



**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**

**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**

London Service Area Office
130 Dufferin Avenue, 4th floor
LONDON, ON, N6A-5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130, avenue Dufferin, 4ème étage
LONDON, ON, N6A-5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du public

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|--|---|--------------------------------|--|
| Jul 7, 2014 | 2014_217137_0018 | L-000632-14 | Resident Quality Inspection |

Licensee/Titulaire de permis

SHANTI ENTERPRISES LIMITED
600 White's Road, PALMERSTON, ON, N0G-2P0

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

ROYAL TERRACE
600 White's Road, PALMERSTON, ON, N0G-2P0

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

MARIAN MACDONALD (137), CHRISTINE MCCARTHY (588), SALLY ASHBY (520)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): June 24 - 27 and June 30 - July 3, 2014

Two Critical Incident Inspections were completed in conjunction with the RQI. CI # 2767-000005-14 Log # 000253-14 and CI # 2767-000006-14 Log # 000833-14

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Director of Dietary and Environmental, Acting Director of Life Enrichment, Office Manager, RAI-MDS Coordinator, 2 Registered Nurses, 5 Registered Practical Nurses, 12 Personal Support Workers/Health Care Aides/Personal Care Aides, 1 Restorative Care Aide, 1 Cook, 2 Dietary Aides, 2 Housekeepers, 2 Maintenance Workers, 6 Family Members and 40+ Residents.

During the course of the inspection, the inspector(s) conducted a tour of all Resident Home Areas, common areas, dining rooms, medication room, medication storage areas, observed resident care provision, resident-staff interactions, dining service, recreational activities, medication administration, reviewed relevant residents' clinical records, posting of required information, relevant policies and procedures, as well as meeting minutes pertaining to the inspection.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Residents' Council
Safe and Secure Home
Sufficient Staffing**

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that there is at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff on duty and present at all times as evidenced by:

A review of the nursing schedule from June 23 to July 5, 2014 revealed there was no 24/7 Registered Nurse coverage for 10 shifts during this period.

A Registered Practical Nurse, instead of a Registered Nurse, was scheduled in charge for 3 Unit Leader Day Shifts, 5 Night Shifts and 2 Evening Shifts, during this scheduling period.

During an interview with the Director of Care on June 26, 2014 at 8:45 am, it was confirmed that there was no 24/7 Registered Nurse coverage for 10 shifts during the scheduling period of June 23 to July 5, 2014.

On June 30, 2014 at 11:30 am, the Director of Care confirmed the home has not recruited for Registered Nurse positions beyond the New Graduate Initiative and the expectation of the home is to have 24/7 Registered Nurse coverage. [s. 8. (3)]

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 failed to ensure the home is a safe and secure environment for its residents, specifically related to potential bed entrapment risks and windows opening beyond the legislative requirement as evidenced by:

Observations, throughout the RQI, revealed:

(1) The mattresses slide on the bed frames and there are no corner guards in place to secure the mattresses to the bed frames, posing a potential bed entrapment risk, in twenty-one identified resident rooms.

(2) During an interview with the Director of Care, she shared that a bed entrapment audit was completed in January 2013, resulting in the home purchasing 42 new mattresses but she was unable to locate the audit.

(3) During a tour of an identified resident room with Inspector # 137, the Director of Care, confirmed the mattresses on both beds do not fit the bed frames properly, there are no corner guards in place, the mattresses slide easily and are a potential bed entrapment risk.

The licensee failed to ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres as evidenced by:

Observations, throughout the RQI, revealed:

The windows have removable screens and can be opened beyond 15 cm (30+ cm) in twenty-eight identified resident rooms and TV lounge.

The Administrator observed a window opening beyond 15 cm. The Director of Dietary and Environmental Services confirmed the windows opened beyond 15 cm and the expectation is that the window openings do not exceed the legislative requirements.
[s. 5.]



Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home is a safe and secure environment for its residents, specifically related to potential bed entrapment risks and windows opening beyond the legislative requirement, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair as evidenced by:

Observations, throughout the RQI, revealed:

(a) Radiator damaged in both tub rooms.

Chipped paint on tub room door frame and wooden tub room door damaged.

(b) Carpets observed soiled and worn throughout hallways and Starlight Dining Room.

(c) Walls damaged in Starlight Dining Room, to the right of the entrance door (near the Exam Room) and behind the steam table.

Ceiling damaged, to the left of the entrance. Wooden window frames damaged.

(d) TV Lounge - Floor tiles poorly fitting by the terrace doors

(e) Bedroom/bathroom walls, doors and door frames damaged in thirteen identified resident rooms.

During a tour of the home, the Director of Dietary and Environmental Services confirmed the identified deficiencies and the expectation is the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. [s. 15. (2) (c)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 31. Restraining by physical devices



Specifically failed to comply with the following:

s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:

- 1. There is a significant risk that the resident or another person would suffer serious bodily harm if the resident were not restrained. 2007, c. 8, s. 31 (2).**
 - 2. Alternatives to restraining the resident have been considered, and tried where appropriate, but would not be, or have not been, effective to address the risk referred to in paragraph 1. 2007, c. 8, s. 31 (2).**
 - 3. The method of restraining is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable methods that would be effective to address the risk referred to in paragraph 1. 2007, c. 8, s. 31 (2).**
 - 4. A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining. 2007, c. 8, s. 31 (2).**
 - 5. The restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. 2007, c. 8, s. 31 (2).**
 - 6. The plan of care provides for everything required under subsection (3). 2007, c. 8, s. 31 (2).**
-

Findings/Faits saillants :

1. The licensee has failed to ensure that a physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining, the restraining of the resident has been consented to by the resident or, if incapable, a substitute decision-maker of the resident with authority to give that consent and the resident is monitored while restrained in accordance with the requirements provided for in the regulations as evidenced by:

a) An identified resident was observed to have a wheelchair tray table and front-fastening seat belt in place while seated in a wheelchair and not able to undo the seat belt independently.

There was no documented evidence of a physician's order for the seat belt restraint, consent for the seat belt restraint and monitoring records of the restraint.

The Director of Care confirmed the seat belt is a restraint and the expectation is there be a physician's order, consent by the POA and hourly monitoring be documented. [s. 31. (2)]



Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that a physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining, the restraining of the resident has been consented to by the resident or, if incapable, a substitute decision-maker of the resident with authority to give that consent and the resident is monitored while restrained in accordance with the requirements provided for in the regulations, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident as evidenced by:

A review of the care plan for an identified resident revealed there was no documented evidence that a wheelchair tray table and front fastening seat belt were to be utilized and in place.

During an interview with the Director of Care on July 2, 2014, it was confirmed the plan of care did not identify that a wheelchair tray table and front fastening seat belt were to be utilized and in place and confirmed the expectation of the home is the plan of care sets out clear directions to staff and others who provide direct care to the resident. [s. 6. (1) (c)]



WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).

(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :



1. The licensee has failed to ensure to seek the advice of the Residents' Council in developing and carrying out the Satisfaction Survey, and in acting on its results as evidenced by:

During an interview with Acting Director of Life Enrichment on June 27, 2014 at 1130, it was confirmed the Residents' Council do not have input into the development or implementation of the Satisfaction Survey. [s. 85. (3)]

2. The licensee has failed to ensure that the results of the Satisfaction Survey are documented and made available to the Residents' Council in order to seek the advice of the Residents' Council about the survey as evidenced by:

During an interview with Acting Director of Life Enrichment on June 27, 2014 at 1130, it was confirmed the Satisfaction Survey results are not made available to the Residents' Council. [s. 85. (4) (a)]

WN #7: 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. The licensee failed to ensure that all areas where drugs are stored are kept locked at all times, when not in use, as evidenced by:

During the initial tour of the home, a "Supply Room" was observed to be unlocked. The Supply Room contained an unlocked treatment cart, with accessible prescription creams and Residents' Personal Health Information (PHI).

A Registered Staff member confirmed the Supply Room door and Treatment Cart were unlocked, with accessible prescription creams and Residents' Personal Health Information (PHI), as well as the Homes' expectation is to ensure all areas that store medications/prescription creams are kept locked and not accessible to residents. [s. 130. 1.]

Issued on this 7th day of July, 2014

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



**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

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

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : MARIAN MACDONALD (137), CHRISTINE MCCARTHY (588), SALLY ASHBY (520)

Inspection No. /

No de l'inspection : 2014_217137_0018

Log No. /

Registre no: L-000632-14

**Type of Inspection /
Genre**

d'inspection: Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Jul 7, 2014

Licensee /

Titulaire de permis : SHANTI ENTERPRISES LIMITED
600 White's Road, PALMERSTON, ON, N0G-2P0

LTC Home /

Foyer de SLD : ROYAL TERRACE
600 White's Road, PALMERSTON, ON, N0G-2P0

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :** K. P. RAMCHANDANI

To SHANTI ENTERPRISES LIMITED, 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

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

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

LTCHA, 2007 S.O. 2007, c.8, s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Order / Ordre :

The licensee shall ensure that there is at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff on duty and present at all times, except as provided for in the regulations.

Grounds / Motifs :

1. The licensee has failed to ensure that there is at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff on duty and present at all times as evidenced by:

A review of the nursing schedule from June 23 to July 5, 2014 revealed there was no 24/7 Registered Nurse coverage for 10 shifts during this period. A Registered Practical Nurse, instead of a Registered Nurse, was scheduled in charge for 3 Unit Leader Day Shifts, 5 Night Shifts and 2 Evening Shifts, during this scheduling period.

During an interview with the Director of Care on June 26, 2014 at 8:45 am, it was confirmed that there was no 24/7 Registered Nurse coverage for 10 shifts during the scheduling period of June 23 to July 5, 2014.

On June 30, 2014 at 11:30 am, the Director of Care confirmed the home has not recruited for Registered Nurse positions beyond the New Graduate Initiative and the expectation of the home is to have 24/7 Registered Nurse coverage. (520)



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Order(s) of the Inspector

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

Aug 29, 2014



**Ministry of Health and
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Order(s) of the Inspector

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

TAKE NOTICE:

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

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

The written request for review must include,

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

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

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



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

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

Health Services Appeal and Review Board and the Director

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

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

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



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

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



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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 7th day of July, 2014

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

**Name of Inspector /
Nom de l'inspecteur :** MARIAN MACDONALD

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