

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

**Rapport d'inspection prévue  
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**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130, avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

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<b>Report Date(s)/ Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log #/ No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 22, 2019	2019_607523_0038 (A1)	015058-19	Follow up

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**Licensee/Titulaire de permis**

Fiddick's Nursing Home Limited  
437 First Avenue P.O. Box 340 PETROLIA ON N0N 1R0

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

Fiddick's Nursing Home  
437 First Avenue P.O. Box 340 PETROLIA ON N0N 1R0

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

Amended by AMBERLY COWPERTHWAITTE (435) - (A1)

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

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**Senior Manager approved the Licensee request for an extension of the Compliance Due Date to September 30, 2019.**

**Issued on this 22nd day of August, 2019 (A1)**

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

**Original report signed by the inspector.**

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Aug 22, 2019	2019_607523_0038 (A1)	015058-19	Follow up

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**Licensee/Titulaire de permis**

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

Amended by AMBERLY COWPERTHWAITTE (435) - (A1)

**Amended 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): August 12, 2019.**

**This inspection was completed for Follow Up Intake Log #015058-19, for CO#001 from inspection #2019\_607523\_0035 / 014296-19 related to doors in the home.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care and a Maintenance worker.**

**The inspector(s) also toured the home and observed resident home areas.**

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

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

**1 WN(s)**

**0 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</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 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 has failed to ensure that all doors leading to stairways and to 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 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'

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station nearest to the door and has a manual reset switch at each door.

The licensee has failed to comply with Compliance Order (CO) #001 from Inspection 2019\_607523\_0035 served on July 31, 2019, with a compliance due date of August 9, 2019.

The licensee was ordered to ensure that they were compliant with s. 9. (1) of the O.Reg 79/10.

Specifically the licensee was ordered to ensure the following:

- 1) All doors leading to stairways and to 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 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.
- 2) The emergency procedures are updated to reflect power outages affecting locked doors, and action items taken by staff in such cases.
- 3) All staff receive education for the emergency procedures and actions to be taken in such situations. A record of this education will be kept.

The licensee failed to complete steps 1, 2 and 3 of the compliance order.

A) Observations during the inspection with Maintenance worker and DOC showed that in multiple locations in the home doors leading to the outside or to stairs were not equipped with an audible door alarm that allowed calls to be cancelled only at the point of activation and at the time of the inspection they were not connected to the resident-staff communication and response system.

B) In an interview the DOC said that the home did not update the emergency procedures to reflect power outages affecting locked doors, and action items taken by staff in such cases. DOC said that the home planned to update the emergency procedures and will complete staff education during this week.

In an interview the Administrator and DOC said that they will purchase alarms for the doors and request from the vendor to ensure the doors are connected to the

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resident-staff communication and response system and that the system was functioning.

Based on observations and staff interviews the licensee has failed to comply with Compliance Order (CO) #001 from Inspection 2019\_607523\_0035 which had a compliance due date of August 9, 2019. [s. 9. (1)]

***Additional Required Actions:***

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

**(A1)**

**The following order(s) have been amended: CO# 001**

**Issued on this 22nd day of August, 2019 (A1)**

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

**Original report signed by the inspector.**



**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

**Amended Public Copy/Copie modifiée du public**

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**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** Amended by AMBERLY COWPERTHWAITTE (435) -  
(A1)

**Inspection No. /  
No de l'inspection :** 2019\_607523\_0038 (A1)

**Appeal/Dir# /  
Appel/Dir#:**

**Log No. /  
No de registre :** 015058-19 (A1)

**Type of Inspection /  
Genre d'inspection :** Follow up

**Report Date(s) /  
Date(s) du Rapport :** Aug 22, 2019(A1)

**Licensee /  
Titulaire de permis :** Fiddick's Nursing Home Limited  
437 First Avenue, P.O. Box 340, PETROLIA, ON,  
N0N-1R0

**LTC Home /  
Foyer de SLD :** Fiddick's Nursing Home  
437 First Avenue, P.O. Box 340, PETROLIA, ON,  
N0N-1R0

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** Michael Fiddick

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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

To Fiddick's Nursing Home Limited, you are hereby required to comply with the following order(s) by the      date(s) set out below:

**Order(s) of the Inspector**

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

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

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

2019\_607523\_0035, CO #001;

**Lien vers ordre existant:****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).

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Pursuant to section 153 and/or  
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2007, c. 8

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

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foyers de soins de longue durée*,  
L. O. 2007, chap. 8

**Order / Ordre :**

The licensee must be compliant with O. REG. 79/10, r. 9. (1)  
Specifically, the licensee must ensure that:

- 1) All doors leading to stairways and to 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 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.
- 2) The licensee shall complete an audit to ensure all doors leading to the stairs or to the outside are compliant with O.Reg 79/10 s. 9. (1). A Record of this audit will be kept.
- 3) The emergency procedures are updated to reflect power outages affecting locked doors, and action items taken by staff in such cases.
- 4) All staff receive education for the emergency procedures and actions to be taken in such situations. A record of this education will be kept.

**Grounds / Motifs :**

1. 1. The licensee has failed to ensure that all doors leading to stairways and to 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 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.

**Order(s) of the Inspector**

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2007, c. 8

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foyers de soins de longue durée*,  
L. O. 2007, chap. 8

The licensee has failed to comply with Compliance Order (CO) #001 from Inspection 2019\_607523\_0035 served on July 31, 2019, with a compliance due date of August 9, 2019.

The licensee was ordered to ensure that they were compliant with s. 9. (1) of the O.Reg 79/10.

Specifically the licensee was ordered to ensure the following:

- 1) All doors leading to stairways and to 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 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.
- 2) The emergency procedures are updated to reflect power outages affecting locked doors, and action items taken by staff in such cases.
- 3) All staff receive education for the emergency procedures and actions to be taken in such situations. A record of this education will be kept.

The licensee failed to complete steps 1, 2 and 3 of the compliance order.

A) Observations during the inspection with Maintenance worker and DOC showed that in multiple locations in the home doors leading to the outside or to stairs were not equipped with an audible door alarm that allowed calls to be cancelled only at the point of activation and at the time of the inspection they were not connected to the resident-staff communication and response system.

B) In an interview the DOC said that the home did not update the emergency procedures to reflect power outages affecting locked doors, and action items taken by staff in such cases. DOC said that the home planned to update the emergency procedures and will complete staff education during this week.

In an interview the Administrator and DOC said that they will purchase alarms for the doors and request from the vendor to ensure the doors are connected to the

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

resident-staff communication and response system and that the system was functioning.

Based on observations and staff interviews the licensee has failed to comply with Compliance Order (CO) #001 from Inspection 2019\_607523\_0035 which had a compliance due date of August 9, 2019. [s. 9. (1)]

During this inspection, this non-compliance was found to have a severity of level two with minimum harm or minimum risk to the residents. The scope of this non-compliance was a level two as it had the possibility to affect more than the fewest number of residents. The home had no level four history as they had on-going noncompliance with this section of the O.Reg 79/10 that included a Written Notification (WN) and Compliance Order (CO) issued July 31, 2019 (2019\_607523\_0035).  
(523)

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

**Vous devez vous conformer à cet ordre d'ici le :** Sep 30, 2019(A1)

**Order(s) of the Inspector**

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

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

**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

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:

**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 Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

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

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



**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**

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L. O. 2007, chap. 8

**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, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

**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**

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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)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

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](http://www.hsarb.on.ca).

**Issued on this 22nd day of August, 2019 (A1)**

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

**Name of Inspector /  
Nom de l'inspecteur :**

Amended by AMBERLY COWPERTHWAIT  
(435) - (A1)

**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

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

London Service Area Office