



**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 prévue  
le Loi de 2007 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  
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Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

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## **Amended Public Copy/Copie modifiée du public de permis**

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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>
Nov 24, 2015;	2015_260521_0045 (A1)	026108-15	Resident Quality Inspection

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

RITZ LUTHERAN VILLA  
R.R. 5 MITCHELL ON N0K 1N0

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

RITZ LUTHERAN VILLA  
PART LOT 16, CON 2, LOGAN TWN R.R. #5 MITCHELL ON N0K 1N0

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



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REBECCA DEWITTE (521) - (A1)

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

**Licensee requested date change of compliance to December 04, 2015.**

**Issued on this 21 day of January 2016 (A1)**

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

**Original report signed by the inspector.**



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REBECCA DEWITTE (521) - (A1)

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

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

**This inspection was conducted on the following date(s): September 28, 29, 30 2015, October 1, 2, 5, 6 and 7, 2015.**

**Concurrent complaints Log #023886-15 and Log #025571-15 were completed during this RQI, pertaining to personal support care, falls and sufficient staffing.**

**During the course of the inspection, the inspector(s) toured all resident home areas, the medication room, observed dining service, medication pass, provision of resident care, recreational activities, staff/resident interactions, infection prevention and control practices, reviewed resident clinical records, posting of required information and relevant policies and procedures, as well as minutes pertaining to resident and family council meetings.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the newly orientated Administrator, the Director of Care (DOC), the Assistant Director of Care (ADOC), the Maintenance Supervisor, a Registered Nurse (RN), seven Registered Practical Nurses (RPN) three Personal Support Workers', two Maintenance Workers, a Cook, a Dietary Aide and an Administrative Assistant.**

**The following Inspection Protocols were used during this inspection:**



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**Accommodation Services - Maintenance**

**Dining Observation**

**Falls Prevention**

**Family Council**

**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Residents' Council**

**Safe and Secure Home**

**Skin and Wound Care**

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

**6 WN(s)**

**3 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**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 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 :**

1. The licensee has failed to ensure that a resident-staff communication and response system was available in every area accessible by residents.

During the initial tour of the home, an Inspector observed that the following resident accessible areas did not have a resident-staff communication and response system available: the front lobby, worship center, and the multipurpose room on the first floor. These rooms were all accessed by the long term care residents throughout the course of the observation.

A Supervisor reviewed the home areas that did not have resident-staff communication and response systems available in every area accessible by residents. The Supervisor confirmed it was the home's expectation that these areas were to be equipped with a resident-staff communication and response system that was accessible by residents.

The home failed to ensure that the resident-staff communication and response system was available in every area accessible by residents. [s. 17. (1) (e)]



***Additional Required Actions:***

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

**(A1)The following order(s) have been amended:CO# 001**

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**WN #2: The Licensee has failed to comply with LTCHA, 2007, 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 were maintained in a safe condition and in a good state of repair.

During the initial tour of the home, an Inspector observed the West and North wing hallway flooring had a rippled effect throughout the halls.

Observations of the flooring in the front of the elevator revealed the flooring was in disrepair.

An interview with a Supervisor revealed that the rippled flooring was related to the moisture from the ground and that there were two quotes that were being reviewed by the Board of Directors to have the flooring removed and new flooring installed.

A Supervisor confirmed that the tile flooring in the front of the elevator should be replaced as it was lifting and was in disrepair and confirmed that it was the home's expectation that the homes flooring should be safe and in a good state of repair.

The licensee failed to ensure that the home, furnishings and equipment were 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.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007, s. 33. PASDs that limit or inhibit movement**



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

**s. 33. (3) Every licensee of a long-term care home shall ensure that a PASD described in subsection (1) is used to assist a resident with a routine activity of living only if the use of the PASD is included in the resident's plan of care. 2007, c. 8, s. 33. (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a Personal Assistance Service Device (PASD) was used to assist a resident with a routine activity of living only if the use of the PASD was included in the resident's plan of care.

A resident was observed using a PASD.

A record review showed that the use of the PASD was not included in the resident's plan of care.

An interview with a Registered staff member confirmed that the PASD was not part the plan of care and there was no consent or assessment completed to use the PASD.

The home's Policy RESI 10-01-06 Personal Assistance Service Devices, indicated "Registered staff are to obtain:

1. Approval for the PASD
2. Obtain Consent - obtained for the resident or the Power Of Attorney
3. The resident care plan will state the purpose of the PASD and for the period of time it is used and the use of the PASD must be approved and such approval must be documented in the residents' plan of care."

The Director of Care confirmed that they were not aware that the resident was using a PASD and that the PASD was being used to assist the resident with a routine activity of living and should have been included in the resident's plan of care.

The licensee failed to ensure a resident's PASD was used to assist the resident with a routine activity of living and was included in the resident's plan of care. [s. 33. (3)]



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***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 Personal Assistance Service Device (PASD) was used to assist a resident with a routine activity of living only if the use of the PASD is included in the residents' plan of care, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

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

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that all staff participated in the implementation of the infection prevention and control program.

During the tour an Inspector observed the second floor spa room in the north hallway to have a yellow liquid on the bottom of the tub with a pair of unlabeled nail clippers soaking in the liquid.

A staff member confirmed that they disinfect the nail clippers in the tub, and at times they do use the same nail clippers on residents.

The Director of Care observed the nail clippers that were unlabeled in the yellow liquid.

The Director of Care confirmed it was the home's expectation and that all residents should have their own clippers, labeled and kept in their own rooms.

The licensee failed to ensure all staff participated in the implementation of the infection prevention and control program. [s. 229. (4)]

***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 all staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.***

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



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**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 set out clear directions to staff and others who provided direct care to the resident.

A record review of the care plan revealed no documented evidence of the use of positioning aids for a Resident. The record review of the Resident Assessment Instrument Minimum Data Set (RAI-MDS) quarterly review assessment revealed positioning aids were used daily.

A staff interview revealed it was the resident's wish to have positioning aids. A review of the Point of Care (POC) Kardex with the staff member revealed no documented evidence of the positioning aids used for the Resident.

A staff interview revealed that where positioning aids were used they should be included in the Plan of Care.

A review of the Plan of Care revealed no documented evidence for the use of the positioning aid. The staff confirmed that it was the expectation of the home that positioning aids were to be included in the Plan of Care. [s. 6. (1) (c)]

2. Observations revealed a resident had a restraint applied.

A record review revealed the resident had a restraint order for the restraint to be used to manage behaviours.

The plan of care described the restraint was to be used to decrease boredom.

An interview with a staff member revealed the restraint was to confine the resident.

An interview with another staff member revealed the restraint was to be used during meals.

The Registered Staff member confirmed the licensee had failed to ensure that the plan of care set out clear directions to staff. [s. 6. (1) (c)]



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**WN #6: The Licensee has failed to comply with LTCHA, 2007, s. 20. Policy to promote zero tolerance**

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

**s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that there was a written policy that promotes zero tolerance of abuse and neglect of residents and that it was complied with.

A record review revealed a resident reported to a Registered Practical Nurse (RPN) that a staff member had verbally abused the resident.

An interview with the Registered Practical Nurse (RPN) confirmed the RPN did not report the alleged abuse to the Administrator, Director of Care or their designate.

A review of the home's policy - Staff to Resident Abuse - OPER-02-02-04 dated November 2013 stated, "Immediately report (verbally) any suspected or witnessed abuse to the Administrator, Director of Care or their designate."

An interview with the Director of Care confirmed it was the home's expectation that the written policy to promote zero tolerance of abuse and neglect of residents was complied with. [s. 20. (1)]



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**Issued on this 21 day of January 2016 (A1)**

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

**Original report signed by the inspector.**





**Order(s) of the Inspector**

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

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

Aux termes de l'article 153 et/ou de  
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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** REBECCA DEWITTE (521) - (A1)

**Inspection No. /**

**No de l'inspection :** 2015\_260521\_0045 (A1)

**Appeal/Dir# /**

**Appel/Dir#:**

**Log No. /**

**Registre no. :** 026108-15 (A1)

**Type of Inspection /**

**Genre d'inspection:** Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** Nov 24, 2015;(A1)

**Licensee /**

**Titulaire de permis :** RITZ LUTHERAN VILLA  
R.R. 5, MITCHELL, ON, N0K-1N0

**LTC Home /**

**Foyer de SLD :** RITZ LUTHERAN VILLA  
PART LOT 16, CON 2, LOGAN TWN, R.R. #5,  
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**Order(s) of the Inspector**

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**Name of Administrator /** Jeff Renaud  
**Nom de l'administratrice**  
**ou de l'administrateur :**

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To RITZ LUTHERAN VILLA, you are hereby required to comply with the following order(s) by the date(s) set out below:

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

**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 :**

The licensee shall ensure that the home is equipped with a resident-staff communication and response system that is available in every area accessible by residents.



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**Grounds / Motifs :**

1. The licensee has failed to ensure that a resident-staff communication and response system was available in every area accessible by residents.

During the initial tour of the home, an Inspector observed that the following resident accessible areas did not have a resident-staff communication and response system available: the front lobby, worship center, and the multipurpose room on the first floor. These rooms were all accessed by the long term care residents throughout the course of the observation.

A Supervisor reviewed the home areas that did not have resident-staff communication and response systems available in every area accessible by residents.

The Supervisor confirmed it was the home's expectation that these areas were to be equipped with a resident-staff communication and response system that was accessible by residents.

The home failed to ensure that the resident-staff communication and response system was available in every area accessible by residents.  
(610)

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

Dec 04, 2015(A1)



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2007, c. 8

Aux termes de l'article 153 et/ou de  
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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

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



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Pursuant to section 153 and/or  
section 154 of the Long-Term  
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2007, c. 8

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

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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).

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

**PRENDRE AVIS**

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

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



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

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

**Order(s) of the Inspector**

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

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

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

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.

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  
Toronto ON M5S 2B1  
Télécopieur : 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 21 day of January 2016 (A1)**

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

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

REBECCA DEWITTE - (A1)

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

London