



**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**

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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 18, 2015	2015_171155_0014	L-001778-15, L-001779 -15	Follow up

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### **Licensee/Titulaire de permis**

ST. JOSEPH'S HEALTH SYSTEM  
574 Northcliffe Avenue DUNDAS ON L9H 7L9

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

ST JOSEPH'S HEALTH CENTRE, GUELPH  
100 WESTMOUNT ROAD GUELPH ON N1H 5H8

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

SHARON PERRY (155), CAROLYN MCLEOD (614)

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

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

**Ministère de la Santé et des  
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**Inspection Report under  
the Long-Term Care  
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Loi de 2007 sur les foyers de  
soins de longue durée**

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

**This inspection was conducted on the following date(s): April 16, 17 and 27, 2015.**

**During the course of the inspection, the inspector(s) spoke with Director of Care-Long Term Care, Registered Practical Nurse-Program Lead, Registered Practical Nurse, 5 Personal Support Workers and Residents.**

**The inspector(s) also conducted a tour of two resident living areas, observed residents and staff's interactions with residents, reviewed clinical records for identified residents, reviewed policies and procedures related to the inspection, and reviewed the restraint/personal assistance services device (PASD) lists for all resident living areas.**

**The following Inspection Protocols were used during this inspection:  
Minimizing of Restraining**

**During the course of this inspection, Non-Compliances were issued.**

**3 WN(s)**

**1 VPC(s)**

**2 CO(s)**

**0 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 LTCHA, 2007 S.O. 2007, c.8, s. 29. Policy to minimize restraining of residents, etc.**

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

- s. 29. (1) Every licensee of a long-term care home,**  
**(a) shall ensure that there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with this Act and the regulations; and 2007, c. 8, s. 29 (1).**  
**(b) shall ensure that the policy is complied with. 2007, c. 8, s. 29 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the written policy to minimize the restraining of residents is complied with.

The home's policy entitled Personal Assistive Service Devices approved as March 2015 states that those PASDs that do restrict or limit a client's movement or freedom are to be applied according to the least restraint policy.

The home's policy Clinical-002-1 entitled Least Restraint, dated as revised March 2015, states that St. Joseph's Health Centre Guelph is a "least restraint" environment whereby the application of a physical, chemical or environmental restraint is a decision of last resort in situations of imminent risk, i.e. a situation where immediate action is necessary to prevent serious bodily harm to a client or others. Restraints shall be used only after alternative methods have been tried and have been determined to be ineffective and the behaviour of the client indicates that he/she is at risk of causing bodily harm to himself/herself or another person.

The policy continues to state that a client may be restrained by physical, chemical or environmental restraint if the following provisions are included in the plan of care:

- There is a significant risk that the client or another person would suffer serious bodily harm if the client were not restrained.
- Alternatives to restraining the client have been considered, and tried where appropriate, but would not be, or have not been effective to address the risk.
- The method of restraining is reasonable, in light of the client'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.
- A physician or Nurse Practitioner (NP) has ordered the restraint.
- The restraining of the client has been consented to by the client or, if the client is incapable, a SDM of the client with authority to give consent.

During this inspection residents #002, #101 and #102 were observed with one or more physical devices applied. These residents were not able to remove any of the devices when asked.

The home was unable to provide assessments for residents #002, #101 and #102 to demonstrate how these devices that were used to improve positioning would assist the resident with a routine activity of living.

There is no documentation indicating any of the following for resident #102:

- There is a significant risk that the client or another person would suffer serious bodily



harm if the client were not restrained.

-Alternatives to restraining the client have been considered, and tried where appropriate, but would not be, or have not been effective to address the risk.

-The method of restraining is reasonable, in light of the client'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. [s. 29. (1) (b)]

There is no documentation indicating any of the following for residents #002 and #101:

-There is a significant risk that the client or another person would suffer serious bodily harm if the client were not restrained.

-Alternatives to restraining the client have been considered, and tried where appropriate, but would not be, or have not been effective to address the risk. [s. 29. (1) (b)]

For residents #002, #101, and #102 there was no documentation in the resident's chart indicating:

-what alternatives were considered and why these alternatives were inappropriate

-the person who applied the device and the time of application

-all assessments, reassessments and monitoring including resident's response

-every release of the device and all repositioning

-the removal or discontinuation of the device, including time of removal. [s. 29. (1) (b)]

***Additional Required Actions:***

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

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**WN #2: 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).**

**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:**

**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).**

**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:**

**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).**

#### **Findings/Faits saillants :**

1. The licensee has failed to ensure that 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.

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.

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 paragraph 1.

During this inspection residents #002, #101 and #102 were observed with one or more physical devices applied. These residents were not able to remove any of the devices when asked.

The home has identified that these are personal assistance services devices (PASD).



According to the Long Term Care Home's Act, 2007, c.8, s.33(2) as PASD is a device that is used to assist a person with a routine activity of living.

The home was unable to provide assessments for residents #002, #101 and #102 to demonstrate how these devices that were used to improve positioning would assist the resident with a routine activity of living.

There is no documentation indicating any of the following for resident #102:

- There is a significant risk that the resident or another person would suffer serious bodily harm if the resident were not restrained.
- Alternatives to restraining the resident have been considered and tried where appropriate.
- 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 1. [s. 31. (2) 1.]

There is no documentation indicating any of the following for residents #002 and #101:

- There is a significant risk that the resident or another person would suffer serious bodily harm if the resident were not restrained.
- Alternatives to restraining the resident have been considered, and tried where appropriate. [s. 31. (2) 1.]

***Additional Required Actions:***

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

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device**

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

**s. 110. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:**

**1. Staff apply the physical device in accordance with any manufacturer's instructions. O. Reg. 79/10, s. 110 (1).**





**Findings/Faits saillants :**

1. The licensee has failed to ensure that the physical device is applied in accordance with the manufacturer's instructions (if any).

During this inspection resident #002 was observed with a physical device in use. On one occasion resident #002 physical device was not applied properly.

The Director of Care-Long Term Care confirmed that the physical device was not applied properly. [s. 110. (1) 1.]

***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 physical device is applied in accordance with the manufacturer's instructions (if any), to be implemented voluntarily.***

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Issued on this 19th day of June, 2015

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

**Original report signed by the inspector.**





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

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

**Order(s) of the Inspector**

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

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

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

**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**

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

**Nom de l'inspecteur (No) :** SHARON PERRY (155), CAROLYN MCLEOD (614)

**Inspection No. /**

**No de l'inspection :** 2015\_171155\_0014

**Log No. /**

**Registre no:** L-001778-15, L-001779-15

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Jun 18, 2015

**Licensee /**

**Titulaire de permis :** ST. JOSEPH'S HEALTH SYSTEM  
574 Northcliffe Avenue, DUNDAS, ON, L9H-7L9

**LTC Home /**

**Foyer de SLD :** ST JOSEPH'S HEALTH CENTRE, GUELPH  
100 WESTMOUNT ROAD, GUELPH, ON, N1H-5H8

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** MARIANNE WALKER

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To ST. JOSEPH'S HEALTH SYSTEM, you are hereby required to comply with the following order(s) by the date(s) set out below:



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**Order # /**  
**Ordre no :** 001      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Linked to Existing Order /**  
**Lien vers ordre**      2014\_325568\_0028, CO #002;  
**existant:**

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 29. (1) Every licensee of a long-term care home,  
(a) shall ensure that there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with this Act and the regulations; and  
(b) shall ensure that the policy is complied with. 2007, c. 8, s. 29 (1).

**Order / Ordre :**

The licensee shall prepare, submit and implement a plan for achieving compliance with LTCHA, 2007 S.O. 2007, c.8,s. 29. (1).

The plan must include:

- a full assessment of the resident #002, #101, #102 to determine the need for the use of the restraining devices including alternatives tried
- a review and assessment of all residents in the home identified as using PASDs to determine the purpose of the device and if it is determined to be a PASD what routine activity of living is it assisting and what alternatives were tried
- how the home will ensure that their policies entitled Personal Assistive Service Devices and Least Restraint is being complied with
- what immediate and long term actions will be undertaken to correct the identified areas of non-compliance, as well as who will be responsible to correct the areas of non compliance and the dates for completion

Please submit the plan, in writing quoting long number L-001778-15 and L-001779-15, to Sharon Perry, Long Term Care Homes Inspector-Nursing, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, by email, at Sharon.Perry@Ontario.ca by July 20, 2015.

**Grounds / Motifs :**

1. This order was previously issued as a compliance order (Inspection number 2014\_325568\_0028, CO #002 issued January 20, 2015 with a compliance date of February 27, 2015).

The home's policy entitled Personal Assistive Service Devices approved as March 2015 states that those PASDs that do restrict or limit a client's movement or freedom are to be applied according to the least restraint policy.

The home's policy Clinical-002-1 entitled Least Restraint, dated as revised March 2015, states that St. Joseph's Health Centre Guelph is a "least restraint" environment whereby the application of a physical, chemical or environmental restraint is a decision of last resort in situations of imminent risk, i.e. a situation where immediate action is necessary to prevent serious bodily harm to a client or others. Restraints shall be used only after alternative methods have been tried and have been determined to be ineffective and the behaviour of the client indicates that he/she is at risk of causing bodily harm to himself/herself or another person.

The policy continues to state that a client may be restrained by physical, chemical or environmental restraint if the following provisions are included in the plan of care:

- There is a significant risk that the client or another person would suffer serious bodily harm if the client were not restrained.
- Alternatives to restraining the client have been considered, and tried where appropriate, but would not be, or have not been effective to address the risk.
- The method of restraining is reasonable, in light of the client'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.
- A physician or Nurse Practitioner (NP) has ordered the restraint.
- The restraining of the client has been consented to by the client or, if the client is incapable, a SDM of the client with authority to give consent.

(155)

2. During this inspection residents #002, #101 and #102 were observed with one or more physical devices applied. These residents were not able to remove any



**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*

of the devices when asked.

The home was unable to provide assessments for residents #002, #101 and #102 to demonstrate how these devices that were used to improve positioning would assist the resident with a routine activity of living.

There is no documentation indicating any of the following for resident #102:

- There is a significant risk that the client or another person would suffer serious bodily harm if the client were not restrained.
- Alternatives to restraining the client have been considered, and tried where appropriate, but would not be, or have not been effective to address the risk.
- The method of restraining is reasonable, in light of the client'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. [s. 29. (1) (b)]

There is no documentation indicating any of the following for residents #002 and #101:

- There is a significant risk that the client or another person would suffer serious bodily harm if the client were not restrained.
- Alternatives to restraining the client have been considered, and tried where appropriate, but would not be, or have not been effective to address the risk. [s. 29. (1) (b)] (155)

3. For residents #002, #101, and #102 there was no documentation in the resident's chart indicating:

- what alternatives were considered and why these alternatives were inappropriate
- the person who applied the device and the time of application
- all assessments, reassessments and monitoring including resident's response
- every release of the device and all repositioning
- the removal or discontinuation of the device, including time of removal. [s. 29. (1) (b)] (155)

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

**Vous devez vous conformer à cet ordre d'ici le : Oct 13, 2015**

**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  
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**Order # /****Ordre no :** 002**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre  
existant:** 2014\_325568\_0028, CO #001;**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, 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.
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.
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.
4. A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining.
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.
6. The plan of care provides for everything required under subsection (3). 2007, c. 8, s. 31 (2).

**Order / Ordre :**

**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  
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The licensee shall ensure that restraining of resident #002, #101, and #102 and any other resident being restrained that the following are satisfied:

The restraining of a resident by a physical device may be included in a resident's plan of care only if:

1. There is a significant risk that the resident or another person would suffer serious bodily harm if the resident were not restrained.
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.
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.

**Grounds / Motifs :**

1. This order was previously issued as a compliance order (Inspection number 2014\_325568\_0028, CO #001 issued January 20, 2015 with a compliance date of March 30, 2015).

A review of the April 2015 restraint/personal assistance services device (PASD) lists for all resident living areas was done on April 16, 2015. It revealed that there were 93/238 residents that utilized one or more PASD.

During this inspection residents #002, #101 and #102 were observed with one or more physical devices applied. These residents were not able to remove any of the devices when asked.

There is no documentation indicating any of the following for residents #002 and #101:

- There is a significant risk that the client or another person would suffer serious bodily harm if the client were not restrained.
- Alternatives to restraining the client have been considered, and tried where appropriate, but would not be, or have not been effective to address the risk. [s. 29. (1) (b)]

(155)

2. The home was unable to provide assessments for residents #002, #101 and #102 to demonstrate how these devices that were used to improve positioning





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Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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**Ministère de la Santé et  
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would assist the resident with a routine activity of living.

There is no documentation indicating any of the following for resident #102:

-There is a significant risk that the client or another person would suffer serious bodily harm if the client were not restrained.

-Alternatives to restraining the client have been considered, and tried where appropriate, but would not be, or have not been effective to address the risk.

-The method of restraining is reasonable, in light of the client'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. [s. 29. (1) (b)]  
(155)

3. There is no documentation indicating any of the following for residents #002 and #101:

-There is a significant risk that the client or another person would suffer serious bodily harm if the client were not restrained.

-Alternatives to restraining the client have been considered, and tried where appropriate, but would not be, or have not been effective to address the risk. [s. 29. (1) (b)]  
(155)

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

**Vous devez vous conformer à cet ordre d'ici le : Oct 13, 2015**





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Long-Term Care**

**Ministère de la Santé et  
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**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

### **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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Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
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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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Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

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

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

## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### **PRENDRE AVIS**

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<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.



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

**Order(s) of the Inspector**

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

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

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

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

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

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

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

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

**Issued on this 18th day of June, 2015**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** SHARON PERRY

**Service Area Office /**

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