



**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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347 Preston St Suite 420
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Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 19, 2016	2016_346133_0033	008891-15	Follow up

Licensee/Titulaire de permis

THE CORPORATION OF THE CITY OF CORNWALL
1900 Montreal Rd. CORNWALL ON K6H 7L1

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

GLEN-STOR-DUN LODGE
1900 MONTREAL ROAD CORNWALL ON K6H 7L1

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): September 30th, October 4th and 5th, 2016

The Follow Up inspection was related to two compliance orders, one regarding the resident-staff communication and response system, and the other regarding door alarms.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Environmental Services Manager, the Director of Care, the receptionist, dietary staff, registered and non registered nursing staff, physiotherapy staff and the hairdressers.

Over the course of the inspection, the Inspector tested the resident - staff communication and response system throughout the home. As well, the Inspector tested door alarms throughout the home.

**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)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 17. (1)	CO #002	2015_384161_0006		133

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home



Specifically failed to comply with the following:

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

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
i. kept closed and locked,
ii. equipped with a door access control system that is kept on at all times, and
iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system, or
B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

O. Reg. 79/10, s. 9; 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 comply with O. Reg. 79/10, s. 9 (1) 1. iii in that the licensee has failed to ensure that all resident accessible doors leading to the outside of the home, other than doors that lead to secure outside areas that preclude exit by a resident, are equipped with an audible door alarm.

This non-compliance is exclusively related to the main floor exit doors.

The home recently installed a system that emits sound (a.k.a. system alert) when a door



connected to the system is open past a specified time period. As such, it is intended to serve as a door alarm system. The system also serves as the home's resident-staff communication and response system. At the time of the inspection, on the main floor, the source of the sound from the system was from one ceiling mounted audio visual enunciator (the enunciator) next to the main exit door (front door). At the time of the inspection, all main floor staff were expected to listen for and respond to system alerts during week day business hours (08:00 hrs – 16:00 hrs).

Related to the exit door in the Fitness centre and the exit door in the beauty parlour, the system alerts from the enunciator, when the door was held open past a specified time period, could not be heard at the door.

On September 30th, 2016, at approximately 14:49 hrs, the Inspector tested the exit door in the Fitness centre by holding it open past a specified time period. The Inspector could not hear a system alert in response to the compromised door. The Inspector went out into the hallway, and noted that there was a red dome light illuminated outside of the room, signalling that there was an alert to be responded to within the room. The Inspector walked up the hallway and could hear the system alert from the enunciator once in the area of the tea room servery, which is across from the pub room. It was noted that there was a musical activity within the open pub room at the time, which increased the overall noise within the environment and obscured the sound from the enunciator at the front door. A staff member who works in the Fitness centre, #S101, told the inspector that staff do not hear the sound from the enunciator at the front door when they are in the Fitness centre. Following that, the Inspector tested the exit door within the beauty parlour, which is next to the Fitness centre, with the same results. Staff in the hairdressing room, #S102 and #S103, told the Inspector that if there is a hairdryer going in the room, or noisy activity in the pub room/tea room area, they cannot hear the sound from the enunciator at the front door.

As system alerts could not be heard at the exit door in the Fitness Centre and at the exit door in the beauty parlour, the exit doors were not equipped with an audible door alarm at the time of the inspection.

Related to all main floor exit doors after 16:00 hrs on weekdays and at all times on weekends:

On October 4th, 2016, the Inspector and the Environmental Services Manager (ESM) tested the front door, at approximately 16:09 hrs, by not allowing the door to close for



over one minute. The enunciator on the ceiling next to the door did not sound or display in response to the compromised door. It was verified that the system activated alerts to nursing staff on the third floor care units, yet there was no audible alarm at the door. The ESM later confirmed that the enunciator had been programmed not to sound or display after 16:00 hrs on weekdays and at all times on weekends. Therefore, at the time of the inspection, after 16:00 hrs on weekdays and at all times on weekends, the five resident accessible exit doors on the main floor (Fitness centre, beauty parlour, pub, tea room and main exit) were not equipped with an audible door alarm.

On October 19th, 2016, the home's ESM informed the Inspector that the system installation company had been called in to the home after the Follow Up inspection. He explained that enhancements had been made to the system, including: the volume of the sound from the enunciator at the front door was increased, a duty station that emits sound was installed outside of the beauty parlour and Fitness centre , and the enunciator at the front door was programmed to be operable at all times.

The licensee has a history of non-compliance related to O. Reg. 79/10, s. 9 (1) iii. As a result of Resident Quality Inspection 2015_384161_0006, conducted in March 2015, the licensee was served with a compliance order. As a result of the continuing non-compliance, a subsequent compliance order will be served to 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. 17. Communication and response system



Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 17 (1) (e) in that the licensee has failed to ensure that the home is equipped with a resident-staff communication and response system (the system) that is available in every area accessible by residents.

On the home's main floor, there is a library and a volunteer room. Over the course of the inspection, the inspector observed that the door to each room is typically left open during the daytime. The system is not available in these rooms. On October 4th, 2016, the Administrator and the Environmental Services Manager told the inspector that these rooms are not intended for resident use. Despite the intended use, the rooms are areas accessible by residents, as there is nothing in place to prevent residents from accessing them. As a result, the system must be available in these two areas. [s. 17. (1) (e)]

2. The licensee has failed to comply with O. Reg. 79/10, s. 17 (1) (g) in that the licensee has failed to ensure that the home is equipped with a resident-staff communication and response system (the system) that is calibrated so that the level of sound is audible to staff.

This finding is related exclusively to the main floor of the home, for staff working in the Fitness centre and in the hairdressing room.

The home installed a new system that uses sound to alert staff. On the home's main floor, all staff are expected to listen for and respond to calls for assistance from the system during week day business hours (08:00 hrs - 16:00 hrs). At the time of the inspection, the sole source of sound for calls from the system was one audio visual enunciator on the ceiling next to the front door. When the inspector activated the system in the Fitness centre bathroom, on September 30th, 2016, the sound of the call could not be heard in the Fitness centre. A staff member who works in the Fitness centre, #S101, told the inspector that staff do not hear the sound from the enunciator at the front door when they are in the Fitness centre. Similarly, the sound for a system call made within the beauty parlour, which is next to the Fitness centre, could not be heard within the beauty parlour. It is noted that there was a musical activity within the tea room area at the time, which increased the overall noise in the environment and obscured the sound from the enunciator at the front door. Staff in the hairdressing room, #S102 and #S103, told the Inspector that if there is a hairdryer going in the room, or noisy activity in the pub room/tea room area, they cannot hear the sound from the enunciator at the front door. [s. 17. (1) (g)]



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**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**

Issued on this 19th day of October, 2016

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

Original report signed by the inspector.



**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

**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) : JESSICA LAPENSEE (133)

Inspection No. /

No de l'inspection : 2016_346133_0033

Log No. /

Registre no: 008891-15

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Oct 19, 2016

Licensee /

Titulaire de permis : THE CORPORATION OF THE CITY OF CORNWALL
1900 Montreal Rd., CORNWALL, ON, K6H-7L1

LTC Home /

Foyer de SLD : GLEN-STOR-DUN LODGE
1900 MONTREAL ROAD, CORNWALL, ON, K6H-7L1

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Norm Quenneville

To THE CORPORATION OF THE CITY OF CORNWALL, you are hereby required to
comply with the following order(s) by the date(s) set out below:

Order(s) of the InspectorPursuant 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)**Linked to Existing Order /****Lien vers ordre
existant:** 2015_384161_0006, CO #001;**Pursuant to / Aux termes de :**

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

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

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

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

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

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

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

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

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

Order / Ordre :

In order to comply with O. Reg. 79/10, s. 9 (1) 1. iii. the licensee will ensure that every resident accessible exit door on the main floor is equipped with an audible door alarm at all times.

Grounds / Motifs :

1. The licensee has failed to comply with O. Reg. 79/10, s. 9 (1) 1. iii in that the licensee has failed to ensure that all resident accessible doors leading to the outside of the home, other than doors that lead to secure outside areas that preclude exit by a resident, are equipped with an audible door alarm.

This non-compliance is exclusively related to the main floor exit doors.

The home recently installed a system that emits sound (a.k.a. system alert) when a door connected to the system is open past a specified time period. As such, it is intended to serve as a door alarm system. The system also serves as the home's resident-staff communication and response system. At the time of the inspection, on the main floor, the source of the sound from the system was from one ceiling mounted audio visual enunciator (the enunciator) next to the main exit door (front door). At the time of the inspection, all main floor staff were expected to listen for and respond to system alerts during week day business hours (08:00 hrs – 16:00 hrs).

Related to the exit door in the Fitness centre and the exit door in the beauty parlour, the system alerts from the enunciator, when the door was held open past a specified time period, could not be heard at the door.

On September 30th, 2016, at approximately 14:49 hrs, the Inspector tested the exit door in the Fitness centre by holding it open past a specified time period. The Inspector could not hear a system alert in response to the compromised door. The Inspector went out into the hallway, and noted that there was a red dome light illuminated outside of the room, signalling that there was an alert to be responded to within the room. The Inspector walked up the hallway and could hear the system alert from the enunciator once in the area of the tea room servery, which is across from the pub room. It was noted that there was a musical activity within the open pub room at the time, which increased the overall noise within the environment and obscured the sound from the enunciator at the front door. A staff member who works in the Fitness centre, #S 101, told the inspector that staff do not hear the sound from the enunciator at the front door when they are in the Fitness centre. Following that, the Inspector

Order(s) of the Inspector

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

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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*

tested the exit door within the beauty parlour, which is next to the Fitness centre, with the same results. Staff in the hairdressing room, #S102 and #S103, told the Inspector that if there is a hairdryer going in the room, or noisy activity in the pub room/tea room area, they cannot hear the sound from the enunciator at the front door.

As system alerts could not be heard at the exit door in the Fitness Centre and at the exit door in the beauty parlour, the exit doors were not equipped with an audible door alarm at the time of the inspection.

Related to all main floor exit doors after 16:00 hrs on weekdays and at all times on weekends:

On October 4th, 2016, the Inspector and the Environmental Services Manager (ESM) tested the front door, at approximately 16:09 hrs, by not allowing the door to close for over one minute. The enunciator on the ceiling next to the door did not sound or display in response to the compromised door. It was verified that the system activated alerts to nursing staff on the third floor care units, yet there was no audible alarm at the door. The ESM later confirmed that the enunciator had been programmed not to sound or display after 16:00 hrs on weekdays and at all times on weekends. Therefore, at the time of the inspection, after 16:00 hrs on weekdays and at all times on weekends, the five resident accessible exit doors on the main floor (Fitness centre, beauty parlour, pub, tea room and main exit) were not equipped with an audible door alarm.

On October 19th, 2016, the home's ESM informed the Inspector that the system installation company had been called in to the home after the Follow Up inspection. He explained that enhancements had been made to the system, including: the volume of the sound from the enunciator at the front door was increased, a duty station that emits sound was installed outside of the beauty parlour and Fitness centre, and the enunciator at the front door was programmed to be operable at all times.

The licensee has a history of non-compliance related to O. Reg. 79/10, s. 9 (1) iii. As a result of Resident Quality Inspection 2015_384161_0006, conducted in March 2015, the licensee was served with a compliance order. As a result of the continuing non-compliance, a subsequent compliance order will be served to the licensee. (133)



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

Order(s) of the Inspector

Pursuant to section 153 and/or
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**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

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Oct 31, 2016



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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
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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Order(s) of the Inspector

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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
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 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
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e 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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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
Inspection de soins de longue durée
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.

Issued on this 19th day of October, 2016

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : JESSICA LAPENSEE

Service Area Office /

Bureau régional de services : Ottawa Service Area Office