



**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**

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 27, 2014	2014_189120_0060	H-001112- 14	Critical Incident System

Licensee/Titulaire de permis

PLEASANT MANOR RETIREMENT VILLAGE
15 Elden Street, Box 500, Virgil, ON, L0S-1T0

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

PLEASANT MANOR RETIREMENT VILLAGE
15 Elden Street, Box 500, Virgil, ON, L0S-1T0

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

BERNADETTE SUSNIK (120)

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): October 17, 2014

Critical Incident re: resident elopement in 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, Environmental Services Supervisor, Director of Care and registered staff.

During the course of the inspection, the inspector(s) tested various doors throughout the home for security, tested the resident staff-communication and response system, measured lighting levels and verified generator capacity and services connected to the generator.

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

Findings of Non-Compliance were found during this inspection.



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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.

TABLE

Homes to which the 2009 design manual applies

Location - Lux

Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout

In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux

All other homes

Location - Lux

Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout

In all other areas of the home - Minimum levels of 215.28 lux

Each drug cabinet - Minimum levels of 1,076.39 lux

At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux

O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

Findings/Faits saillants :

1. The licensee did not ensure that the lighting requirements as set out in the lighting table were maintained.

The home was built in 1994 and therefore the section of the lighting table that applies is titled "All Other Homes". Measurements were taken of the light fixtures in specific areas throughout the home using a hand held analog illumination meter. One bedroom and one resident ensuite washroom that represented all of the resident washrooms and bedrooms were tested. One tub/shower room, the short and the long corridors, common washrooms, both dining rooms and all sitting areas were tested. Natural light was filtered out as much as possible (blinds/curtains pulled) to mimic night time conditions when lighting levels drop and depend on an artificial source. The meter was held level at a standard 30 inches above the floor, out away from the body and towards sources of artificial light. The outdoor condition on the day of the test was



overcast. Only those areas that did not comply are listed below.

Resident room #112 (and others) was equipped with a round flush mount ceiling fixture in the centre of the room which did not give off enough light to spill out across the room. The lux was 60 directly under the light and fell to 20 lux beside the bed. The over bed light was 190 lux at the reading position over the bed, but the illumination level also dropped to 20 lux at the side and foot of the bed. This particular room and room #114 did not have an entry light into the room, however all other rooms were equipped with a light at the entry. The bedrooms are required to have 215.28 lux in and around the bed, wardrobes and other areas where residents would dress, sit or perform activities. The required lux for the overbed light is 376.73.

The sitting area with the television located near the hair salon was equipped with 12 pot lights spaced 6 feet apart over the entire sitting area. Directly under several of the pot lights, the lux ranged from 125-150 depending on the age or type of bulb. The lux level between the bulbs ranged between 75 and 100. The corridor beside the sitting area was also equipped with the same type of pot light fixture with the same output of light. The requirement is 215.28 lux.

The large open sitting area with the tray ceilings had adequate illumination where the majority of the fluorescent tubes were lit. Some areas were noted to have burnt out tubes and the level dropped from 350 lux to below 215.28 lux.

The long and short carpeted corridors were equipped with wall sconces on both sides of the corridor and fluorescent tubes above a lens. The space between the fixtures varied from 4 feet to 10 feet, depending on where air supply vents, sprinklers and other services were placed. The lux directly below the ceiling light was 590-620 lux depending on tube age. The lux between the light fixtures for those set 8-10 feet apart was 100 (i.e. between room 113 & 115). The areas just before a set of fire doors (long corridor) and in front of room #111 was 50 lux. The area or corridor in front of the nurse's station was equipped with 5 pot lights. These lights were spaced 5 feet apart and the lux directly under them varied between 190 lux to 250 lux. The lux between the pot lights was 190 lux. For all corridors, the illumination requirement is a continuous lux of 215.28. The lux level is required to remain above or at 215.28 lux while walking along the centre of the corridor.

The tub room was equipped with adequate lighting over the tub area, however the lux



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over the sink and toilet area was 120 lux. The lux in the shower area was 20 lux. The minimum requirement is 215.28 lux.

The common washroom (identified as #404) was equipped with one small light fixture above the mirror. It was 50 lux over the toilet area and 150 lux at the vanity instead of the required 215.28 lux. [s. 18]

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. 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 did not ensure that the front entrance door (which leads to the outside) of the home was connected to the resident-staff communication and response system and that it was equipped with an audible alarm at the door (that could only be canceled at the door). The door was tested with the assistance of the registered nurse who confirmed that after holding the door open for more than one minute, the location of the door breach did not become displayed on the monitor at the nurse's station or alarm at the door. [s. 9(1)]



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 the front main door entrance (internal door) is connected to the resident-staff communication and response system and equipped with an audible door alarm that can be canceled only at the door, to be implemented voluntarily.

**WN #3: 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 did not ensure that an activation station connected to the home's resident-staff communication and response system was available in every area accessible by residents.

Activation stations were observed to be missing from the following resident accessible areas;

- *hair salon
 - *sitting area with television & fire place (next to smaller dining room)
 - *large dining room
 - *large open sitting area with tray ceilings
 - *activity room with sink and counter
- [s. 17(1)(e)]

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 an activation station is available in every area accessible by residents, to be implemented voluntarily.

Issued on this 27th day of October, 2014

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



**Ministry of Health and
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**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*

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Direction de l'amélioration de la performance et de la conformité**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : BERNADETTE SUSNIK (120)

Inspection No. /

No de l'inspection : 2014_189120_0060

Log No. /

Registre no: H-001112-14

Type of Inspection /

Genre

Critical Incident System

d'inspection:

Report Date(s) /

Date(s) du Rapport : Oct 27, 2014

Licensee /

Titulaire de permis : PLEASANT MANOR RETIREMENT VILLAGE
15 Elden Street, Box 500, Virgil, ON, L0S-1T0

LTC Home /

Foyer de SLD : PLEASANT MANOR RETIREMENT VILLAGE
15 Elden Street, Box 500, Virgil, ON, L0S-1T0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : TIM SIEMENS

To PLEASANT MANOR RETIREMENT VILLAGE, 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) (b)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.

TABLE

Homes to which the 2009 design manual applies

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Location - Lux

Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

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In all other areas of the home - Minimum levels of 215.28 lux

Each drug cabinet - Minimum levels of 1,076.39 lux

At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux

O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

Order / Ordre :

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The licensee shall prepare and submit a plan that summaries how the lighting levels throughout the long term care home will comply with the requirements as set in the lighting table.

The plan shall be submitted by email to Bernadette.susnik@ontario.ca by December 15, 2014. The plan shall be fully implemented by December 31, 2015. Should an extension be required, please notify the Inspector by email prior to the original compliance date.

Grounds / Motifs :

1. The licensee did not ensure that the lighting requirements as set out in the lighting table were maintained.

The home was built in 1994 and therefore the section of the lighting table that applies is titled "All Other Homes". Measurements were taken of the light fixtures in specific areas throughout the home using a hand held analog illumination meter. One bedroom and one resident ensuite washroom that represented all of the resident washrooms and bedrooms were tested. One tub/shower room, the short and the long corridors, common washrooms, both dining rooms and all sitting areas were tested. Natural light was filtered out as much as possible (blinds/curtains pulled) to mimic night time conditions when lighting levels drop and depend on an artificial source. The meter was held level at a standard 30 inches above the floor, out away from the body and towards sources of artificial light. The outdoor condition on the day of the test was overcast. Only those areas that did not comply are listed below.

Resident room #112 (and others) was equipped with a round flush mount ceiling fixture in the centre of the room which did not give off enough light to spill out across the room. The lux was 60 directly under the light and fell to 20 lux beside the bed. The over bed light was 190 lux at the reading position over the bed, but the illumination level also dropped to 20 lux at the side and foot of the bed. This particular room and room #114 did not have an entry light into the room, however all other rooms were equipped with a light at the entry. The bedrooms are required to have 215.28 lux in and around the bed, wardrobes and other areas where residents would dress, sit or perform activities. The required lux for the overbed light is 376.73.

The sitting area with the television located near the hair salon was equipped with 12 pot lights spaced 6 feet apart over the entire sitting area. Directly under



Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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several of the pot lights, the lux ranged from 125-150 depending on the age or type of bulb. The lux level between the bulbs ranged between 75 and 100. The corridor beside the sitting area was also equipped with the same type of pot light fixture with the same output of light. The requirement is 215.28 lux.

The large open sitting area with the tray ceilings had adequate illumination where the majority of the fluorescent tubes were lit. Some areas were noted to have burnt out tubes and the level dropped from 350 lux to below 215.28 lux.

The long and short carpeted corridors were equipped with wall sconces on both sides of the corridor and fluorescent tubes above a lens. The space between the fixtures varied from 4 feet to 10 feet, depending on where air supply vents, sprinklers and other services were placed. The lux directly below the ceiling light was 590-620 lux depending on tube age. The lux between the light fixtures for those set 8-10 feet apart was 100 (i.e. between room 113 & 115). The areas just before a set of fire doors (long corridor) and in front of room #111 was 50 lux. The area or corridor in front of the nurse's station was equipped with 5 pot lights. These lights were spaced 5 feet apart and the lux directly under them varied between 190 lux to 250 lux. The lux between the pot lights was 190 lux. For all corridors, the illumination requirement is a continuous lux of 215.28. The lux level is required to remain above or at 215.28 lux while walking along the centre of the corridor.

The tub room was equipped with adequate lighting over the tub area, however the lux over the sink and toilet area was 120 lux. The lux in the shower area was 20 lux. The minimum requirement is 215.28 lux.

The common washroom (identified as #404) was equipped with one small light fixture above the mirror. It was 50 lux over the toilet area and 150 lux at the vanity instead of the required 215.28 lux. (120)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 31, 2015



**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
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des Soins de longue durée**

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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

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



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

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

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



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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
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^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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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.

Issued on this 27th day of October, 2014

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : BERNADETTE SUSNIK

Service Area Office /

Bureau régional de services : Hamilton Service Area Office