



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

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

**Public Copy/Copie du public**

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<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>
Oct 6, 2016	2016_289550_0022	008860-16	Follow up

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**Licensee/Titulaire de permis**

BRUYERE CONTINUING CARE INC.  
43 BRUYERE STREET OTTAWA ON K1N 5C8

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

RESIDENCE SAINT- LOUIS  
879 CHEMIN PARC HIAWATHA OTTAWA ON K1C 2Z6

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

JOANNE HENRIE (550)

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**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): June 21, 22, 27, 28, 29, 30,  
July 4, 5, 6, 7 and 8, 2016**

**This follow-up inspection is related to the Licensee's Code Yellow policy.**

**During the course of the inspection, the inspector(s) spoke with The Executive Director, the Administrator/Clinical manager, the Director of Care (DOC), the Education Coordinator, the Environmental Services Supervisor, a Purchasing Clerk, the RAI/MDS Coordinator, several Registered Nurses (RN), several Registered Practical Nurses (RPN) and several Personal Support Workers (PSW).**

**The inspector also reviewed the licensee's Code Yellow policy and reviewed several resident's written plan of care and health care records.**

**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)**

**1 DR(s)**

**0 WAO(s)**

**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. 8. Policies, etc., to be followed, and records**

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

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**



**Findings/Faits saillants :**

1. As per O. Reg. 79/10, s. 230 (2)(4) vii, every licensee of a long-term care home shall ensure that the emergency plans for the home are in writing. The licensee shall ensure that the emergency plans provide for the following: situations involving a missing resident.

Furthermore, O. Reg. 79/10, s. 8 (1)(b) indicates that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system is complied with.

On November 17, 2015, the licensee was issued a Compliance Order under the s. 8. (1) (b) of the Regulation because they had failed to comply with their policy entitled Code Yellow: Missing Person when a resident did not return from an authorized leave within the expected time frame. The resident was found approximately 9 hours later, deceased, outside, on the home's property.

On March 24, 2016 the same Compliance Order was issued a second time because the licensee did not complete all the required tasks set out in the first Compliance Order. The Compliance Order of March 2016 required the Licensee to:

1. Revise their Code Yellow policy to include clear directions and procedures to staff regarding residents who were mentally capable of leaving the facility on their own;
2. Identify all residents in the home who were capable of leaving the facility on their own and ensure this was documented in their written plan of care;
3. Ensure that education of their revised policy "Code Yellow" was provided to all employees and submit a list of all the employees including managers employed by the home at the time the education was provided and include the date the education was completed for each employee; and
4. Submit this list to the inspector no later than 11:59PM on May 26th, 2016.

The compliance date for the Compliance Order of March 2016 was May 26, 2016. On June 26, 2016m a follow-up inspection was conducted and Inspector #550 requested

and reviewed the documentation provided by the Administrator. It was observed that requirements 2., 3. and 4. were not completed as described below.

## REQUIREMENT 2.

During an interview, the Administrator indicated that all residents who have a CPS score of 0 to 2 are identified as residents who would be able to leave the home on their own and provided a list of those residents to the inspector. From that list, RPN #106 identified residents #008 and #011 as being residents who were known to leave the home unaccompanied. Inspector #550 reviewed the health care record and written plan of care for residents #008 and #011 and noted the following:

-resident #008 and #011: there was no documentation indicating that the residents were deemed capable of leaving the home unaccompanied.

The Administrator indicated that it was possible that not all of the written plans of care were updated to reflect that residents identified on the list had been deemed capable of leaving the home unaccompanied.

## REQUIREMENT 3. and 4.

The Administrator indicated that she did not submit a list of all employees and managers who completed the education about the revised Code Yellow policy by May 26, 2016, as ordered. Upon the Inspector's request, she provided that list at the time of the inspection. The inspector reviewed the list and noted that 8/9 or 90% of the managers and none of the registered staff received the education on the new revised Code Yellow policy. The Administrator indicated she provided education on the Code Yellow policy to PSWs at the same time she provided education on a different subject on different dates in April 2016 although the PSWs interviewed did not recall receiving this education. The Administrator indicated she did not provide the education to any of their support staffs including dietary, housekeeping, maintenance and activity.

As evidenced above, the education of the revised Code Yellow policy was not provided to all employees in the home including managers. Not all residents who had been identified as being able to leave the home on their own had their written plan of care revised as evidenced by resident #008, and #011.

The scope and severity of this Compliance Order was reviewed. The fact that employees may still not have the knowledge required to effectively respond and address



the safety needs of residents who may not return from an unaccompanied leave poses a risk to those residents. Non-compliance under O. Reg 79/10, s. 8. (1) (b) was previously issued as a Compliance Order, inspection #2015\_381592\_0022 on November 17, 2015 with a compliance date of January 21, 2016 and re-issued as a Compliance Order, inspection #2016\_289550\_0008 on March 24, 2016 with a compliance date of May 26, 2016. [s. 8. (1)]

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".  
DR # 001 – The above written notification is also being referred to the Director for further action by the Director.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply**

**Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:**

**1. All areas where drugs are stored shall be kept locked at all times, when not in use.**

**2. Access to these areas shall be restricted to,**

- i. persons who may dispense, prescribe or administer drugs in the home, and**
- ii. the Administrator.**

**3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.**

**Findings/Faits saillants :**



1. Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:
2. Access to these areas shall be restricted to,
  - i. persons who may dispense, prescribe or administer drugs in the home, and
  - ii. the Administrator.

Inspector #550 observed staff #S103 arriving on the unit 4 C to deliver supplies. Two RPNs were in front of the dining room administering medication to the residents. The inspector observed that RPN #S100 gave staff #S103 a set of keys and he then walked to the medication room, room 400-1, which is located behind the nursing station around the corner from where both RPNs were located. He opened the door to the medication room with the keys provided and proceeded to stack the shelves with apple sauce and other supplies. Inspector asked staff #S103 if he was always given the keys to access the medication room and he indicated to the inspector that he is an employee of the home and that he is given the key to the medication room when he needs to deliver and stock items in the medication room.

RN #S101 indicated to the inspector that staff #S103 is always provided with the key to access the medication room when he needs to deliver supplies and that registered staffs are not present with him at that time.

During an interview, the Administrator indicated to Inspector #550 that registered staffs are not to give the key to anyone other than registered staff to access the medication room and that they should always be present when a person other than a registered staff enters the medication room.

As evidenced above, access to the medication room on the 4C unit was not restricted to persons who may dispense, prescribe or administer drugs in the home and the Administrator. [s. 130. 2.]



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soins de longue durée**

**Issued on this 6th day of October, 2016**

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

**Original report signed by the inspector.**





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

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

**Order(s) of the Inspector**

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

**Ordre(s) de l'inspecteur**

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

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée  
Inspection de soins de longue durée**

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** JOANNE HENRIE (550)

**Inspection No. /**

**No de l'inspection :** 2016\_289550\_0022

**Log No. /**

**Registre no:** 008860-16

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Oct 6, 2016

**Licensee /**

**Titulaire de permis :** BRUYERE CONTINUING CARE INC.  
43 BRUYERE STREET, OTTAWA, ON, K1N-5C8

**LTC Home /**

**Foyer de SLD :** RESIDENCE SAINT- LOUIS  
879 CHEMIN PARC HIAWATHA, OTTAWA, ON,  
K1C-2Z6

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Chantale Cameron

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To BRUYERE CONTINUING CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:



**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**

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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*

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**Order # /**

**Ordre no :** 001

**Order Type /**

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

**Linked to Existing Order /**

**Lien vers ordre  
existant:** 2016\_289550\_0008, CO #001;

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,  
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and  
(b) is complied with. O. Reg. 79/10, s. 8 (1).

**Order / Ordre :**

The Licensee shall, in light of the revised Code Yellow Policy,

1: review and revise the plan of care of every resident deemed capable to leave the home unaccompanied to ensure that, if these residents elect to take advantage of that leave, clear written direction is provided should any of these residents not return to the home from their accompanied leave within the agreed upon time frame, and

2: immediately following the review of each plan of care, ensure that staff with responsibilities for implementing, monitoring or evaluating the planned written interventions noted above demonstrate a clear understanding of their responsibilities and related duties to the management of such occurrences.

Document the progress made to complete the above tasks and submit a detailed written progress report on a monthly basis to inspector Joanne Henrie via email at OttawaSAO.MOH@ontario.ca on the 15th day of October, November and December 2016.

This Compliance Order was previously issued on November 17, 2015 and March 24, 2016.

**Order(s) of the Inspector**

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

**Grounds / Motifs :**

1. As per O. Reg. 79/10, s. 230 (2)(4) vii, every licensee of a long-term care home shall ensure that the emergency plans for the home are in writing. The licensee shall ensure that the emergency plans provide for the following: situations involving a missing resident.

Furthermore, O. Reg. 79/10, s. 8 (1)(b) indicates that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system is complied with.

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1. Revise their Code Yellow policy to include clear directions and procedures to staff regarding residents who were mentally capable of leaving the facility on their own;
2. Identify all residents in the home who were capable of leaving the facility on their own and ensure this was documented in their written plan of care;
3. Ensure that education of their revised policy "Code Yellow" was provided to all employees and submit a list of all the employees including managers employed by the home at the time the education was provided and include the date the education was completed for each employee; and
4. Submit this list to the inspector no later than 11:59PM on May 26th, 2016.

The compliance date for the Compliance Order of March 2016 was May 26,

2016. On June 26, 2016m a follow-up inspection was conducted and Inspector #550 requested and reviewed the documentation provided by the Administrator. It was observed that requirements 2., 3. and 4. were not completed as described below.

## REQUIREMENT 2.

During an interview, the Administrator indicated that all residents who have a CPS score of 0 to 2 are identified as residents who would be able to leave the home on their own and provided a list of those residents to the inspector. From that list, RPN #106 identified residents #008 and #011 as being residents who were known to leave the home unaccompanied. Inspector #550 reviewed the health care record and written plan of care for residents #008 and #011 and noted the following:

-resident #008 and #011: there was no documentation indicating that the residents were deemed capable of leaving the home unaccompanied.

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## REQUIREMENT 3. and 4.

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As evidenced above, the education of the revised Code Yellow policy was not provided to all employees in the home including managers. Not all residents who had been identified as being able to leave the home on their own had their written plan of care revised as evidenced by resident #008, and #011.



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**Ministère de la Santé et  
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de soins de longue durée*, L.O. 2007, chap. 8

The scope and severity of this Compliance Order was reviewed. The fact that employees may still not have the knowledge required to effectively respond and address the safety needs of residents who may not return from an unaccompanied leave poses a risk to those residents. Non-compliance under O. Reg 79/10, s. 8. (1) (b) was previously issued as a Compliance Order, inspection #2015\_381592\_0022 on November 17, 2015 with a compliance date of January 21, 2016 and re-issued as a Compliance Order, inspection #2016\_289550\_0008 on March 24, 2016 with a compliance date of May 26, 2016. (550)

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

**Vous devez vous conformer à cet ordre d'ici le : Dec 30, 2016**



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**Ministère de la Santé et  
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Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
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**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

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

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

The written request for review must include,

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

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

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





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Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

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

Health Services Appeal and Review Board and the Director

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

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

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



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de l'article 154 de la *Loi de 2007 sur les foyers  
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## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### **PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Inspection de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.





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

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Inspection de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 6th day of October, 2016**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Joanne Henrie

**Service Area Office /**

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