff member S#102 had sexual activities a second time, in his/her bathroom.

The staff member S#101 immediately reported Resident #1's sexual activities with staff member S#102 to the unit nursing staff. The unit RPN S#103 immediately reported the incident to the home's Director of Care (DOC).

Resident #1 was interviewed by the DOC and unit RPN S#103. Resident #1 confirmed that he/she had initiated, on both occasions, the sexual contacts with staff member S#102 and that he/she did have two sexual encounters with staff member S#102, two weeks ago. Resident #1 also confirmed that staff member S#102 did not have sexual relationship with him/her prior to his/her admission to the home. Nor did staff member S#102 have a sexual relationship with him/her prior to becoming a staff member at the home. Therefore, staff member S#102 sexually abused and sexually exploited Resident #1 when S#102 and Resident #1 had two sexual encounters.

The home's Administrator and management team immediately removed from work and suspended staff member S#102. Resident #1's Power of Attorney, attending physician and regional police services were notified of the two incidents of sexual abuse and exploitation between Resident #1 and staff member S#102.

A review of the home's 2012 staff education and training calendar shows that the home did provide training to all nursing, personal support workers and activity staff who are directly employed by the Royal Ottawa Health Care Group - Royal Ottawa Place (ROHCG-ROP). The new updated Zero Tolerance for Abuse policy was given this to group of employees for reading in June 2013 and formal training on the policy is planned for the Fall 2013. A review of a resident care unit's communication book shows that the unit's RN, RPN, PSW and physiotherapy staff signed the "Read / Reviewed Sheet" attached to the new 2013 Zero Tolerance for Abuse policy. No contracted staff member, which includes dietary, housekeeping and maintenance, on the unit were noted to have signed the above document.

As per the home's Administrator and Director of Care, the home's housekeeping, dietary and maintenance staff are contracted employees from Carillion Services. The Administrator is not aware if this group of employees



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received any training on the Zero Tolerance for Abuse and Neglect policy. The Carillion Services Manager and Assistant Manager for the ROHCG, interviewed on September 17, 2013, stated that they were not aware if the housekeeping, dietary and maintenance staff had received any training related to the home's Zero Tolerance for Abuse and Neglect policy. They later confirmed to Inspector #117 that staff member S#102 did not receive any training on the ROHCG- ROP Zero Tolerance for Abuse policy prior to working at the home or annually thereafter.

The scope of this incident is isolated; however there was immediate risk and harm to Resident #1 as the resident was sexually abused and exploited by staff member S#102 who had not received any training on the home's Zero Tolerance for Abuse and Neglect policy. [s. 19. (1)]

Note that - LTCHA s. 19 (1) was issued as a Compliance Order on June 26, 2013 as part of inspection #2013-199161-0016 and had a compliance date of July 10, 2013. The home was required to submit a compliance plan to ensure that residents who are physically restrained are provided with the treatment, care, services, or assistance as per the requirements under O.Reg. 79/10 s. 5 and are not neglected by the licensee or staff. This Compliance Order was not inspected and remains outstanding.  
(117)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le : Oct 31, 2013**



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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).



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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**

**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

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

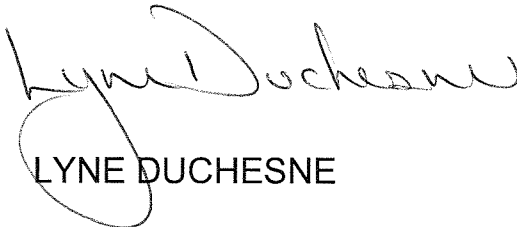
Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

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 20th day of September, 2013**

**Signature of Inspector /**

**Signature de l'inspecteur :**

 #117

**Name of Inspector /**

**Nom de l'inspecteur :**

LYNE DUCHESNE

**Service Area Office /**

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