



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
prévus le Loi de 2007 les
foyers de soins de longue

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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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Sep 2, 7, 8, 9, Oct 4, 2011	2011_060127_0027	Complaint

Licensee/Titulaire de permis

THE THOMAS HEALTH CARE CORPORATION
490 Highway #8, STONEY CREEK, ON, L8G-1G6

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

ARBOUR CREEK LONG-TERM CARE CENTRE
2717 KING STREET EAST, HAMILTON, ON, L8G-1J3

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

RICHARD HAYDEN (127)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the administrator, director of resident client care, assistant director of resident client care, director of resident client services, registered staff and non-registered staff regarding H-001169-11 and H-001408-11.

During the course of the inspection, the inspector(s) reviewed laundry-related documentation and verified linen supplies; determined the access and availability of continence care products; and observed infection prevention and control practices including access and availability of personal protective equipment.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Laundry

Continence Care and Bowel Management

Infection Prevention and Control

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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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. 9. Doors in a home

Specifically failed to comply with the following subsections:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

i. kept closed and locked,

ii. equipped with a door access control system that is kept on at all times, and

iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system, or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

Findings/Faits saillants :

1. On September 7 and 8, 2011 the inspector observed the door at the main entrance leading to the outside was set at the "Hold Open" position allowing the door to remain wide open, unlocked and with the door access control system disengaged.

2. On September 8, 2011 the inspector entered the home through the garage door located on the north side of the building. The garage door was left wide open and the door leading from this area into the home was not locked or alarmed. Later that day, the inspector observed the door leading to the garage area was propped open with a BBQ which was stored in the garage and the garage door was again wide open. No staff were present at either time.



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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 O.Reg 79/10, s. 51. Continence care and bowel management
Specifically failed to comply with the following subsections:**

- s. 51. (2) Every licensee of a long-term care home shall ensure that,**
- (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;**
 - (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;**
 - (c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;**
 - (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;**
 - (e) continence care products are not used as an alternative to providing assistance to a person to toilet;**
 - (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;**
 - (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and**
 - (h) residents are provided with a range of continence care products that,**
 - (i) are based on their individual assessed needs,**
 - (ii) properly fit the residents,**
 - (iii) promote resident comfort, ease of use, dignity and good skin integrity,**
 - (iv) promote continued independence wherever possible, and**
 - (v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :

1. On September 2, 2011, the inspector observed that the emergency supply of continence care products in a basement supply room, which is accessible to staff outside regular business hours, had only one package of briefs - all of the same size. This emergency supply did not provide a range of continence care products to meet individual resident assessed needs; promote resident comfort, ease of use and dignity; or that were appropriate for the time of day, and for the individual resident's type of incontinence.

2. On September 2, 2011, the inspector observed there were no continence care briefs stored in the 1st floor and 4th floor Clean Linen rooms. A staff member who was delivering a new supply stated, "I like to see the shelf empty, that way I know the briefs are being used." On September 7th, 2011, the inspector observed no continence care briefs stored in the 3rd floor Clean Linen room. A personal care attendant stated, "we often run out of large and regular sized briefs during the morning between seven o'clock and the delivery at one o'clock."

Additional Required Actions:

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

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program



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Specifically failed to comply with the following subsections:

s. 229. (2) The licensee shall ensure,

- (a) that there is an interdisciplinary team approach in the co-ordination and implementation of the program;
- (b) that the interdisciplinary team that co-ordinates and implements the program meets at least quarterly;
- (c) that the local medical officer of health is invited to the meetings;
- (d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and
- (e) that a written record is kept relating to each evaluation under clause (d) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 229 (2).

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

s. 229. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).

Findings/Faits saillants :

1. Subsection 229.(2)(a) and (b):

On September 8, 2011, the inspector confirmed that the Infection Control (IC) Committee members had only been finalized in the last few weeks and that there had not been any meetings of the an IC Committee since the LTCHA, 2007, came into force. Infection prevention and control had only been discussed as part of the Resident Care Conference meetings.

2. Subsections 229.(2)(d) and (e); 229.(4):

On September 7, 2011, the inspector observed that the printed copy of the Infection Control (IC) Manual was outdated. The majority of sections had an effective date of December 1, 2003, with no revision dates. Two policies were updated in 2005; one in 2006; eight in 2007; and one in 2009. On September 8, 2011, the inspector reviewed the electronic version of the IC Manual and confirmed it was not current. The following sections had not been reviewed and revised since December 1, 2003:

Section INF-01 Standards and Legislation

Section INF-02 Infection Control Program

Most subsections of Section INF-03 for Immunization

Section INF-04 Surveillance

Section INF-05 Precautions, Handwashing, Protective Equipment and Environmental Services. None of these subsections referred to current best practice as per the Provincial Infectious Disease Advisory Committee's recommendations. A Health Canada document dated 1999 was the only one listed in the references.

Section INF-06 Outbreak Management, Case Monitoring, Communication and Control Measures

Most subsections of Section INF-07 Preventing Infections.

3. Subsections 229.(4) and 229.(9):

On September 2, 2011, the inspector observed four open boxes of disposable plastic (polyethylene) gloves in the 1st Floor Clean Linen room where continence care products were stored. The inspector spoke with a personal care attendant who stated, "We stopped using the plastic gloves for resident care about one or two months ago, after someone complained to the ministry. We used this type of glove here for seven years, ever since the home opened." Another personal care attendant stated, "The plastic gloves used to be used for care. They stopped using them about two months ago." On September 7, 2011, the inspector observed one open box of disposable plastic (polyethylene) gloves on a 2nd Floor care cart.

On September 2, 7 and 8, 2011, the inspector observed alcohol-based hand rub (ABHR) dispensers were located in five or six locations in resident common areas on each of the four floors in the building and not at point-of-care locations. No hand hygiene agents were located in any resident's bed environment where care was most likely to take place and no hand hygiene agents were provided on any resident care carts that transported to point-of-care locations.

The inspector observed that hand hygiene agents were not provided at the place of donning and doffing personal protective equipment (PPE) for a resident who was on contact precautions.

At approximately 1000 hrs on September 8, 2011, the inspector observed that disposable gloves were not provided at the place of donning and doffing personal protective equipment (PPE) for a resident who was on contact precautions. The inspector spoke with a registered staff member who advised there were no gloves available on the Floor. Later, a clerk delivered 5 boxes of gloves and stated that there was a delivery of supplies to the floors on Thursdays and as needed throughout the week. When asked the reason for such control on gloves, she stated that she was directed to do so by the director of resident client care.

On September 7, 2011, the inspector reviewed documentation related to staff training on glove use. Arbour Creek LTC Centre employs approximately 120 staff, only 24 of whom attended the in-services on glove use.

On September 8, 2011, the inspector observed that the Infection Control manual for the home had not been updated for several years. The assistant director of resident client care (AD RCC) stated that sections of the manual had been updated over the last several months but have not yet received approval and are, therefore, not in use. According to the AD RCC, the licensee received a manual for the Just Clean Your Hands project but a hand hygiene program had not been implemented at Arbour Creek LTC Centre.



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Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

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 with ensuring co-ordination, implementation and evaluation of the infection prevention and control program, to be implemented voluntarily.

Issued on this 24th day of November, 2011

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

A handwritten signature in black ink, appearing to be "J. K.", written within a rectangular box.



**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) :	RICHARD HAYDEN (127)
Inspection No. / No de l'inspection :	2011_060127_0027
Type of Inspection / Genre d'inspection:	Complaint
Date of Inspection / Date de l'inspection :	Sep 2, 7, 8, 9, Oct 4, 2011
Licensee / Titulaire de permis :	THE THOMAS HEALTH CARE CORPORATION 490 Highway #8, STONEY CREEK, ON, L8G-1G6
LTC Home / Foyer de SLD :	ARBOUR CREEK LONG-TERM CARE CENTRE 2717 KING STREET EAST, HAMILTON, ON, L8G-1J3
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	DORCAS HAIZEL

To THE THOMAS HEALTH CARE CORPORATION, you are hereby required to comply with the following order(s) by the date(s) set out below:



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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 9. Doors in a home

Order / Ordre :

The licensee, The Thomas Health Care Corporation, shall keep all doors that lead to the outside of Arbour Creek Long-Term Care Centre, 2717 King Street East, Hamilton, ON closed, locked and have the door access control system kept on at all times.

Grounds / Motifs :

1. On September 7 and 8, 2011, the inspector observed the door at the main entrance leading to the outside was set at the "Hold Open" position allowing the door to remain wide open, unlocked and with the door access control system disengaged. (127)
2. On September 8, 2011, the inspector entered the home through the garage door located on the north side of the building. The garage door was left wide open and the door leading from this area into the home was not locked or alarmed. Later that day, the inspector observed the door leading to the garage area was propped open with a BBQ which was stored in the garage and the garage door was again wide open. No staff were present at either time. (127)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Oct 04, 2011

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

Pursuant to / Aux termes de :



**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
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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

O.Reg 79/10, s. 51. (2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

(h) residents are provided with a range of continence care products that,

(i) are based on their individual assessed needs,

(ii) properly fit the residents,

(iii) promote resident comfort, ease of use, dignity and good skin integrity,

(iv) promote continued independence wherever possible, and

(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Order / Ordre :

The licensee, The Thomas Health Care Corporation, shall provide a range of continence care products and have these products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes at Arbour Creek Long-Term Care Centre, 2717 King Street East, Hamilton, ON.

Grounds / Motifs :

1. On September 2, 2011, the inspector observed there were no continence care briefs stored in the 1st floor and 4th floor Clean Linen rooms. The staff member who was responsible for delivering a new supply stated, "I like to see the shelf empty, that way I know the briefs are being used." On September 7, 2011, the inspector observed no continence care briefs stored in the 3rd floor Clean Linen room. A personal care attendant stated, "we often run out of large and regular sized briefs during the morning between seven o'clock and the delivery at one o'clock." (127)

2. On September 2, 2011, the inspector observed that the emergency supply of continence care products in a basement supply room, which is accessible to staff outside regular business hours, had only one package of briefs - all of the same size. This emergency supply did not provide a range of continence care products to meet individual resident assessed needs; promote resident comfort, ease of use and dignity; or that were appropriate for the time of day, and for the individual resident's type of incontinence. (127)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Oct 04, 2011



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Pursuant to section 153 and/or
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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 :	Order Type / Genre d'ordre :
003	Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 229. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).

Order / Ordre :

The licensee, The Thomas Health Care Corporation, shall:

1. Cease and desist from using plastic (polyethylene) gloves in the care of residents at Arbour Creek Long-Term Care Centre, 2717 King Street East, Hamilton, ON; and
2. Implement a hand hygiene program in accordance with evidence-based practices and with access to point-of-care hand hygiene agents at Arbour Creek Long-Term Care Centre, 2717 King Street East, Hamilton, ON.

Grounds / Motifs :

1. On September 8th, 2011 the inspector observed that the Infection Control manual for the home had not been updated for several years. An assistant director of resident client care (ADRC) stated that sections of the manual had been updated over the last several months but have not yet received approval and are, therefore, not in use. According to the ADRC, the licensee received a manual for the Just Clean Your Hands project but an evidenced-based hand hygiene program had not been implemented at Arbour Creek LTC Centre. (127)

2. On September 2, 2011 the inspector observed four open boxes of disposable plastic (polyethylene) gloves found in the 1st Floor Clean Linen Room where continence care products were stored. The inspector spoke with a personal care attendant who stated, "We stopped using the plastic gloves for resident care about one or two months ago, after someone complained to the ministry. We used this type of glove here for seven years, ever since the home opened." Another personal care attendant stated, "The plastic gloves used to be used for care. They stopped using them about two months ago." On September 7, 2011 the inspector observed one open box of disposable plastic (polyethylene) gloves on a 2nd Floor care cart.

On September 2, 7 and 8, 2011 the inspector observed alcohol-based hand rub (ABHR) dispensers were located in five or six locations in resident common areas on each of the four floors in the building and not at point-of-care locations. No hand hygiene agents were located in any resident's bed environment where care was most likely to take place and no hand hygiene agents were provided on any resident care carts that transported to point-of-care locations.

On September 2, 7 and 8, 2011, the inspector observed that hand hygiene agents were not provided at the place of donning and doffing personal protective equipment (PPE) for a room where the resident was on contact precautions. (127)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Oct 18, 2011



**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
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**Ministère de la Santé et
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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
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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

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
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
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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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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.

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
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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 4th day of October, 2011

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

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

RICHARD HAYDEN

Service Area Office /

Bureau régional de services : Hamilton Service Area Office