



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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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
Sep 18, 2013	2013_189120_0061	H-000586- 13	Other

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF NIAGARA
2201 ST. DAVID'S ROAD, THOROLD, ON, L2V-4T7

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

LINHAVEN
403 Ontario Street, St. Catharines, ON, L2N-1L5

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): August 29, 30 and September 5, 2013

During the course of the inspection, the inspector(s) spoke with the administrator, director of care, assistant director of care, building maintenance manager, maintenance staff, registered and non-registered staff regarding the home's resident-staff communication and response system and their bed safety program.

During the course of the inspection, the inspector(s) tested the resident-staff communication and response system in the Secord home area and toured all home areas and observed the beds located in the home, reviewed a bed safety audit report, maintenance policies and procedures.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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>
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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails
Specifically failed to comply with the following:**

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
 - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
 - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

Findings/Faits saillants :



The licensee has not taken steps to prevent resident entrapment, considering all potential zones of entrapment, where bed rails are used.

The management staff commissioned a bed manufacturer/supplier to conduct a bed entrapment audit of all beds in the home on February 5, 2013. The home has 248 beds, with a mixture of beds that have attached to them quarter rails, 3/4 rails or assist rails. The audit concluded that 69 beds failed at least one zone of entrapment, with the majority failing zone 4, the space under the rail at the end of the rail. During the inspection, the the audit results were used and compared to what was in the rooms. It was observed that many (but not all) had new mattresses (with raised side walls) and new beds or beds with different bed rails applied since the audit. The home however did not have an updated or current inventory of failed or passed beds.

The various registered staff who were interviewed were not aware of which beds passed or failed and were not given any information about entrapment zones. Confirmation was made with the Director of Care that to date, no residents have been assessed for bed safety using the home's newly developed corporate policies and forms.

An inspection conducted previously on April 18, 2012 (inspection report 32012-072120-0034) revealed non-compliance with the same section related to resident safety on therapeutic mattresses and beds that have failed one or more zones of entrapment. At that time, a voluntary plan of action was required. However, during this inspection, no action had been taken to date, especially with residents who sleep on an air mattress. Residents were observed to be sleeping on therapeutic mattresses (with bed rails in use) without any bed safety interventions (gap fillers, bolsters, bed in the lowest position, rail padding).

A resident was interviewed in an identified room who had a bed with split rails, which can be considered unsafe based on certain measurements in zone 5 (between the two rails). The resident identified that they did not require them.

Residents in two different rooms both had therapeutic mattresses with quarter rails raised, neither had bolsters in place. Neither of these beds were tested by the auditors due to the nature of the mattress (fails automatically).

A resident in an identified room was lying on an air mattress with 4 rotating assist rails



in the raised position. All the rails were raised, thereby acting as full rails. No bolsters or other interventions were observed.

Other resident's beds that failed due to the age of the mattress and the type of 3/4 rails in use were noted to be in circulation. The residents for these beds each had notices above their beds that they require one or both of the rails raised when in bed. [s. 15(1)(b)]

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 resident-staff communication and response system was not made available in the common areas and dining rooms located on both the Merritt and Dalhousie home areas. [s. 17(1)(e)]

2. The resident-staff communication and response system (RSCRS) did not clearly indicate when activated where the signal was coming from during the inspection on August 29 & 30, 2013.

The RSCRS in the Secord home area was designed to alert staff of an activated signal via pagers. At the time of inspection, all staff identified in the home area were not wearing their pagers and therefore could not be alerted to an activated signal. The system does not generate any visual or audible signal other than on the pager and at a dedicated desk phone at the nurse's station. The pager, if used accordingly, provides the user with a room number or location of the signal and will vibrate or sound at the same time. It is the only mechanism that staff have in which to respond to an activated station, especially when in resident bedrooms, washrooms and bathing areas. Staff walking in corridors may visually respond to the dome light above resident bedroom doors, but this alone is not sufficient.

When staff were interviewed regarding the length of time they have been working without the pagers, a time frame of between 5-6 weeks was provided. The registered staff in the home area confirmed that the pagers were collected by management staff over a month ago because the pagers were not working properly (signal interruptions etc.). Since that time, no action or plan of action has been instituted to ensure that the staff and residents have a functioning staff-resident communication and response system.

During the inspection, on August 30, 2013, after the issue was raised with the administrator, he immediately arranged to allocate an additional staff member to monitor residents on the Secord home area on each shift. The home area would be staffed by an RPN and three personal service workers. A notice was issued to registered staff informing them of the change and that "no two staff on the unit take their break at the same time". On September 5, 2013, at approximately 11:30 a.m., the administrator's directive had not been followed. The additional staff member had taken their break along with another worker, leaving only one worker and an RPN on the unit. These two individuals were noted to be attending to residents in rooms, leaving the nurse's desk and corridors without any monitoring for visual signals which



were still functional.

The pagers and system was operational by 2:30 p.m. on September 5, 2013 after a contractor had been called in to service the original problem. [s. 17(1)(f)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following:

s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):

1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition. O. Reg. 79/10, s. 107 (3).

2. An environmental hazard that affects the provision of care or the safety, security or well-being of one or more residents for a period greater than six hours, including,

i. a breakdown or failure of the security system,

ii. a breakdown of major equipment or a system in the home,

iii. a loss of essential services, or

iv. flooding.

O. Reg. 79/10, s. 107 (3).

3. A missing or unaccounted for controlled substance. O. Reg. 79/10, s. 107 (3).

4. An injury in respect of which a person is taken to hospital. O. Reg. 79/10, s. 107 (3).

5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital. O. Reg. 79/10, s. 107 (3).

Findings/Faits saillants :



The licensee did not inform the Director of a breakdown of major equipment or a system in the home that affects the provision of care or the safety, security or well-being of residents no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):

The resident-staff communication and response system had become non-functional on or about July 22, 2013. The pagers were removed from the Secord Home area and staff were without pagers until September 5, 2013. The resident-staff communication and response system is an essential service which offers residents, staff and visitors the ability to call for assistance in emergencies. [s. 107(3)]

**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 305.
Construction, renovation, etc., of homes**

Findings/Faits saillants :

The licensee did not submit an operational plan to the Director regarding the installation of a new staff-resident communication and response system installed in the Secord home area in August of 2012. [s. 305]

Issued on this 19th day of September, 2013

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

B. Susnik



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*

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

Public Copy/Copie du public

Name of Inspector (ID #) /

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

Inspection No. /

No de l'inspection : 2013_189120_0061

Log No. /

Registre no: H-000586-13

Type of Inspection /

Genre d'inspection: Other

Report Date(s) /

Date(s) du Rapport : Sep 18, 2013

Licensee /

Titulaire de permis : THE REGIONAL MUNICIPALITY OF NIAGARA
2201 ST. DAVID'S ROAD, THOROLD, ON, L2V-4T7

LTC Home /

Foyer de SLD : LINHAVEN
403 Ontario Street, St. Catharines, ON, L2N-1L5

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : ~~May Simpson~~ Andrew Adamyk BS

To THE REGIONAL MUNICIPALITY OF NIAGARA, you are hereby required to
comply with the following order(s) by the date(s) set out below:



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

Order # / Ordre no : 001	Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)
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Pursuant to / Aux termes de :

- O.Reg 79/10, s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;
 - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and
 - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

Order / Ordre :



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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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
de soins de longue durée*, L.O. 2007, chap. 8

The licensee shall prepare and submit a plan to ensure steps are being taken to prevent resident entrapment and other safety issues related to the use of bed rails. The plan shall;

1. Identify the time lines by which all of the beds will be audited for any entrapment zone.
2. Identify what immediate interventions will be implemented to mitigate risks to residents that use one or more bed rails that fail any entrapment zones. This includes all beds, whether the mattress is foam based or not.
3. Identify what long term measures will be implemented to ensure beds continue to pass all zones of entrapment and the time lines.
4. Identify how residents are being assessed to determine if their bed system (rail, mattress and frame) are appropriate for their needs and the time lines of the assessments.
5. Summarize how or when all direct care staff have been or will be trained and oriented with respect to bed safety.

The plan shall be submitted to Bernadette Susnik, LTC Homes Inspector, either by mail or email to 119 King St. E., 11th Floor, Hamilton, ON, L8P 4Y7 or Bernadette.susnik@ontario.ca by October 8, 2013. The plan shall be implemented by December 31, 2013.

Note: If an extension of the compliance date is required, please contact the Inspector at least one week before the original compliance date .

Grounds / Motifs :

1. The licensee has not taken steps to prevent resident entrapment, considering all potential zones of entrapment, where bed rails are used.

The management staff commissioned a bed manufacturer/supplier to conduct a bed entrapment audit of all beds in the home on February 5, 2013. The home has 248 beds, with a mixture of beds that have attached to them quarter rails, 3/4 rails or assist rails. The audit concluded that 69 beds failed at least one zone of entrapment, with the majority failing zone 4, the space under the rail at the end of the rail. During the inspection, the the audit results were used and compared to what was in the rooms. It was observed that many (but not all) had new mattresses (with raised side walls) and new beds or beds with different bed rails applied since the audit. The home however did not have an updated 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*

current inventory of failed or passed beds.

The various registered staff who were interviewed were not aware of which beds passed or failed and were not given any information about entrapment zones. Confirmation was made with the Director of Care that to date, no residents have been assessed for bed safety using the home's newly developed corporate policies and forms.

An inspection conducted previously on April 18, 2012 (inspection report 32012-072120-0034) revealed non-compliance with the same section related to resident safety on therapeutic mattresses and beds that have failed one or more zones of entrapment. At that time, a voluntary plan of action was required. However, during this inspection, no action had been taken to date, especially with residents who sleep on an air mattress. Residents were observed to be sleeping on therapeutic mattresses (with bed rails in use) without any bed safety interventions (gap fillers, bolsters, bed in the lowest position, rail padding).

A resident was interviewed in an identified room who had a bed with split rails, which can be considered unsafe based on certain measurements in zone 5 (between the two rails). The resident identified that they did not require them.

Residents in two separate rooms both had therapeutic mattresses with quarter rails raised, neither had bolsters in place. Neither of these beds were tested by the auditors due to the nature of the mattress (fails automatically).

A resident in an identified room was lying on an air mattress with 4 rotating assist rails in the raised position. All the rails were raised, thereby acting as full rails. No bolsters or other interventions were observed.

Other resident's beds that failed due to the age of the mattress and the type of 3/4 rails in use were noted to be in circulation. The residents for these beds each had notices above their beds that they require one or both of the rails raised when in bed. (120)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 31, 2013



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

Order # /

Ordre no : 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, 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;

(b) is on at all times;

(c) allows calls to be cancelled only at the point of activation;

(d) is available at each bed, toilet, bath and shower location used by residents;

(e) is available in every area accessible by residents;

(f) clearly indicates when activated where the signal is coming from; and

(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).

Order / Ordre :



**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
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The licensee shall prepare, submit and implement a plan which identifies at a minimum the following:

1. How the home will ensure that staff carry their pagers when required
2. How staff are to respond to activated stations in a timely manner at different times of the day (especially after meals)
3. When and how residents and staff will be informed of the home's various staff-resident communication and response system policies and procedures
4. How staff are to report malfunctions of any pager or the system
5. How maintenance staff are to respond to a report of a malfunction of a pager or the system and how they will monitor the work conducted on the system
6. How staff will manage resident complaints related to staff not responding to activated call stations.
7. What contingencies are in place for staff should the system malfunction (signals not transmitting to pagers or pagers not available)
8. Where additional information can be acquired on the care and use of the system pagers and when staff have been trained or will be trained to use them.
9. When the additional activation stations will be installed where required and by whom.

The plan shall be submitted to Bernadette Susnik, LTC Homes Inspector, either by mail to 119 King St. E., 11th Floor, Hamilton, ON, L8P 4Y7 or email to Bernadette.susnik@ontario.ca by September 30, 2013.

Note: If an extension of the compliance date is required, please contact the Inspector at least one week before the original compliance date .

Grounds / Motifs :



1. The resident-staff communication and response system was not made available in the common areas and dining rooms located on both the Merritt and Dalhousie home areas. (120)

2. The resident-staff communication and response system (RSCRS) did not clearly indicate when activated where the signal was coming from during the inspection on August 29 & 30, 2013.

The RSCRS in the Secord home area was designed to alert staff of an activated signal via pagers. At the time of inspection, all staff identified in the home area were not wearing their pagers and therefore could not be alerted to an activated signal. The system does not generate any visual or audible signal other than on the pager and at a dedicated desk phone at the nurse's station. The pager, if used accordingly, provides the user with a room number or location of the signal and will vibrate or sound at the same time. It is the only mechanism that staff have in which to respond to an activated station, especially when in resident bedrooms, washrooms and bathing areas. Staff walking in corridors may visually respond to the dome light above resident bedroom doors, but this alone is not sufficient.

When staff were interviewed regarding the length of time they have been working without the pagers, a time frame of between 5-6 weeks was provided. The registered staff in the home area confirmed that the pagers were collected by management staff over a month ago because the pagers were not working properly (signal interruptions etc.). Since that time, no action or plan of action has been instituted to ensure that the staff and residents have a functioning staff-resident communication and response system. (120)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 30, 2013



Ministry of Health and
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Ministère de la Santé et
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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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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

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

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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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Aux termes de l'article 153 et/ou
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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.



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*

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 18th day of September, 2013

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

B. Sosnik

Name of Inspector /

Nom de l'inspecteur : BERNADETTE SUSNIK

Service Area Office /

Bureau régional de services : Hamilton Service Area Office