



**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**

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**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**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 21, 2014	2014_304133_0004	O-000214-13	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): February 21, 2014

During the course of the inspection, the inspector(s) spoke with The Administrator, the Chief Financial Officer, the Assistant Manager of Support Services, the Plant Services Supervisor and a Commissionaire.

During the course of the inspection, the inspector(s) Observed resident accessible doors leading to stairways and to the outside of the home, in follow up to a Compliance Order issued to the home in March 2013, related to the requirement for door alarms.

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

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

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

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

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



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

A. is connected to the resident-staff communication and response system, or  
B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. O. Reg. 79/10, s. 9. (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).

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

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

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

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

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

O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).



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**Findings/Faits saillants :**

1. The licensee has failed to comply with O. Reg 79/10, s.9 (1) 1. iii. in that not all resident accessible doors leading to stairways, or resident accessible doors leading to the outside of the home, other than doors leading to secure outside areas that preclude exit by a resident, are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, connected to the resident-staff communication and response system OR 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.

The Perley and Rideau Veterans' Health Centre is a 450 bed long term care home. The home consists of three two story resident care buildings (Rideau, Gatineau and Ottawa) that are connected by link corridors to the center core, which is known as the Perley building. From the Perley building, there is a new link corridor that leads to the new main exit/entrance, which was opened in September 2013, and which is connected to the new 139 unit apartment building for Seniors, known as the Perley Rideau Seniors Village. The Perley building includes common areas and administration offices visited by residents and their families as well as service areas such as the main laundry, kitchen, mechanical rooms..etc.

On March 13th, 2013, as a result of critical incident (CI) inspection #2013\_204133\_0016, the licensee was issued Compliance Order #001, pursuant to O. Reg. 79/10, s.9 (1) 1. iii, which directed the licensee to ensure that all applicable doors be alarmed as prescribed. The compliance date for this Order was September 13th, 2013. At the time of the CI inspection, the new entrance hallway and front entrance area were under construction.

On February 19th, 2014, during the follow up inspection, in a meeting with the home's Administrator, Assistant Manager of Support Services, Plant Services Supervisor and Chief Financial Officer, it was confirmed to the inspector that the 26 doors specifically noted in the March 13th 2013 Compliance Order had not been alarmed as prescribed, with the exception of the 2 resident accessible exit doors within the Rideau 1 North dining room. As well, it was confirmed that the main exits within the Rideau, Gatineau and Ottawa care units, which had been the subject of follow up email correspondence from the inspector, had not been alarmed as required.

In addition to the main exits in each of the three care buildings, the following resident accessible exit doors in the care buildings were not equipped with an audible door



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alarm, as prescribed, at the time of the inspection: 2 exit doors within Rideau 1 South dining room, 2 resident accessible exit doors within Ottawa 1 West dining room, 2 exit doors within the Ottawa 1 East physiotherapy room, 2 exit doors within Gatineau 1 South dining room. With regards to the link corridors and the center core, known as the Perley building, the following resident accessible exit doors were not equipped with alarms, as prescribed, at the time of the inspection: Stairway A, B and C doors within Perley 1 and 2, the main staff exit, exit door within Gatineau link, the exit door across from Lupton Hall, 2 exit doors within the pub, 2 exit doors within the main dining room/cafeteria area, 5 exit doors within Lupton Hall. In general, the identified exit doors lead to open courtyard type areas between buildings, to designated fire lanes around the outer perimeter of the buildings, or to parking areas.

It is noted that, while not alarmed as prescribed, some of the identified doors are connected to a door monitoring system (Card Access 3000 program), and if they are opened with a key, this will be reflected on a computer console at the main reception desk. This does not elicit an audible alarm or require the door in question to be attended. In some cases, it requires a code be entered into the computer in order for the alert to go away. The main reception desk is staffed by commissionaires, who periodically conduct full building rounds, and respond to requests for assistance from the care units, in addition to manning the desk.

On February 19th, 2014, in the company of the Plant Service Supervisor, the inspector observed resident accessible doors leading to stairwells and to the outside of the home, within the new entrance area, new entrance link hallway, and new upper level area. It is noted that the attached Perley Rideau Seniors Village (PRSV) is considered to be outside of the Long-Term Care Home, and as such, these doors must be locked and alarmed as prescribed. Doors within the PRSV are not secured in accordance with Long -Term Care legislation.

The following resident accessible doors, on level 1, were found not to be alarmed as required: main exit, H1 stairwell door, 2 exterior courtyard doors, door into PRSV at ladies washroom, door into PRSV at the atrium.

It is noted that the H1 stairwell door and 2 exterior courtyard doors, when opened, do sound an audible alarm, yet this alarm is connected to, and cancelled at a console at the reception desk which does not meet the requirement that a door alarm must be cancelled only at the door, which is the source of the alarm. As well, door alarms are to be connected to the resident-staff communication and response system OR



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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.

The following resident accessible doors, on level 2 of the newly created space, were found not to be alarmed as required: door into PRSV by the Great Hall, designated exit door into PRSV.

Not all of the home's resident accessible doors that lead to stairways, or that lead to the outside of the home, other than doors that lead to secured outside areas that preclude exit by a resident, are equipped with an audible door alarm as is outlined and prescribed by O. Reg. 79/10, s. 9(1) 1.iii. This widespread non compliance presents a potential risk to the safety of the home's residents, especially those resident's at risk of elopement. [s. 9. (1)]

2. The licensee has failed to comply with O. Reg 79/10, s.9 (1) 1. i. in that not all resident accessible doors leading to stairways, or resident accessible doors leading to the outside of the home, other than doors leading to secure outside areas that preclude exit by a resident, are kept locked. This is in specific reference to the home's new main exit door, a stairwell door, and 2 other exit doors within the new reception link corridor.

The Perley and Rideau Veterans' Health Centre is a 450 bed Long - Term Care home. The home consists of three two story resident care buildings (Rideau, Gatineau and Ottawa) that are connected by link corridors to the center core, which is known as the Perley building. From the Perley building, there is a new link corridor that leads to the new main exit/entrance, which was opened in September 2013, and which is connected to the new 139 unit apartment building for Seniors, known as the Perley Rideau Seniors Village. The Perley building includes common areas and administration offices visited by residents and their families as well as service areas such as the main laundry, kitchen, mechanical rooms..etc.

On February 19th, 2014, in the company of the Plant Service Supervisor, the inspector observed resident accessible doors leading to stairwells and to the outside of the home, within the new entrance area and link hallway. The inspector observed that 4 such doors were not locked.

The homes main exit is a sliding door and it is not locked. It is equipped with a key pad, which controls the automatic opening/closing function of the door, and therefore



appears to be locked. There is no locking mechanism in place on this door, and the door can be manually slid open.

The H1 stairway door is not locked. When one presses on the door's panic bar, a loud alarm sounds and the door opens. This door leads into a vestibule in which there is a stairwell, and an unlocked, unalarmed exit door that leads to the chapel courtyard.

Both exterior courtyard exit doors are not locked. These doors lead to the chapel courtyard.

The identified unlocked doors present a risk to the safety of the home's residents, especially for those at risk at elopement, which is further exacerbated by the cold winter conditions. [s. 9. (1)]

3. The licensee has failed to comply with O. Reg 79/10, s.9 (1) 1.1 in that a resident accessible door leading to a secure outside area that precludes exit by a resident, was not equipped with a lock that can restrict unsupervised access to the area by residents, at the time of the inspection. This is in specific reference to the door leading to the enclosed outdoor atrium, from within the new reception link corridor.

The Perley and Rideau Veterans' Health Centre is a 450 bed Long - Term Care home. The home consists of three two storey resident care buildings (Rideau, Gatineau and Ottawa) that are connected by link corridors to the centre core, which is known as the Perley building. From the Perley building, there is a new link corridor that leads to the new main exit/entrance, which was opened in September 2013, and which is connected to the new 139 unit apartment building for Seniors, known as the Perley Rideau Seniors Village.

On February 19th, 2014, in the company of the Plant Service Supervisor, the inspector observed resident accessible doors within the new entrance area and link hallway. The inspector observed that one such door leading to an outside secured area, the atrium, was not locked. There is a "panic bar" on the door, and the Plant Service Supervisor tried to lock it with the keys in his possession at the time. He was only able to lock the panic bar in the open position. The door was not equipped with a lock that can be engaged to restrict unsupervised access to the area by residents at the time of the inspection. [s. 9. (1) 1.1.]



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***Additional Required Actions:***

***CO # - 001, 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

***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 with the requirement that all doors leading to secure outside areas that preclude exit by a resident are immediately equipped with locks to restrict unsupervised access to those areas by residents., to be implemented voluntarily.***

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**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.**

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**Findings/Faits saillants :**

1. The licensee has failed to comply with LTCHA, S.O. 2007, c.8, s. 5 in that the licensee has failed to ensure that the home is a safe and secure environment for its residents, specifically related to unlocked exit and stairwell doors, unalarmed exit doors, and doors not alarmed in accordance with legislative requirements.

The Perley and Rideau Veterans' Health Centre is a 450 bed Long - Term Care home. The home consists of three two story resident care buildings (Rideau, Gatineau and Ottawa) that are connected by link corridors to the center core, which is known as the Perley building. From the Perley building, there is a new link corridor that leads to the home's new main exit/entrance, which was opened in September 2013, and which is connected to the new 139 unit apartment building for Seniors, known as the Perley Rideau Seniors Village.

As per O. Reg. 79/10, s.9 (1) 1. i., all resident accessible doors leading to stairways, or resident accessible doors leading to the outside of the home, other than doors leading to secure outside areas that preclude exit by a resident, must be kept closed and kept locked.

As per O. Reg. 79/10, s.9(1) 1. iii. all resident accessible doors leading to stairways and the outside of the home other than doors leading to secure outside areas that





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preclude exit by a resident, must be 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.

On February 19th, in the company of the Plant Service Supervisor, the inspector observed that the home's new main exit door, a stairwell door, and 2 other exit doors within the new reception area and link corridor, are not locked.

The homes main exit is a sliding door and it is not locked. It is equipped with a key pad, which controls the automatic opening/closing function of the door, and therefore appears to be locked. There is no locking mechanism in place on this door, and the door can be manually slid open. This door is also not alarmed.

The H1 stairway door is not locked. When one presses on the door's panic bar, a loud alarm sounds and the door opens. This door leads into a vestibule in which there is a stairwell, and an unlocked, unalarmed exit door that leads to the chapel courtyard.

Both exterior courtyard exit doors are not locked. These doors lead to the chapel courtyard.

It is noted that the H1 stairwell door, and the exterior courtyard exits doors, are equipped with audible alarms that can be cancelled at the computer console at the nearby reception desk. This set up is not compliant with O. Reg. 79/10, s. 9 (1) 1.iii, which requires, in part, that door alarms be cancelled only at the door. The reception desk is staffed by commissionaires, who do periodic full building rounds and respond to calls for assistance from the care units, in addition to their desk duties. The commissionaire on duty at the time of the inspection explained to the inspector that it is not unusual for them to be called away from the desk throughout their shifts, that a full building round takes approximately 45 minutes, and they are done twice during the 2:30pm-10:30pm shift, twice during 10:30pm-6:30am shift, and not at all during the 6:30am-2:30pm shift, Monday through Friday. On the weekends, there are 12 hour shifts, with 3 complete buildings rounds done per shift. Someone is not present at the reception desk at all times. The set-up of the desk, at the time of the inspection, gives a commissionaire full visual access to the main exit door. If the commissionaire turns to the right, they would have visual access to the H1 stairwell door. The exterior courtyard doors cannot be seen directly from within the reception desk, but can be



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seen by looking around the corner from the desk.

On February 19th, 2014, following observations and discussions with the Administrator, the Chief Financial Officer, the Assistant Manager of Support Services, and Plant Service Supervisor, it was determined that the licensee had failed to alarm applicable doors throughout the care buildings, link corridors and Perley building, as had been directed by a past due Compliance Order. As well, it was determined that applicable doors within the new entrance area and new second level area are either not alarmed at all, or are alarmed in a way that is not compliant. The home's main exit door, and all main exit doors within the care buildings, are not alarmed.

Non-compliance in relation to O. Reg. 79/10, s.9 (1) 1.i. (related to the requirement for doors to be locked) and continuing non-compliance in relation to O. Reg. 79/10, s.9 (1) 1. iii. (related to the requirement for doors to be alarmed) has been identified as a result of this inspection, and associated Compliance Orders will be served to the licensee.

The identified unlocked doors, unalarmed doors, and doors not alarmed as per legislative requirements present a widespread risk to the safety of the home's residents, especially for those at risk at elopement. This risk is further exacerbated by the cold winter conditions. [s. 5.]

***Additional Required Actions:***

***CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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Issued on this 24th day of February, 2014

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

KATHLEEN SMID FOR JESSICA LAPENSÉE





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**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

**Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch**

**Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité**

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**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** JESSICA LAPENSEE (133)

**Inspection No. /  
No de l'inspection :** 2014\_304133\_0004

**Log No. /  
Registre no:** O-000214-13

**Type of Inspection /  
Genre  
d'inspection:** Follow up

**Report Date(s) /  
Date(s) du Rapport :** Feb 21, 2014

**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

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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  
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**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

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section 154 of the *Long-Term Care  
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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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<b>Order # / Ordre no :</b> 001	<b>Order Type / Genre d'ordre :</b> Compliance Orders, s. 153. (1) (b)
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**Pursuant to / Aux termes de :**

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

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

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

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

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

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

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

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

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

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**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

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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 will prepare, submit and implement a plan for achieving compliance with the requirement that all resident accessible doors leading to the outside of the home, other than doors leading to secure outside area that preclude exit by a resident, are kept locked. This is in specific reference to the home's front door, the H1 stairwell door, and two exterior courtyard exit doors, all within the new entrance area and entrance link corridor. These doors must be locked by June 23, 2014. The plan is to be submitted by February 28th 2014.

The plan is to be submitted in writing to Long-Term Care Home Inspector Jessica Lapensee, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 347 Preston Street, 4th floor, ON, K1S-3J4. Alternately, this plan may be faxed to the inspector's attention at (613) 569-9670.

**Grounds / Motifs :**

1. The licensee has failed to comply with O. Reg 79/10, s.9 (1) 1. i. in that not all resident accessible doors leading to stairways, or resident accessible doors leading to the outside of the home, other than doors leading to secure outside areas that preclude exit by a resident, are kept locked. This is in specific reference to the home's new main exit door, a stairwell door, and 2 other exit doors within the new reception link corridor.

The Perley and Rideau Veterans' Health Centre is a 450 bed Long - Term Care home. The home consists of three two story resident care buildings (Rideau, Gatineau and Ottawa) that are connected by link corridors to the center core, which is known as the Perley building. From the Perley building, there is a new link corridor that leads to the new main exit/entrance, which was opened in September 2013, and which is connected to the new 139 unit apartment building for Seniors, known as the Perley Rideau Seniors Village. The Perley building includes common areas and administration offices visited by residents and their families as well as service areas such as the main laundry, kitchen, mechanical rooms..etc.

On February 19th, 2014, in the company of the Plant Service Supervisor, the inspector observed resident accessible doors leading to stairwells and to the outside of the home, within the new entrance area and link hallway. The inspector observed that 4 such doors were not locked.

The homes main exit is a sliding door and it is not locked. It is equipped with a





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key pad, which controls the automatic opening/closing function of the door, and therefore appears to be locked. There is no locking mechanism in place on this door, and the door can be manually slid open.

The H1 stairway door is not locked. When one presses on the door's panic bar, a loud alarm sounds and the door opens. This door leads into a vestibule in which there is a stairwell, and an unlocked, unalarmed exit door that leads to the chapel courtyard.

Both exterior courtyard exit doors are not locked. These doors lead to the chapel courtyard.

The identified unlocked doors present a risk to the safety of the home's residents, especially for those at risk at elopement, which is further exacerbated by the cold winter conditions.

(133)

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

**Vous devez vous conformer à cet ordre d'ici le :** Jun 23, 2014



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**Order # /**  
**Ordre no :** 002      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Linked to Existing Order /**  
**Lien vers ordre**      2013\_204133\_0005, CO #001;  
**existant:**

**Pursuant to / Aux termes de :**

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

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

i. kept closed and locked,

ii. equipped with a door access control system that is kept on at all times, and

iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

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

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

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

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

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

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

Reg. 363/11, s. 1(1, 2).

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**Order / Ordre :**



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The licensee will prepare, submit and implement a plan for achieving compliance with the requirement that all resident accessible doors leading to the outside of the home, other than doors leading to secure outside area that preclude exit by a resident, 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, or doors that residents do not have access to, are 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.

As well, in accordance with O. Reg. 79/10, s.9(1)4, the plan will outline how the licensee will ensure that alarms that are installed for resident accessible doors that lead to the outside are connected to the home's generator.

All applicable doors must be alarmed, and connected to the generator, by June 23, 2014.

The plan must be submitted by February 28th 2014.

The plan is to be submitted in writing to Long-Term Care Home Inspector Jessica Lapensee, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 347 Preston Street, 4th floor, ON, K1S-3J4. Alternately, this plan may be faxed to the inspector's attention at (613) 569-9670.

**Grounds / Motifs :**

1. The licensee has failed to comply with O. Reg 79/10, s.9 (1) 1. iii. in that not all resident accessible doors leading to stairways, or resident accessible doors leading to the outside of the home, other than doors leading to secure outside areas that preclude exit by a resident, are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, connected to the resident-staff communication and response system OR 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.

The Perley and Rideau Veterans' Health Centre is a 450 bed long term care home. The home consists of three two story resident care buildings (Rideau, Gatineau and Ottawa) that are connected by link corridors to the center core,



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which is known as the Perley building. From the Perley building, there is a new link corridor that leads to the new main exit/entrance, which was opened in September 2013, and which is connected to the new 139 unit apartment building for Seniors, known as the Perley Rideau Seniors Village. The Perley building includes common areas and administration offices visited by residents and their families as well as service areas such as the main laundry, kitchen, mechanical rooms..etc.

On March 13th, 2013, as a result of critical incident (CI) inspection #2013\_204133\_0016, the licensee was issued Compliance Order #001, pursuant to O. Reg. 79/10, s.9 (1) 1. iii, which directed the licensee to ensure that all applicable doors be alarmed as prescribed. The compliance date for this Order was September 13th, 2013. At the time of the CI inspection, the new entrance hallway and front entrance area were under construction.

On February 19th, 2014, during the follow up inspection, in a meeting with the home's Administrator, Assistant Manager of Support Services, Plant Services Supervisor and Chief Financial Officer, it was confirmed to the inspector that the 26 doors specifically noted in the March 13th 2013 Compliance Order had not been alarmed as prescribed, with the exception of the 2 resident accessible exit doors within the Rideau 1 North dining room. As well, it was confirmed that the main exits within the Rideau, Gatineau and Ottawa care units, which had been the subject of follow up email correspondence from the inspector, had not been alarmed as required.

In addition to the main exits in each of the three care buildings, the following resident accessible exit doors in the care buildings were not equipped with an audible door alarm, as prescribed, at the time of the inspection: 2 exit doors within Rideau 1 South dining room, 2 resident accessible exit doors within Ottawa 1 West dining room, 2 exit doors within the Ottawa 1 East physiotherapy room, 2 exit doors within Gatineau 1 South dining room. With regards to the link corridors and the center core, known as the Perley building, the following resident accessible exit doors were not equipped with alarms, as prescribed, at the time of the inspection: Stairway A, B and C doors within Perley 1 and 2, the main staff exit, exit door within Gatineau link, the exit door across from Lupton Hall, 2 exit doors within the pub, 2 exit doors within the main dining room/cafeteria area, 5 exit doors within Lupton Hall. In general, the identified exit doors lead to open courtyard type areas between buildings, to designated fire lanes around the outer perimeter of the buildings, or to parking areas.



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It is noted that, while not alarmed as prescribed, some of the identified doors are connected to a door monitoring system (Card Access 3000 program), and if they are opened with a key, this will be reflected on a computer console at the main reception desk. This does not elicit an audible alarm or require the door in question to be attended. In some cases, it requires a code be entered into the computer in order for the alert to go away. The main reception desk is staffed by commissionaires, who periodically conduct full building rounds, and respond to requests for assistance from the care units, in addition to manning the desk.

On February 19th, 2014, in the company of the Plant Service Supervisor, the inspector observed resident accessible doors leading to stairwells and to the outside of the home, within the new entrance area, new entrance link hallway, and new upper level area. It is noted that the attached Perley Rideau Seniors Village (PRSV) is considered to be outside of the Long-Term Care Home, and as such, these doors must be locked and alarmed as prescribed. Doors within the PRSV are not secured in accordance with Long -Term Care legislation.

The following resident accessible doors, on level 1, were found not to be alarmed as required: main exit, H1 stairwell door, 2 exterior courtyard doors, door into PRSV at ladies washroom, door into PRSV at the atrium.

It is noted that the H1 stairwell door and 2 exterior courtyard doors, when opened, do sound an audible alarm, yet this alarm is connected to, and cancelled at a console at the reception desk which does not meet the requirement that a door alarm must be cancelled only at the door, which is the source of the alarm. As well, door alarms are to be connected to the resident-staff communication and response system OR 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.

The following resident accessible doors, on level 2 of the newly created space, were found not to be alarmed as required: door into PRSV by the Great Hall, designated exit door into PRSV.

Not all of the home's resident accessible doors that lead to stairways, or that lead to the outside of the home, other than doors that lead to secured outside areas that preclude exit by a resident, are equipped with an audible door alarm as is outlined and prescribed by O. Reg. 79/10, s. 9(1) 1.iii. This widespread



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non compliance presents a potential risk to the safety of the home's residents,  
especially those resident's at risk of elopement.

(133)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le : Jun 23, 2014**



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**Order # /**

**Ordre no :** 003

**Order Type /**

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

**Pursuant to / Aux termes de :**

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.

**Order / Ordre :**

The licensee will ensure that the home is a safe and secure environment for its residents, as it relates to unlocked doors, unalarmed doors, and doors not alarmed in accordance with legislative requirements (as per O. Reg. 79/10, s.9) by implementing safety measures, by February 25th 2014, that are to include, but not be limited to, the following: there will be a person at the reception desk, at all times, without exception, who is available to monitor the unlocked doors, until such time these doors can be locked as required. Additional safety measures implemented with regards to unalarmed doors, and doors not alarmed as required, will also be in place until such time that the doors are alarmed as is required.

**Grounds / Motifs :**

1. The licensee has failed to comply with LTCHA, S.O. 2007, c.8, s. 5 in that the licensee has failed to ensure that the home is a safe and secure environment for its residents, specifically related to unlocked exit and stairwell doors, unalarmed exit doors, and doors not alarmed in accordance with legislative requirements.

The Perley and Rideau Veterans' Health Centre is a 450 bed Long - Term Care home. The home consists of three two story resident care buildings (Rideau, Gatineau and Ottawa) that are connected by link corridors to the center core, which is known as the Perley building. From the Perley building, there is a new link corridor that leads to the home's new main exit/entrance, which was opened in September 2013, and which is connected to the new 139 unit apartment building for Seniors, known as the Perley Rideau Seniors Village.

As per O. Reg. 79/10, s.9 (1) 1. i., all resident accessible doors leading to stairways, or resident accessible doors leading to the outside of the home, other



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than doors leading to secure outside areas that preclude exit by a resident, must be kept closed and kept locked.

As per O. Reg. 79/10, s.9(1) 1. iii. all resident accessible doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, must be 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.

On February 19th, in the company of the Plant Service Supervisor, the inspector observed that the home's new main exit door, a stairwell door, and 2 other exit doors within the new reception area and link corridor, are not locked.

The homes main exit is a sliding door and it is not locked. It is equipped with a key pad, which controls the automatic opening/closing function of the door, and therefore appears to be locked. There is no locking mechanism in place on this door, and the door can be manually slid open. This door is also not alarmed.

The H1 stairway door is not locked. When one presses on the door's panic bar, a loud alarm sounds and the door opens. This door leads into a vestibule in which there is a stairwell, and an unlocked, unalarmed exit door that leads to the chapel courtyard.

Both exterior courtyard exit doors are not locked. These doors lead to the chapel courtyard.

It is noted that the H1 stairwell door, and the exterior courtyard exits doors, are equipped with audible alarms that can be cancelled at the computer console at the nearby reception desk. This set up is not compliant with O. Reg. 79/10, s. 9 (1) 1.iii, which requires, in part, that door alarms be cancelled only at the door. The reception desk is staffed by commissionaires, who do periodic full building rounds and respond to calls for assistance from the care units, in addition to their desk duties. The commissionaire on duty at the time of the inspection explained to the inspector that it is not unusual for them to be called away from the desk throughout their shifts, that a full building round takes approximately 45 minutes, and they are done twice during the 2:30pm-10:30pm shift, twice during 10:30pm-6:30am shift, and not at all during the 6:30am-2:30pm shift, Monday





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through Friday. On the weekends, there are 12 hour shifts, with 3 complete buildings rounds done per shift. Someone is not present at the reception desk at all times. The set-up of the desk, at the time of the inspection, gives a commissionaire full visual access to the main exit door. If the commissionaire turns to the right, they would have visual access to the H1 stairwell door. The exterior courtyard doors cannot be seen directly from within the reception desk, but can be seen by looking around the corner from the desk.

On February 19th, 2014, following observations and discussions with the Administrator, the Chief Financial Officer, the Assistant Manager of Support Services, and Plant Service Supervisor, it was determined that the licensee had failed to alarm applicable doors throughout the care buildings, link corridors and Perley building, as had been directed by a past due Compliance Order. As well, it was determined that applicable doors within the new entrance area and new second level area are either not alarmed at all, or are alarmed in a way that is not compliant. The home's main exit door, and all main exit doors within the care buildings, are not alarmed.

Non-compliance in relation to O. Reg. 79/10, s.9 (1) 1.i. (related to the requirement for doors to be locked) and continuing non-compliance in relation to O. Reg. 79/10, s.9 (1) 1. iii. (related to the requirement for doors to be alarmed) has been identified as a result of this inspection, and associated Compliance Orders will be served to the licensee.

The identified unlocked doors, unalarmed doors, and doors not alarmed as per legislative requirements present a widespread risk to the safety of the home's residents, especially for those at risk at elopement. This risk is further exacerbated by the cold winter conditions.

(133)

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

**Vous devez vous conformer à cet ordre d'ici le :** Feb 25, 2014



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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](http://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, 11e 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](http://www.hsarb.on.ca).

**Issued on this 21st day of February, 2014**

**Signature of Inspector /**  
**Signature de l'inspecteur :** KATHLEEN SMID FOR JESSICA LAPENSEE

**Name of Inspector /**  
**Nom de l'inspecteur :** JESSICA LAPENSEE

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

