



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**

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 24, 2013	2013_214146_0035	H-000206-13	Complaint

**Licensee/Titulaire de permis**

955464 ONTARIO LIMITED  
3700 BILLINGS COURT, BURLINGTON, ON, L7N-3N6

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

MILLENNIUM TRAIL MANOR  
6861 OAKWOOD DRIVE, NIAGARA FALLS, ON, L2E-6S5

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

BARBARA NAYKALYK-HUNT (146), BERNADETTE SUSNIK (120)

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



The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): May 29,(146), 30 and 31 (146 and 120), 2013.

This complaint inspection was conducted concurrently with CI inspections H-000084-13, H-00225-13 and Complaint inspection H-002012-12. This report contains the issues of non-compliance for Complaint H-002012-12.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Resident Assessment Instrument (RAI) Coordinator laundry supervisor, registered staff, Personal Support Workers (PSW'S), residents and family members.

During the course of the inspection, the inspector(s) toured all five home areas, laundry room, linen closets, bathing rooms, tested the resident-staff communication and response system, reviewed policies and procedures, reviewed resident health records and observed resident care.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Laundry

Personal Support Services

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system**  
**Specifically failed to comply with the following:**

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
- (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
- (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
- (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
- (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
- (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
- (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

**Findings/Faits saillants :**



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1. The home's resident-staff communication and response system (RSCRS) was not functioning so that it clearly indicated when activated where the signal was coming from. In order for staff to determine where the signal originated, they had to walk around the home area looking at dome lights (if lit) or walk to the nursing station and look at a desk phone display screen to see the room number or exit door location. This only occurred if staff could hear ringing from the desk phone. When staff were asked if they could hear the desk phone ringing while in utility rooms, back corridors, resident rooms or bathing rooms, they said no and therefore could not be alerted to any activated signals. The level of audibility was tested during the inspection in a resident washroom and the sound could not be heard.

The home's RSCRS was originally designed and approved to work in conjunction with pagers which were to be carried by all staff. This would ensure that regardless of where staff were working, they would be alerted to an activated station. Due to maintenance issues and staff adherence to carrying the pagers, they were replaced with portable phones in June 2011. However, within 1 year, similar issues were encountered. Staff reported that they did not always function properly, that they were not being charged properly, that they were not always carried by staff and that parts to replace components in disrepair were discontinued. Non compliance was issued for these reasons on November 13, 2012 during an inspection. Following the inspection, the home voluntarily instituted a plan to ensure staff had access to functioning portable phones. The plan included ensuring that one phone per home area was always charging while the second phone was being carried by one out of the 3 personal support workers on each of the 5 home areas. One phone would be carried by the Registered Nurse at all times. According to the administrator, all staff received a memo dated November 24, 2012 explaining the procedures and the memo was posted in the staff lounge.

During the inspection in May 2013, only two out of 11 phones were on and functioning, one in the Chippawa home area and one being carried by the registered nurse. The remainder had dead batteries and were not being carried by the staff. In addition, not all staff were supplied with a phone so that each member would be alerted to the location of an activated station. Registered staff were required to ensure that all the phones were in working order and that staff are carrying the phones. This was not the case during the inspection. Staff were therefore unable to determine where the signal was coming from when activated. [s. 17. (1) (f)]



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***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. 15. Accommodation services**

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

- s. 15. (1) Every licensee of a long-term care home shall ensure that,**
- (a) there is an organized program of housekeeping for the home; 2007, c. 8, s. 15 (1).**
  - (b) there is an organized program of laundry services for the home to meet the linen and personal clothing needs of the residents; and 2007, c. 8, s. 15 (1).**
  - (c) there is an organized program of maintenance services for the home. 2007, c. 8, s. 15 (1).**
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**Findings/Faits saillants :**



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1. The home's laundry services does not meet the linen needs of the residents, specifically face cloths, peri care cloths and towels.

When the home was toured in May 2013, very limited quantities of face cloths were observed in the clean linen rooms, on clean linen carts and were lacking in the majority of the resident washrooms between 10:30 a.m. and 1:30 p.m. After morning or evening care is completed, the cloths and most of the towels are sent back down to laundry for processing. Additional linens are not provided to residents until either the morning or evening or if a resident asked for them.

Sufficient linen stock was observed in the home's storage room. The laundry aides were only able to process linens once received from the 5 home areas and were working with circulating quotas. The linens were not supplied to the various home areas based on need but were divided up equally so that each home area received 40 towels and 40 face cloths. Each home area has 32 residents. Linens were left in the basement for personal support workers to retrieve twice per day.

Residents and staff identified that face cloths were in short supply on the afternoon and evening shifts. Staff identified that the disposable moist peri care cloths they are currently using do not sufficiently meet each resident's needs and staff reported using the cotton face cloths as well as the towels for peri care. This practice therefore required staff to send the linens to laundry and shortened the supply for residents who may want to use them for other purposes after morning or evening care is completed.  
[s. 15. (1) (b)]

***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 there is an organized program of laundry services for the home to meet the linen and personal clothing needs of the residents, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**



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Specifically failed to comply with the following:

**s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).**

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**Findings/Faits saillants :**

1. In a review of resident records, specifically PSW flow sheets, residents' baths are not being documented:
  - a. Resident #015 stated that a twice weekly bath was always provided but no bathing was documented in the record.
  - b. Resident #012 stated that a twice weekly bath was always provided but no bathing was documented in the record.
  - c. Staff confirmed that a specific resident received a twice weekly bed bath, at minimum, but no bathing was documented.
  - d. A random review of 12 PSW flow sheets from 3 units revealed that none of the 12 had a twice weekly bath documented. In addition, some of the flow sheets were missing the bottom row which indicated the bathing type and frequency. The DOC confirmed that the flow sheets had been photocopied incorrectly. The missing documentation was confirmed by the RAI coordinator and the DOC. [s. 30. (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 any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**



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

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that the following rights of residents were fully respected and promoted: every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

a. Resident #016 was unable to stand and required use of a mechanical lift for transfers. In May 2013, resident #016's call bell was activated and ringing at the desk for 12.5 minutes, verified by the digital readout on the desk phone. A staff person in the nurses station area walked by the ringing bell/telephone on the desk on 3 separate occasions during the 12.5 minutes and did not respond to the resident. The inspector went into the resident's room and found the resident sliding out the lower end of the raised bed rail feet first. No one else was in attendance in the room. The inspector intervened. The resident was not injured.

The administrator and the DOC confirmed that all staff are expected to respond to call bells and that 12.5 minutes is too long to leave a resident's activated call bell unattended. [s. 3. (1) 4.]

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing**

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

**s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).**

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**Findings/Faits saillants :**





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1. a. Resident #020 stated that twice weekly baths were not provided every week, especially a specific evening bath when it was a holiday.  
b. Resident #018 stated that twice weekly baths were not always provided and were occasionally missed by staff.  
c. Resident #021 stated that twice weekly baths were not consistently provided.  
d. Resident #011 stated that twice weekly baths were not consistently provided.  
This information was confirmed by documentation records, resident interviews and staff. [s. 33. (1)]
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Issued on this 24th day of June, 2013

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

*BARBARA NAYKALYK-HUNT*



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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) :** BARBARA NAYKALYK-HUNT (146), BERNADETTE  
SUSNIK (120)

**Inspection No. /  
No de l'inspection :** 2013\_214146\_0035

**Log No. /  
Registre no:** H-000206-13

**Type of Inspection /  
Genre d'inspection:** Complaint

**Report Date(s) /  
Date(s) du Rapport :** Jun 24, 2013

**Licensee /  
Titulaire de permis :** 955464 ONTARIO LIMITED  
3700 BILLINGS COURT, BURLINGTON, ON, L7N-3N6

**LTC Home /  
Foyer de SLD :** MILLENNIUM TRAIL MANOR  
6861 OAKWOOD DRIVE, NIAGARA FALLS, ON, L2E-  
6S5

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** Stephen Moran

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To 955464 ONTARIO LIMITED, 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)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

- (a) can be easily seen, accessed and used by residents, staff and visitors at all times;
- (b) is on at all times;
- (c) allows calls to be cancelled only at the point of activation;
- (d) is available at each bed, toilet, bath and shower location used by residents;
- (e) is available in every area accessible by residents;
- (f) clearly indicates when activated where the signal is coming from; and
- (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

**Order / Ordre :**



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The licensee shall prepare and submit a plan to ensure that the resident-staff communication and response system clearly indicates when activated where the signal is coming from. The plan shall identify, at minimum, the following:

1. How each personal staff member working with residents on each shift will be alerted to an activated station.
2. Who will monitor staff and how often to ensure they are compliant.
3. How staff are to respond to activated stations in a timely manner at different times of the day (especially after meals).
4. When and how residents and staff will be informed of the home's staff-resident communication and response system policies and procedures once they have been developed.
5. How staff are to report malfunctions of any phone, pager or component of the system.
6. How maintenance staff are to respond to a report of a malfunction of a phone, pager or the system and how they will monitor the work conducted on the system if completed by an outside contractor.
7. How staff will manage complaints related to staff not responding to activated call stations.
8. What contingencies are in place for staff should the system malfunction (signals not transmitting to phones or pagers).
9. Where additional information can be acquired on the care and use of the system phones or pagers.
10. When and how staff have been trained or will be trained in using the phones or pagers if necessary re-trained.

The plan shall be submitted to Bernadette Susnik, LTC Homes Inspector, either by mail or e-mail to 119 King St. E., 11th floor, Hamilton, ON, L8P 4Y7 or Bernadette.Susnik@ontario.ca by July 31, 2013.

Note: If an extension of compliance date is required, please contact the Inspector at least one week before the original compliance date expires.

**Grounds / Motifs :**

1. The home's resident-staff communication and response system (RSCRS) was not functioning so that it clearly indicated when activated where the signal was coming from. In order for staff to determine where the signal originated, they had to walk around the home area looking at dome lights (if lit) or walk to the nursing station and look at a desk phone display screen to see the room number



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or exit door location. This only occurred if staff could hear ringing from the desk phone. When staff were asked if they could hear the desk phone ringing while in utility rooms, back corridors, resident rooms or bathing rooms, they said no and therefore could not be alerted to any activated signals. The level of audibility was tested during the inspection in a resident washroom and the sound could not be heard.

The home's RSCRS was originally designed and approved to work in conjunction with pagers which were to be carried by all staff. This would ensure that regardless of where staff were working, they would be alerted to an activated station. Due to maintenance issues and staff adherence to carrying the pagers, they were replaced with portable phones in June 2011. However, within 1 year, similar issues were encountered. Staff reported that they did not always function properly, that they were not being charged properly, that they were not always carried by staff and that parts to replace components in disrepair were discontinued. Non compliance was issued for these reasons on November 13, 2012 during an inspection. Following the inspection, the home voluntarily instituted a plan to ensure staff had access to functioning portable phones. The plan included ensuring that one phone per home area was always charging while the second phone was being carried by one out of the 3 personal support workers on each of the 5 home areas. One phone would be carried by the Registered Nurse at all times. According to the administrator, all staff received a memo dated November 24, 2012 explaining the procedures and the memo was posted in the staff lounge.

During the inspection on May 30, 2013, only two out of 11 phones were on and functioning, one in the Chippawa home area and one being carried by the registered nurse. The remainder had dead batteries and were not being carried by the staff. In addition, not all staff were supplied with a phone so that each member would be alerted to the location of an activated station. Registered staff were required to ensure that all the phones were in working order and that staff are carrying the phones. This was not the case during the inspection. Staff were therefore unable to determine where the signal was coming from when activated.

(120)



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**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :** Jul 31, 2013



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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, 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

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*

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 24th day of June, 2013

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur :

BARBARA NAYKALYK-HUNT

Service Area Office /

Bureau régional de services : Hamilton Service Area Office