



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

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

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

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

**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**

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<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>
May 7, 2015	2015_348143_0020	O-001980-15	Resident Quality Inspection

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### **Licensee/Titulaire de permis**

REVERA LONG TERM CARE INC.  
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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

FOSTERBROOKE  
330 KING STREET WEST NEWCASTLE ON L1B 1G9

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

PAUL MILLER (143), DARLENE MURPHY (103), WENDY BROWN (602)

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

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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): April 27th to May 1st and May 4th to 5th, 2015.**

**Complaint Inspection Logs O-000490-14, O-001720-15 and O-001973-15 were completed during the Resident Quality Inspection.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Nursing, the Assistant Director of Nursing, Registered Nurses, Registered Practical Nurses, Personal Support Workers (PSW), the Office Manager, a Program Manager, Housekeeping Staff, Laundry Staff, Activity Staff, the Environmental Services Manager, Dietary Staff, a physiotherapist assistant, the President of the Residents' Council, the President of the Family Council, family members and Residents.**

**During the course of the inspection the inspectors conducted a full walking tour of all resident areas, observed resident dining and resident care including resident activities, observed medication administration and drug storage areas, reviewed infection control practices, reviewed relevant home policies and procedures, reviewed staffing schedules for the Nursing department and reviewed resident health care records.**

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



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**Accommodation Services - Housekeeping  
Accommodation Services - Laundry  
Contenance Care and Bowel Management  
Dignity, Choice and Privacy  
Falls Prevention  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Nutrition and Hydration  
Personal Support Services  
Residents' Council  
Responsive Behaviours  
Safe and Secure Home  
Skin and Wound Care  
Sufficient Staffing**

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

**6 WN(s)  
2 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. (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 whereby a door leading to the outside of the home does not meet the legislated requirements.

On May 1, 2015, two staff members were observed exiting the basement door located beside the Harvest room without utilizing the keypad. This door, which is accessible by residents, was observed to be unlocked and opened to the back parking lot located behind the home.

S#120 was interviewed and stated staff can place this door onto bypass by entering a special code. When the door is on bypass, it is not locked and does not alarm when opened. In bypass mode, the door access control system is not on. According to S#120, staff utilize the bypass when they are taking out the garbage or when taking a break and that staff monitor for residents during that time. There is a sign posted beside the keypad which states, "Please remember to recode the door." [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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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping  
Specifically failed to comply with the following:**

**s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,  
(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to comply with O. Reg 79/10, s. 87 (2) (d) whereby procedures are developed and implemented to address incidents of lingering offensive odours.

Throughout the entire inspection period, Room #119's bathroom was noted to have a urine-like odour. S#120, Environmental Services Manager, was interviewed and asked to describe the procedure for addressing incidents of lingering offensive odours. He indicated the housekeeping staff mops the floor and sprays an odour eliminator (Solutions 100) onto the floor. He indicated in most cases, this should remove the odour. S#120 did indicate some of the older floors in the bathrooms with tile/grout have been replaced because the odours could no longer be removed. He further indicated the number of floors replaced each year is determined by the home's budget. S#120 stated he was unaware of the urine-like odour in the bathroom of Room #119 or the specific floors due to be replaced during 2015.

Housekeeping staff S#109 was interviewed and stated the odour eliminator is used in all of the bathrooms after a thorough mopping to control odours. S#109 stated some of the bathrooms where flooring has been replaced still have odours evident despite this process.

The Resident Quality Inspection report dated March, 2014 was reviewed and identified Room #119 as one of the bathrooms with a urine-like odour present at that time. The flooring in this identified bathroom is the older style tile/grout. [s. 87. (2) (d)]

***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 that procedures are implemented to address incidents of lingering offensive odours, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service**



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

- s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,**
- (a) procedures are developed and implemented to ensure that,**
    - (i) residents' linens are changed at least once a week and more often as needed,**
    - (ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,**
    - (iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and**
    - (iv) there is a process to report and locate residents' lost clothing and personal items; O. Reg. 79/10, s. 89 (1).**

**Findings/Faits saillants :**





1. The licensee has failed to comply with O. Reg 79/10, s. 89 (1) (a) (iv) whereby there is no process to report and locate residents' lost clothing and personal items.

During the stage one interviews (April 27th to 30th 2015), five residents reported missing laundry and clothing that have not been recovered. According to one of the residents, the problem is ongoing.

Laundry aide S#117 was interviewed and stated she is the regular laundry worker. She indicated clothing may go missing because the labels have fallen off or sometimes new clothing is not sent to be labelled. She reported staff post notes on the bulletin board in the laundry room when something has gone missing. S#117 stated when she receives a note from staff, she checks to ensure the missing item is not still in the laundry and then will check resident closets when returning the clean laundry to resident rooms. S#117 indicated the sooner an item is reported missing to her, the better the chances are of finding the items.

S#117 showed the inspector a large rack of clothing and a cupboard that contained unclaimed resident clothing/undergarments. She indicated family members and residents are encouraged to check the lost and found frequently to try and recover missing items. S#117 was asked how missing clothing not immediately found is tracked and indicated there is no paperwork or formal record of the missing items. Items that are not immediately located have a poor chance of being found and returned to the appropriate resident.

The Environmental Services Manager, S#120, was interviewed and stated when residents report missing clothing, the staff will inform the laundry staff usually by means of a note and they will attempt to locate the item(s). He also indicated on occasion a Client Services Response Form (CSR) form may be completed. The inspector requested to review the CSR forms completed for missing laundry and was provided with two forms, one dated March 21/13 and one dated May 23/14.

The home has no process to report and locate resident lost clothing. [s. 89. (1) (a) (iv)]



***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 that procedures are developed and implemented to ensure that a process is in place to report and locate residents' lost clothing and personal items, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

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

**s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).**

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the Substitute Decision-Maker (SDM) was provided an opportunity to participate in the plan of care.

The following finding is related to Complaint Log O-001973-15:

On a specified date Resident #43 was referred to an external agency. A review of this referral form indicated that the SDM had not been consulted prior to the referral being made. A review of Resident #43's progress notes indicated that on a specified date the SDM approached staff indicating that she\he was upset and that she\he had not consented nor authorized this referral. The Executive Director and the Director of Care both confirmed with the inspector that the SDM had not participated fully in the plan of care. [s. 6. (5)]

2. The licensee has failed to ensure that care is provided as specified in the plan of care.

The following finding is related to Complaint Log # O-000490-14:

Resident #44's plan of care, as identified within Point Click Care indicates that the resident prefers to stay in bed until after 10 a.m. Staff should not approach him\her until that time. Approach with Gentle Persuasive Approach.

On April 30th, 2015 Inspector #145 entered the home at 0545. Night Staff were interviewed and identified that as per Personal Support Workers night routines 3 residents per floor were permitted to be washed and dressed between 0600 to 0630 hours. S108 a PSW identified that resident #44 was to receive a.m. care between 0600 and 0630 hours. On May 5th, 2015 the Director of Care was interviewed with respect to this resident and reported that for a short time Resident #44 was awakened prior to 1000 but this practice was no longer in place. [s. 6. (7)]

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 21. Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21.**

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

1. The licensee has failed to ensure the home is maintained at a minimum temperature of



22 degrees Celsius.

During the Stage one interviews (April 27th-30th, 2015), five residents identified the home as being cold at times. S#120 was interviewed and stated the home monitors the temperature of the hallways in the home using thermometers that are located on the wall of each hallway. He further indicated, nursing staff monitors most of the temperatures and provided the inspector with a copy of the home temperatures recorded during the months of January and February 2015.

The following dates, shifts and locations below indicate the home was not maintained at a minimum of 22 degrees Celsius:

**First floor:**

January 4-nights- center hall 20, north hall 21, south hall 21  
January 5-days-south hall 21  
January 7-nights- north hall 20, south hall 21, center hall 21  
January 8-days- center hall 20  
January 12-nights- north hall 21  
January 21-days-center hall 21  
January 24-nights-north hall 21  
January 25-days-center hall 21; nights south hall 21, center hall 21  
January 30-nights-north hall 21  
January 31-nights-north hall 21  
February 1-days-lounge 18  
February 4-nights-north hall 21.

**Second floor:**

January 1- days-south hall 18  
January 2- nights-north hall 21, south hall 21  
January 4- nights- south hall 20, north hall 21  
January 5-days-south hall 21  
January 7-days- north hall 20; evenings south hall 19; nights south hall 21, north hall 20  
January 8-evenings-north hall 21  
January 12-nights-south hall 21, north hall 21  
January 15-nights-north hall 21  
January 16-days-north hall 21

This inspector completed a tour of the home and recorded the following temperatures



(Celsius) on the dates, times and locations as indicated:

Harvest Room-April 30 @1000 hr -20.7  
May 1 @1030 hr- 20.9

First floor shower room- April 30 @1025 hr-20.1; south hall outside room 102-20.2  
May 1 @1125 hr-hall between dining room doors in basement- 20.5  
Fireside dining room @1130 hr-20.5  
Captain's lounge dining room @1140 hr-20.6 [s. 21.]

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care  
Specifically failed to comply with the following:**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary  
assessment of the following with respect to the resident:**

**21. Sleep patterns and preferences. O. Reg. 79/10, s. 26 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident's plan of care is based upon an assessment of sleep patterns and preferences.

The following finding is related to Complaint Log O-000490-14:

On April 30th, 2015 Inspector #143 arrived at the home at 0545 and a tour of the first two floors was completed. Residents were observed in their bedrooms sleeping. PSW's were questioned if any residents were wakened prior to day staff arriving. Staff on both floors identified that 3 residents per floor were to be assisted with morning care which involved washing, dressing the residents and in some cases leaving them in bed. PSW's reported that these 6 residents were awakened between 0600 and 0630 hours. A review of Resident #39 and #45 plan of care indicated that an assessment had not been completed to determine their individualized sleep patterns and preferences with respect to morning routines. [s. 26. (3) 21.]



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**Issued on this 7th day of May, 2015**

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

**Original report signed by the inspector.**



**Ministry of Health and  
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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**

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

**Nom de l'inspecteur (No) :** PAUL MILLER (143), DARLENE MURPHY (103),  
WENDY BROWN (602)

**Inspection No. /**

**No de l'inspection :** 2015\_348143\_0020

**Log No. /**

**Registre no:** O-001980-15

**Type of Inspection /**

**Genre**

**d'inspection:**

Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** May 7, 2015

**Licensee /**

**Titulaire de permis :** REVERA LONG TERM CARE INC.  
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA,  
ON, L5R-4B2

**LTC Home /**

**Foyer de SLD :** FOSTERBROOKE  
330 KING STREET WEST, NEWCASTLE, ON,  
L1B-1G9

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** CHARLENE SMITH

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

Pursuant to section 153 and/or  
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de soins de longue durée*, L.O. 2007, chap. 8

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 :**

The licensee is hereby ordered to ensure all resident accessible doors leading to the outside of the home are kept closed and locked and is equipped with a door access control system that is kept on at all times.



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Pursuant to section 153 and/or  
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**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
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de soins de longue durée, L.O. 2007, chap. 8*

**Grounds / Motifs :**

1. The licensee has failed to comply with O. Reg 79/10, s. 9 (1) 1 whereby a door leading to the outside of the home does not meet the legislated requirements.

On May 1, 2015, two staff members were observed exiting the basement door located beside the Harvest room without utilizing the keypad. This door, which is accessible by residents, was observed to be unlocked and opened to the back parking lot located behind the home.

S#120 was interviewed and stated staff can place this door onto bypass by entering a special code. When the door is on bypass, it is not locked and does not alarm when opened. In bypass mode, the door access control system is not on. According to S#120, staff utilize the bypass when they are taking out the garbage or when taking a break and that staff monitor for residents during that time. There is a sign posted beside the keypad which states, "Please remember to recode the door." (143)

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

**Vous devez vous conformer à cet ordre d'ici le : Jun 29, 2015**



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

Pursuant to section 153 and/or  
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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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**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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de l'article 154 de la *Loi de 2007 sur les foyers  
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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.



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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 7th day of May, 2015**

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

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

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