



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

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

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

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

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

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

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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
Jan 11, 2018	2017_708548_0029	029711-17	Critical Incident System

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
5015 Spectrum Way Suite 600 MISSISSAUGA ON 000 000

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

CARLINGVIEW MANOR
2330 CARLING AVENUE OTTAWA ON K2B 7H1

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

RUZICA SUBOTIC-HOWELL (548)

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): December 29, 2017, January 2,3,4, 2018

During the inspection the inspector observed the resident, reviewed the resident's health care record, home policy related to doors, maintenance records, invoice related to contractor, power point presentation on Door Alarms, door operating procedures, internal communication from Environmental manager to all staff, weekly door alarm testing and daily alert bracelet documentation, email correspondence and internal documentation related to the incident.

During the course of the inspection, the inspector(s) spoke with Resident, Executive Director, Director of Care, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Environmental manager, Environmental worker and Recreation coordinator

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

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

2 WN(s)

1 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 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; O. Reg. 363/11, s. 1 (1, 2).**

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 failed to ensure that the following was complied with: all doors leading to the outside of the home was kept closed and locked, equipped with a door access control system that is kept on at all times and is equipped with an audible door alarm that allows calls to be cancelled only at the point of activation.

A Critical Incident Report was submitted to the Director on a specified date of a missing resident. Resident #001 was located and assessed in hospital. The resident is to be monitored daily and has scheduled treatments for the injuries sustained.



After a significant change in health status, Resident #001 was admitted to the home on a specified date requiring assistance with activities of daily living and management of specific diagnoses. Current care plan interventions for exhibited responsive behaviours specified interventions and the use of a signalling device.

A progress note entry from a registered nurse indicated that the resident exhibited responsive behaviours, attempted to leave the building and refused to return to the unit when re-directed by staff on a specified day.

During an interview on January 3, 2017 with Inspector #548, PSW #110 indicated that on the date the resident went missing, the resident was attempting to leave the unit and was not responding to care interventions and exhibited responsive behaviours towards the PSW. The PSW indicated she went to inform the nurse of the resident's behaviour when the resident left the unit. She also informed her co-worker PSW #111 to follow the resident.

On the same day, PSW #111 indicated to Inspector #548 that the resident was exit seeking and responded initially to care interventions. She indicated that when PSW#110 went to inform the registered practical nurse of the resident #001's behaviour she proceeded to seek out the resident whereabouts. A code yellow was called by the charge nurse, police were notified and the resident could not be found by either of the PSWs and charge nurse. The resident was located by police several hours later. On January 3, 2018 during an interview with Inspector #548, the DOC indicated that the charge nurse was made aware of resident #001's behaviour, had called a code yellow and organized staff to locate the resident. She verified that the resident had been seen to exit the home from the home's video footage.

Inspector #548 observed that there is an exit door located on the main floor in a resident accessible area. At the time of the observation PSW #105 was in place to monitor the door security until the magnetic lock was replaced.

During an interview with Inspector #548 the DOC indicated that due to resident #001's responsive behaviours, the use of a signalling device is required. She explained there is a daily procedure to check and record the device's functionality (as cited in policy, Door Alarms, ADMIN10-010.02, effective date: August 31, 2016). On the same day, the resident was observed by Inspector #548 to be wearing the signalling device.



On January 4, 2018 PSW #105, indicated to Inspector #548 during an interview, that she conducts daily checks on each signalling device worn by residents in the home and when she is not working someone else is assigned to do so.

While interviewed by Inspector #548, PSW #110 indicated that an alarm will sound when resident's wearing a signalling device are in close proximity to exit doors and indicated while searching for the resident there was no alarm or beeping to be heard. PSW #111 indicated she was not certain if there had been an alarm sounding when searching for the resident.

A document with a resident's name, room number and the signalling device was provided to the inspector by the ED. Documentation of the daily checks includes the date, on what shift the device was checked, initials of the individual who conducted the check and any comments. There are several dates where there is no record of a check having been conducted.

On January 2, 2018 during an interview with Inspector #548, the Environmental Manager (EM) indicated that the particular exit door is connected to an alarm panel at the main desk. He indicated there is an audible sound that alarms when the door is opened for a lapse of less than eight seconds. At the time of the observation by Inspector #548, in the presence of the EM and ED, the exit door is equipped with a keypad and bypass panel. The ED indicated that on observation of the magnetic lock (that was attached on the day of the incident) the magnetic lock was not working due to water damage. The ED indicated that the magnetic lock was in the process of being replaced.

The ED indicated to Inspector #548 that the home has a process to document the weekly checks conducted of the functionality of all exit doors. He indicated that they encountered an issue with the operation of the magnetic locks and on a specific day an outside contractor indicated that the door was in need of a new maglock (magnetic lock) and keypad.

On January 3, 2018 during an interview with Inspector #548 the Environmental manager (EM) indicated that there is a weekly check conducted on the functionality of all exit doors. He indicated that he had not been made aware by the staff member responsible to conduct these checks and report any deficiencies especially, during the time the door was last checked.

On January 4, 2018 during an interview with Environmental worker #114 he indicated



that he is responsible to conduct functionality checks on all exit doors and he had informed his manager “around that time” that the exit door was not locking.

The Inspector #548 was provided the documentation of the weekly checks by the ED. Upon review of the form “Environmental Services-Preventative Maintenance Summary”, is it recorded weeks prior to the incident that the exit door, was not locking.

A compliance order is warranted as non-compliance presents with actual harm to a missing resident #001 and the scope is widespread given the number of residents utilizing the area where the exit door is in the home. There was no other documentation of the monitoring of the exit door after the environmental worker was aware nor, other actions taken to ensure the security of the door. A compliance order will be served on the Licensee. [s. 9. (1)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

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

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

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

Findings/Faits saillants :



1. The licensee failed to comply with O. Reg. 79/10, s. 8(1)(b) in that the home did not comply with their responsive behaviours procedure.

O. Reg. 79/10, s.53 (1) states that every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours. (2) Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.

See WN #001

Due to resident's #001 responsive behaviours, current care plan interventions specify that resident #001 wear a signalling device.

During an interview with Inspector #548 the DOC indicated that due to resident #001's responsive behaviours a care intervention includes the use of a signalling device. She explained there is a daily procedure to check and record the device's functionality. As cited in policy, Door Alarms, ADMIN10-010.02, effective date: August 31, 2016- Documentation of the checks must be maintained, daily checklist for signaling devices. On the same day, the resident was observed by Inspector #548 to be wearing the signalling device.

On January 4, 2017 PSW #105, indicated to Inspector #548 during an interview, that she conducts daily checks residents signalling devices alarm functions and when she is not working someone else is assigned to do so.

A document with a resident's name, room number and signalling device identification number was provided to the inspector by the ED. Documentation of the daily checks includes the date, on what shift the device was checked, initials of the individual who conducted the check and any comments. There are specific dates where there is no record of a check having been conducted specifically, on the day of the incident. (See WN #001) [s. 8. (1)]



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Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure staff required to document the daily checklist of signaling devices, do so, to be implemented voluntarily.

Issued on this 11th day of January, 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) : RUZICA SUBOTIC-HOWELL (548)

Inspection No. /

No de l'inspection : 2017_708548_0029

Log No. /

No de registre : 029711-17

Type of Inspection /

Genre d'inspection: Critical Incident System

Report Date(s) /

Date(s) du Rapport : Jan 11, 2018

Licensee /

Titulaire de permis : REVERA LONG TERM CARE INC.
5015 Spectrum Way, Suite 600, MISSISSAUGA, ON,
000-000

LTC Home /

Foyer de SLD : CARLINGVIEW MANOR
2330 CARLING AVENUE, OTTAWA, ON, K2B-7H1

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Laura Mounce

To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

Order # /**Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**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 :

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Immediately upon receiving this order, and until the compliance date of March 15, 2018 has been reached, the Licensee shall:

1. implement a process to increase the frequency of the manual checks of all doors leading to the outside of the home; to ensure the doors are kept closed and locked. At a minimum, these manual checks should be carried out three times a day, once every shift,
2. ensure that the facility-wide security systems, including signaling devices, are inspected, tested and maintained in accordance with the home's policy and procedures and, corrective actions are taken in a timely fashion if problems are identified and,
3. ensure that all actions and steps taken in response to this order are documented in details sufficient to demonstrate compliance.

Grounds / Motifs :

1. The licensee failed to ensure that the following was complied with: all doors leading to the outside of the home was kept closed and locked, equipped with a door access control system that is kept on at all times and is equipped with an audible door alarm that allows calls to be cancelled only at the point of activation.

A Critical Incident Report was submitted to the Director on a specified date of a missing resident. Resident #001 was located and assessed in hospital. The resident is to be monitored daily and has scheduled treatments for the injuries sustained.

After a significant change in health status, Resident #001 was admitted to the home on a specified date requiring assistance with activities of daily living and management of specific diagnoses. Current care plan interventions for exhibited responsive behaviours specified interventions and the use of a signalling device.

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responsive behaviours towards the PSW. The PSW indicated she went to inform the nurse of the resident's behaviour when the resident left the unit . She also informed her co-worker PSW #111 to follow the resident.

On the same day, PSW #111 indicated to Inspector #548 that the resident was exit seeking and responded initially to care interventions. She indicated that when PSW#110 went to inform the registered practical nurse of the resident #001's behaviour she proceeded to seek out the resident whereabouts. A code yellow was called by the charge nurse, police were notified and the resident could not be found by either of the PSWs and charge nurse. The resident was located by police several hours later. On January 3, 2018 during an interview with Inspector #548, the DOC indicated that the charge nurse was made aware of resident #001's behaviour, had called a code yellow and organized staff to locate the resident. She verified that the resident had been seen to exit the home from the home's video footage.

Inspector #548 observed that there is an exit door located on the main floor in a resident accessible area. At the time of the observation PSW #105 was in place to monitor the door security until the magnetic lock was replaced.

During an interview with Inspector #548 the DOC indicated that due to resident #001's responsive behaviours the use of a signalling device was required. She explained there is a daily procedure to check and record the device's functionality (as cited in policy, Door Alarms, ADMIN10-010.02, effective date: August 31, 2016). On the same day, the resident was observed by Inspector #548 to be wearing the signalling device.

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A document with a resident's name, room number and the signalling device was provided to the inspector by the ED. Documentation of the daily checks includes

the date, on what shift the device was checked, initials of the individual who conducted the check and any comments. There are several dates where there is no record of a check having been conducted.

On January 2, 2018 during an interview with Inspector #548, the Environmental Manager (EM) indicated that the particular exit door is connected to an alarm panel at the main desk. He indicated there is an audible sound that alarms when the door is opened for a lapse of less than eight seconds. At the time of the observation by Inspector #548, in the presence of the EM and ED, the exit door is equipped with a keypad and bypass panel. The ED indicated that on observation of the magnetic lock (that was attached on the day of the incident) the magnetic lock was not working due to water damage. The ED indicated that the magnetic lock was in the process of being replaced.

The ED indicated to Inspector #548 that the home has a process to document the weekly checks conducted of the functionality of all exit doors. He indicated that they encountered an issue with the operation of the magnetic locks and on a specific day an outside contractor indicated that the door was in need of a new maglock (magnetic lock) and keypad.

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On January 4, 2018 during an interview with Environmental worker #114 he indicated that he is responsible to conduct functionality checks on all exit doors and he had informed his manager "around that time" that the exit door was not locking.

The Inspector #548 was provided the documentation of the weekly checks by the ED. Upon review of the form "Environmental Services-Preventative Maintenance Summary", is it recorded weeks prior to the incident that the exit door, was not locking.

(548)



**Ministry of Health and
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Order(s) of the Inspector

Pursuant to section 153 and/or
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Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
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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
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This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 15, 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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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

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 January, 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 /

Nom de l'inspecteur :

Ruzica Subotic-Howell

Service Area Office /

Bureau régional de services : Ottawa Service Area Office