



**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**

Ottawa Service Area Office
347 Preston St 4th Floor
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Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 27, 2015	2015_346133_0006	O-0011911-14	Follow up

Licensee/Titulaire de permis

THE PERLEY AND RIDEAU VETERANS' HEALTH CENTRE
1750 Russell Road OTTAWA ON K1G 5Z6

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

THE PERLEY AND RIDEAU VETERANS' HEALTH CENTRE
1750 RUSSELL ROAD OTTAWA ON K1G 5Z6

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): March 10th - 12th, 2015

This inspection was conducted concurrent with the Resident Quality Inspection # 2015-198117-0008, Log # O-001647-15

During the course of the inspection, the inspector(s) spoke with The Director of Support Services, the Property Services Supervisor, a maintenance worker, and nursing staff

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. 9. (1)	CO #002	2014_346133_0010		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
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. 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) (d) and (e) in that the licensee has failed to ensure that the home is equipped with a resident-staff communication and response system that is available at each bed and toilet used by residents and in every area accessible by residents.
2. The Long Term Care program at the Perley and Rideau Veterans' Health Center physically includes three two storey resident care buildings (Gatineau, Ottawa and Rideau) that are all connected via link corridors to the central core, which is known as the Perley building. The Perley building includes the resident pub, art programming rooms, common areas in which large group activities are held, service areas for residents such as the hairdresser and library, and administration offices visited by residents and their families.
3. On March 10th, 2015, Inspector #133 began a follow up inspection at the home, related to a Compliance Order that was mainly focused on doors that lead to non-residential areas within the 1st and 2nd level corridors of the Perley building service area. The licensee has elected to designate both levels of the service area as space that is to be accessible to residents. Over the course of the inspection, the Inspector observed that all doors that lead into non-residential areas (i.e. main kitchen, receiving bays,



maintenance storage rooms and workshops, linen storage rooms, etc.) within both service corridors, were equipped with locks and were kept closed and locked when not supervised. The resident – staff communication and response system (the system) is not available anywhere within the 1st or the 2nd level service corridors, or within the staff exit/entrance area accessible within the 1st level corridor. On March 10th, 2015, discussion was had with the home's Director of Support Services (DSS) on this matter, and the Inspector was informed that the intention is to install the system available throughout noted areas, when the home installs a new system. The DSS informed that they are currently working on developing a Request For Proposals (RFP) for this project.

4. On March 10th and 11th, 2015, Inspector #133 observed areas accessible by residents throughout the Ottawa, Rideau and Gatineau buildings. The Inspector found that the system was not available, in that it was not functional, in fifteen identified resident common areas throughout the buildings. The system was also not available, in that it had never been installed, in two identified storage rooms that have been rendered accessible to residents as the doors leading into the rooms have been removed. In the common areas used by residents, in most cases, the system console was on the wall, but it was not active, and there was a label on the console that read "decommissioned". In some areas, the console was on the wall and was intact, but the system could not be activated by pushing the yellow/green or red areas or by pushing the black button under those areas. On March 11th, 2015, a maintenance worker, staff # S100, explained to the Inspector that they have had to decommission the system in some common areas, by pulling out the electronic boards, in order to repair system consoles in resident bedrooms. This was later confirmed in discussion with the home's Director of Support Services and the Property Services Supervisor. They explained they can no longer get these boards, as the system is antiquated, and have had to prioritize and ensure the system is functional in all resident rooms. The DSS reiterated that work is underway to develop a Request for Proposals (RFP) for a new system, but was unable to speculate when the home would have a new system.

On March 10th and 11th, 2015, Inspector #133 observed that the resident staff communication and response system was not available in the following areas that are accessible by residents:

- Rideau 1 South (R1S) resident lounge, upon entry to the unit
- R1S family dining lounge, #ES1032
- R1S resident lounge, #ES1071
- Rideau 1 North (R1N) East activity room, #EN141(2)

- R1N storage room, # EN1033 (1)
- Rideau 2 North storage room, #EN2033(1)
- Rideau 2 South (R2S) resident lounge, upon entry to the unit
- R2S family dining room, #ES2032
- Ottawa 1 East (O1E) South resident lounge #SE1095
- O1E North resident lounge
- Ottawa 2 West (O2W) North resident lounge, #SW2095
- Ottawa 2 East (O2E) South resident lounge #SE2095
- O2E North resident lounge
- Ottawa 1 West (O1W) North resident lounge, #SW1095
- O1W South resident lounge
- Gatineau 1 South resident lounge, #WS1071
- Gatineau 2 North East resident lounge

5. On March 12th, 2015, following discussions had with the Director of Support Services (DSS) over the course of the inspection, Inspector #133 observed some areas in the Perley center building, outside of the 1st and 2nd level service areas, which are accessible to residents and are not equipped with the resident staff communication and response system. For example, in the administration area, near the finance office, there are two resident accessible bathrooms in which the system is not available. In the dental and hearing clinic space, across from the Veteran`s Affairs office, the system is not available in the two resident accessible bathrooms or in the waiting area. The Inspector did note that it appeared that there was a process underway to install the system in the noted bathrooms. On March 12th, 2015, via email communication, the DSS explained that they intend to install system activation stations in the noted bathrooms, and they will be connected to the Ottawa building system located on the Ottawa 2 East unit. Some resident accessible bathrooms within the Perley building are served by a secondary resident staff communication and response system. The DSS further explained that these areas will later be served by the new facility wide system that is being planned for, and the dental and hearing clinic waiting room will be equipped at that time.

6. Inspector #133 conducted their follow up inspection during the Resident Quality Inspection (RQI, # 2015-198117-0008, Log # O-001647-15). The RQI inspection was conducted during the weeks of March 2nd, 2015 and March 9th, 2015. Two of the RQI inspectors found issues with the resident-staff communication and response system in two resident bedrooms during the week of March 2nd, 2015. The system was not available as the system activation cords were not functional.

ON March 5th, 2015, in the Ottawa building (1W), Inspector #117 found that in bedroom #153, when the system activation cord at the toilet in the bathroom area of the bedroom was pulled, the system failed to activate. Inspector # 117 reported this malfunction to the Registered Practical Nurse, staff # S104, and a unit Personal Support Worker, staff #S105. Inspector #117 verified that a report was made to maintenance staff and when it was checked again on March 6th, 2015, by Inspector #117, the system activation cord was functional.

On March 09, 2015, in the Gatineau building (1N), Inspector #573 found that in bedroom #136, when the red button at the end of the system activation cord at the resident's bedside was pressed, the system failed to activate. Inspector # 573 reported this to the Registered Nurse, staff #S102, and to a Personal Support Worker, staff #S103.

7. The widespread lack of availability of the resident staff communication and response system in the areas identified within this report presents a potential risk to the safety of residents who reside in or access the areas. As per O. Reg. 79/10, s. 17 (1) (a), the system is intended for use by residents, staff, and visitors, to call for assistance if it is needed. [s. 17. (1) (e)]

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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :



1. The licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s. 5 in that the licensee has failed to ensure the home is a safe and secure environment for its residents, specifically related to an identified area within the Rideau 1 North unit.

On March 10th, 2015, Inspector #133 observed that a storage room on Rideau 1 North, #EN1033(1), was accessible to residents as the door had been removed. The Inspector observed that within the storage room, there was a large linen transfer cart, and to the right, there was an accumulation of resident mobility equipment, including an electric wheelchair, a broda chair, three walkers, and a wheelchair. The area to the right of the entrance was cluttered with the mobility equipment, and presented a potential risk for trips or falls to residents who may have gone into that area of the room. A Personal Support Worker (PSW), staff #S101, identified that the electric wheelchair belonged to a resident on the unit who was not using it, that the Broda chair was there in case of an emergency, and that the other mobility devices did not belong to any of the unit residents.

The Inspector also noted that the resident-staff communication and response system (the system) was not available in the storage room. As per O. Reg. 79/10, s. 17 (1) (e), the system must be available in every area accessible by residents.

On March 12th, 2015, this concern was discussed with the home's Director of Support Services and the Property Services Supervisor. The Inspector was informed that the intention was to put the door back on, and to ensure that the door was kept closed and locked when the room was not directly supervised by staff, thereby ensuring that residents would not have unsupervised access to the storage room. [s. 5.]



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Loi de 2007 sur les foyers de
soins de longue durée**

Issued on this 27th day of March, 2015

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*

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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) : JESSICA LAPENSEE (133)

Inspection No. /

No de l'inspection : 2015_346133_0006

Log No. /

Registre no: O-0011911-14

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Mar 27, 2015

Licensee /

Titulaire de permis : THE PERLEY AND RIDEAU VETERANS' HEALTH
CENTRE
1750 Russell Road, OTTAWA, ON, K1G-5Z6

LTC Home /

Foyer de SLD : THE PERLEY AND RIDEAU VETERANS' HEALTH
CENTRE
1750 RUSSELL ROAD, OTTAWA, ON, K1G-5Z6

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Akos Hoffer

To THE PERLEY AND RIDEAU VETERANS' HEALTH CENTRE, 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**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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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. 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 :

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

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In order to comply with O. Reg. 79/10, s. 17 (1) (d) and (e) the licensee will ensure that the resident-staff communication and response system is available at each bed, toilet, bath and shower location used by residents, and in every area of the home that is accessible by residents, including, but not limited to, the areas identified within this report.

The licensee will ensure that the Perley, Rideau, Gatineau and Ottawa buildings, and all defined areas within the link corridors (i. e. art programming rooms, bathrooms) are audited in their entirety, and that every area accessible by the long term care residents is captured in planning for the new resident-staff communication and response system.

The licensee will ensure that wherever possible, the current systems that are in place are maintained in good repair.

The licensee will ensure that a documented bi-weekly auditing process for the existing systems, in all areas, including resident bedrooms (bed and toilet locations), tub and shower rooms, and all common areas, is developed and implemented. The audit document must clearly specify which locations are tested during the auditing process, and the results of the testing in each and every location. These bi-weekly documents must be reviewed by a member/members of the management staff with responsibility for the respective care buildings, and by a member of the management staff with responsibility for the Perley building. Any identified issues are to be immediately reported to the maintenance program and follow up actions are to be documented and organized in a way that will readily allow for review.

Until such time as compliance is achieved with O. Reg. 79 /10, s. 17 (1), the licensee will develop and implement measures to ensure resident safety in those areas that are accessible to residents and the system is not available, either because it has not been installed, or because it is not functional and can not be repaired.

Grounds / Motifs :

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

2. The Long Term Care program at the Perley and Rideau Veterans' Health Center physically includes three two story resident care buildings (Gatineau, Ottawa and Rideau) that are all connected via link corridors to the central core, which is known as the Perley building. The Perley building includes the resident pub, art programming rooms, common areas in which large group activities are held, service areas for residents such as the hairdresser and library, and administration offices visited by residents and their families.

3. On March 10th, 2015, Inspector #133 began a follow up inspection at the home, related to a Compliance Order that was mainly focused on doors that lead to non-residential areas within the 1st and 2nd level corridors of the Perley building service area. The licensee has elected to designate both levels of the service area as space that is to be accessible to residents. Over the course of the inspection, the Inspector observed that all doors that lead into non-residential areas (i.e. main kitchen, receiving bays, maintenance storage rooms and workshops, linen storage rooms, etc.) within both service corridors, were equipped with locks and were kept closed and locked when not supervised. The resident – staff communication and response system (the system) is not available anywhere within the 1st or the 2nd level service corridors, or within the staff exit/entrance area accessible within the 1st level corridor. On March 10th, 2015, discussion was had with the home's Director of Support Services (DSS) on this matter, and the Inspector was informed that the intention is to install the system available throughout noted areas, when the home installs a new system. The DSS informed that they are currently working on developing a Request For Proposals (RFP) for this project.

4. On March 10th and 11th, 2015, Inspector #133 observed areas accessible by residents throughout the Ottawa, Rideau and Gatineau buildings. The Inspector found that the system was not available, in that it was not functional, in fifteen identified resident common areas throughout the buildings. The system was also not available, in that it had never been installed, in two identified storage rooms that have been rendered accessible to residents as the doors leading into the rooms have been removed. In the common areas used by residents, in most cases, the system console was on the wall, but it was not active, and there was a label on the console that read "decommissioned". In some areas, the console was on the wall and was intact, but the system could not be activated by pushing the yellow/green or red areas or by pushing the black button under those areas. On March 11th, 2015, a maintenance worker, staff # S100, explained to the Inspector that they have had to decommission the system in some common

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areas, by pulling out the electronic boards, in order to repair system consoles in resident bedrooms. This was later confirmed in discussion with the home's Director of Support Services and the Property Services Supervisor. They explained they can no longer get these boards, as the system is antiquated, and have had to prioritize and ensure the system is functional in all resident rooms. The DSS reiterated that work is underway to develop a Request for Proposals (RFP) for a new system, but was unable to speculate when the home would have a new system.

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- R1S family dining lounge, #ES1032
- R1S resident lounge, #ES1071
- Rideau 1 North (R1N) East activity room, #EN141(2)
- R1N storage room, # EN1033 (1)
- Rideau 2 North storage room, #EN2033(1)
- Rideau 2 South (R2S) resident lounge, upon entry to the unit
- R2S family dining room, #ES2032
- Ottawa 1 East (O1E) South resident lounge #SE1095
- O1E North resident lounge
- Ottawa 2 West (O2W) North resident lounge, #SW2095
- Ottawa 2 East (O2E) South resident lounge #SE2095
- O2E North resident lounge
- Ottawa 1 West (O1W) North resident lounge, #SW1095
- O1W South resident lounge
- Gatineau 1 South resident lounge, #WS1071
- Gatineau 2 North East resident lounge

5. On March 12th, 2015, following discussions had with the Director of Support Services (DSS) over the course of the inspection, Inspector #133 observed some areas in the Perley center building, outside of the 1st and 2nd level service areas, which are accessible to residents and are not equipped with the resident staff communication and response system. For example, in the administration area, near the finance office, there are two resident accessible bathrooms in which the system is not available. In the dental and hearing clinic space, across from the Veteran's Affairs office, the system is not available in the

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two resident accessible bathrooms or in the waiting area. The Inspector did note that it appeared that there was a process underway to install the system in the noted bathrooms. On March 12th, 2015, via email communication, the DSS explained that they intend to install system activation stations in the noted bathrooms, and they will be connected to the Ottawa building system located on the Ottawa 2 East unit. Some resident accessible bathrooms within the Perley building are served by a secondary resident staff communication and response system. The DSS further explained that these areas will later be served by the new facility wide system that is being planned for, and the dental and hearing clinic waiting room will be equipped at that time.

6. Inspector #133 conducted their follow up inspection during the Resident Quality Inspection (RQI, # 2015-198117-0008, Log # O-001647-15). The RQI inspection was conducted during the weeks of March 2nd, 2015 and March 9th, 2015. Two of the RQI inspectors found issues with the resident-staff communication and response system in two resident bedrooms during the week of March 2nd, 2015. The system was not available as the system activation cords were not functional.

On March 5th, 2015, in the Ottawa building (1W), Inspector #117 found that in bedroom #153, when the system activation cord at the toilet in the bathroom area of the bedroom was pulled, the system failed to activate. Inspector # 117 reported this malfunction to the Registered Practical Nurse, staff # S104, and a unit Personal Support Worker, staff #S105. Inspector #117 verified that a report was made to maintenance staff and when it was checked again on March 6th, 2015, by Inspector #117, the system activation cord was functional.

On March 09, 2015, in the Gatineau building (1N), Inspector #573 found that in bedroom #136, when the red button at the end of the system activation cord at the resident's bedside was pressed, the system failed to activate. Inspector # 573 reported this to the Registered Nurse, staff #S102, and to a Personal Support Worker, staff #S103.

7. The widespread lack of availability of the resident staff communication and response system in the areas identified within this report presents a potential risk to the safety of residents who reside in or access the areas. As per O. Reg. 79/10, s. 17 (1) (a), the system is intended for use by residents, staff, and visitors, to call for assistance if it is needed. (133)



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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 : Sep 28, 2015



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

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.



**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^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**

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*

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 March, 2015

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