



**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
prévues 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

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ième} étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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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
Jun 8, 11, 12, 13, 14, 15, 16, 17, 18, 19, 24, 27, 28, Jul 4, Aug 17, Sep 11, 2012	2012_105130_0014	Resident Quality Inspection

Licensee/Titulaire de permis

NIAGARA INA GRAFTON GAGE HOME OF THE UNITED CHURCH
413 Linwell Road, St. Catharines, ON, L2M-7Y2

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

INA GRAFTON-GAGE HOME
413 Linwell Road, St Catharines, ON, L2M-7Y2

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

GILLIAN HUNTER (130), ELISA WILSON (171), LISA VINK (168)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with The Chief Executive Officer (CEO), Director of Resident Care (DRC), Personal Support Workers (PSW's), Registered Nurses (RN), Registered Practical Nurses (RPN), residents, families and the Registered Dietitian (RD), dietary aides, activation staff and the Manager of Finance.

During the course of the inspection, the inspector(s) observed the provision of care and services, toured the home, reviewed relevant policies and procedures and other related documents and reviewed clinical records of residents, as appropriate related to H-001041-12.

PLEASE NOTE: One area of non-compliance was found related to the Licensee's failure to ensure that drugs were administered to residents in accordance with directions for use as specified by the prescriber. This non-compliance [O. Reg. 79/10 r.131 (2)] was issued in inspection #2012_105130_0014, conducted simultaneously with complaint inspection #2012_105130_0015 and is contained in this report.

The following Inspection Protocols were used during this inspection:

Admission Process

Continence Care and Bowel Management

Critical Incident Response



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Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Quality Improvement

Recreation and Social Activities

Resident Charges

Responsive Behaviours

Skin and Wound Care

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. 112. Prohibited devices that limit movement
For the purposes of section 35 of the Act, every licensee of a long-term care home shall ensure that the following devices are not used in the home:

1. Roller bars on wheelchairs and commodes or toilets.
2. Vest or jacket restraints.
3. Any device with locks that can only be released by a separate device, such as a key or magnet.
4. Four point extremity restraints.
5. Any device used to restrain a resident to a commode or toilet.
6. Any device that cannot be immediately released by staff.
7. Sheets, wraps, tensors or other types of strips or bandages used other than for a therapeutic purpose. O. Reg. 79/10, s. 112.

Findings/Faits saillants :

1. The licensee did not ensure that any device with locks that can only be released by a separate device, such as a key or magnet were not used.

On June 14, 2012, resident # 843 was observed with a restraint that required a separate device to release it. The Director of Care confirmed the device required a separate device to release it.

For the purpose of s. 35 of the LTCHA, 2007, clause 3 of section 112 of O. Reg. 79/10 prohibits the licensee from using in the home any device with locks that can only be released by a separate device, such as a key or magnet.

Additional Required Actions:

CO # - 901 was served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care
Specifically failed to comply with the following subsections:

- 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;
 - (b) the goals the care is intended to achieve; and
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

- s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
- (a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and
 - (b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

- s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
- (a) a goal in the plan is met;
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :



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1. The licensee did not ensure that the written plan of care provided clear direction to staff and others who provided direct care to the resident.

i) A review of the recreation plan of care plan for resident #831 indicated the resident attends food based programs however due to identified risks, is not able to attend breakfast club. Registered staff and Dietitian indicated that the resident did not have concerns related to the identified risk. The resident has a number of food likes and dislikes. Breakfast club included food that is prepared by the activation staff and not from the main kitchen. Staff were unclear as to the risks and expect the resident does not attend due to food preferences or disinterest in attending recreation events.

ii) The plan of care for resident #10 did not provide clear direction related to oral care. The plan indicated under oral care: dentures upper and lower, full, partial, own teeth, staff do denture and mouth care. According to one staff interviewed, the resident's dentures were soaked with a denture tablet in the evening and the resident was assisted with oral care using a moistened swab, in the morning, before and after meals and at bedtime. Another staff interviewed stated the resident's dentures were soaked with a denture puck and that the resident did not receive assistance with oral care. The resident stated staff soak dentures at night, but do not assist with oral care.

2. The licensee had not ensured that staff involved in the different aspects of care collaborate with each other in the assessment of the resident.

A review of progress notes written on a specific date in 2012, for resident #855 indicated the resident choked and recommended a registered dietitian review "diet textures as this happened more than once". A progress note indicated a request for a consult regarding swallowing problems. A test was consequently booked. A subsequent progress note indicated the resident choked at meal time and was hesitate to continue eating. The resident had lost a significant amount of weight.

There were no documented assessments found in the medical record regarding the reasons the resident was experiencing choking or what interventions would be tried other than moving to a table with constant supervision. In staff interviews there were various reasons cited as possibilities for the choking however these suggestions were not documented or assessed. A swallowing assessment was not completed to determine if there was dysphagia.

The lack of an interdisciplinary assessment regarding swallowing was confirmed by the Dietitian and Director of Resident Care.

3. The licensee did not ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months when care set out in the plan had not been effective.

The plan of care for resident #21 was not revised when care set out in the plan had not been effective. The resident sustained three falls in 2011 and one fall in 2012; the plan of care identified the resident was high risk for falls, however, there were no new strategies and/or interventions identified.

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 with 6(1)(c), 6(4)(a), and 6(10)(c),, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following subsections:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

The licensee did not ensure that when a resident had fallen, the resident was assessed and that where the condition or circumstances of the resident required, a post fall assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for falls.

1. Progress notes indicated resident #842 had fallen three times in 2012, however a post-fall assessment was not completed using a clinically appropriate instrument for these falls.
2. Resident #10 was not assessed using a clinically appropriate assessment instrument specifically designed for falls after sustaining two falls in 2012.
3. Staff did not assess resident #822, using a clinically appropriate assessment instrument, when the resident sustained three falls in 2011 and one fall in 2012.

The DRC confirmed the home does not have a clinically appropriate instrument to use to assess residents post-fall.

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 when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 25. Initial plan of care

Specifically failed to comply with the following subsections:

- s. 25. (1) Every licensee of a long-term care home shall ensure that,
- (a) the assessments necessary to develop an initial plan of care under subsection 6 (6) of the Act are completed within 14 days of the resident's admission; and
 - (b) the initial plan of care is developed within 21 days of the admission. O. Reg. 79/10, s. 25 (1).

Findings/Faits saillants :

1. The licensee did not ensure that the initial plans of care for resident #6, admitted in 2012, and resident #10, also admitted in 2012, were fully developed within 21 days of their admission. It was noted that risk areas such as falls and skin as well as activities of daily living were not developed until greater than 21 days following admission in 2012. This information was confirmed by the Director of Resident Care.

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 initial plans of care are developed within 21 days of the admission, to be implemented voluntarily.

WN #5: 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 subsections:

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

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
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.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
 - i. participate fully in the development, implementation, review and revision of his or her plan of care,
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
 - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
 - i. the Residents' Council,
 - ii. the Family Council,
 - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
 - iv. staff members,
 - v. government officials,
 - vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee did not ensure that every resident was properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. Several residents interviewed expressed concerns regarding the delay in call bell response time. On Friday, June 15, 2012, resident #831 activated the call bell after 1000am, to request assistance to the bathroom. The resident indicated an urgent need to have a bowel movement, however, the call bell rang unanswered in excess of 15 minutes.

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 every resident is properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs., to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following subsections:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :



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1. The licensee did not ensure that drugs are administered to residents in accordance with directions for use as specified by the prescriber.

1. During interviews it was confirmed that resident #811 was not routinely receiving a specific medication ordered. (PLEASE NOTE: This evidence of non-compliance was found during Inspection #2012_105130_0015)

2. During a review of the clinical record for resident #830 it was identified that the resident did not receive their 1800 dose of a specific medication on March 28, 2012, as prescribed. This omission was confirmed by the DRC, who indicated that an internal investigation was conducted and action was taken.

3. During a discussion, resident #830 reported that some registered staff, on request, leave medication at the bedside and do not observe consumption of medications. The clinical record identified that on three separate occasions, on February 14, 2012 and June 5th and 6th, 2012, the resident did not consume medication, as directed by the physician, when left at the bedside. The DRC has indicated that recent audit activities has identified that one staff member has left medications at the identified resident's bedside and that action is being taken regarding this issue.

4. During review of the clinical record for resident #830 it was identified that the resident did not receive their 1800 dose of a specific medication on March 28, 2012, as prescribed. As per the notes follow up action was taken once the omission was identified. This omission was confirmed by the DRC, who indicated that an internal investigation was conducted and action was taken.

5. During a review of the clinical record for resident #086, the behaviour of medication refusals has been identified. Interviews with registered staff confirmed that reattempts are made to promote compliance with the resident's medication regime. Progress notes dated February 17, 2012, identified that on February 17, 2012, the resident was still receiving a medication should have been changed on February 15, 2012, but was not due to a refusal of the resident. As per the directions for use from the prescriber the medication is to be changed every three days. There is no documentation to support that reattempts were made to change the medication, on subsequent shifts to ensure that the medication was administered to the resident, as specified by the prescriber. This omission was confirmed by the DRC, who indicated that action was taken.

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 drugs are administered to residents in accordance with directions for use as specified by the prescriber, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following subsections:

s. 8. (1) (a) (b) Every licensee of a long-term care home shall ensure that there is,
(a) an organized program of nursing services for the home to meet the assessed needs of the residents; and
(b) an organized program of personal support services for the home to meet the assessed needs of the residents. 2007, c. 8, s. 8 (1).

Findings/Faits saillants :

1. The licensee has not ensured that there is at least one RN, who is both an employee of the licensee and a member of the regular nursing staff of the home on duty and present at all times, except as provided for in the regulations. A review of the current Registered Staff Schedule identified that for the week beginning June 4, 2011 there were a total of 6 shifts with no RN present and on duty in the home. A discussion with the DRC and RPN confirmed that the home does not always have a RN present in the home. The DRC has identified that she is on call 24 hours a day to support the RPN's.



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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 there is at least one RN, who is both an employee of the licensee and a member of the regular nursing staff of the home on duty and present at all times, except as provided, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records
Specifically failed to comply with the following subsections:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee did not ensure that all policies were complied with.

The policy Safety-Choking (LTC-03-06-04) indicated that information regarding residents identified at risk of choking shall be indicated on the residents Care Plan.

A progress note by a registered staff person indicated that resident #855 choked on food and recommended a registered dietitian review "diet textures as this happened more than once". A progress note following this incident indicated a request was made for a consult regarding swallowing problems. A test was consequently booked. Subsequent progress notes indicated the resident choked at meal time and was hesitate to continue eating. The resident had lost a significant amount of weight.

The current plan of care plan revised June 5, 2012 regarding both Eating and Nutritional Problems does not specify that the resident is at risk of choking or has any swallowing problems.

The DRC indicated the expectation was that this information would be included in the plan in the nutritional section for residents with swallowing problems.

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 policies are complied with, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements
Specifically failed to comply with the following subsections:

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).

Findings/Faits saillants :



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1. The licensee did not 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.

The progress notes and plan of care for resident #086 identify a number of responsive behaviours.

Documentation in the clinical record indicate the actions and behaviours of the resident however not the interventions taken by staff nor the resident's response to the interventions.

Interview with the DRC and front line nursing staff confirmed that interventions are taken in response to the responsive behaviours, when they occur, as appropriate, however are not consistently documented with the resident's response.

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.

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following subsections:

s. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has not ensured that all residents at risk of altered skin integrity received a skin assessment on return from hospital.

Resident #833 returned from an extended hospitalization in 2011. According to the progress notes a skin assessment was not completed by a member of the registered nursing staff until three days later, when a new area of skin breakdown was identified. During a discussion with the DRC it was identified that head to toe skin assessments would be recorded in the progress notes.

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff upon any return of the resident from hospital, to be implemented voluntarily.

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 224. Information for residents, etc. Specifically failed to comply with the following subsections:

s. 224. (1) For the purposes of clause 78 (2) (r) of the Act, every licensee of a long-term care home shall ensure that the package of information provided for in section 78 of the Act includes information about the following:

1. The resident's ability under subsection 82 (2) of this Regulation to retain a physician or registered nurse in the extended class to perform the services required under subsection 82 (1).
 2. The resident's obligation to pay the basic accommodation charge as described in subsection 91 (3) of the Act.
 3. The obligation of the resident to pay accommodation charges during a medical, psychiatric, vacation or casual absence as set out in section 258 of this Regulation.
 4. The method to apply to the Director for a reduction in the charge for basic accommodation and the supporting documentation that may be required, including the resident's Notice of Assessment issued under the Income Tax Act (Canada) for the resident's most recent taxation year.
 5. A list of the charges that a licensee is prohibited from charging a resident under subsection 91 (1) of the Act.
 6. The list of goods and services permitted under paragraph 3 of subsection 91 (1) of the Act that a resident may purchase from the licensee and the charges for those goods and services.
 7. The resident's ability to have money deposited in a trust account under section 241 of this Regulation.
 8. The Ministry's toll-free telephone number for making complaints about homes and its hours of service. O. Reg. 79/10, s. 224 (1).
-

Findings/Faits saillants :

1. The licensee did not ensure that the package of information provided for in section 78 of the Act included information about the resident's ability under subsection 82(2) of this regulation to retain a physician or registered nurse in the extended class to perform the services required under subsection 82(1). The admission package did not include information on the ability to retain a physician or RN to perform the required services.

The admission package was reviewed on June 13, 2012 and this information was confirmed missing by the DRC.

WN #12: 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 subsections:

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.
2. Residents must be offered immunization against influenza at the appropriate time each year.
3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.
4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).



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Findings/Faits saillants :

1. The licensee did not ensure that all residents were offered immunizations against pneumococcus, tetanus, diphtheria in accordance with the publicly funded schedule posted on the Ministry website.

A review of the Infection Control manual did not include a policy/procedure regarding immunizations against tetanus and diphtheria. During a discussion with the DRC it was confirmed that the home does not offer residents tetanus and diphtheria immunizations at the schedules posted on the Ministry website.

2. The licensee did not ensure that each resident admitted to the home was screened for tuberculosis within 14 days of admission unless the resident had already been screened at some time in the 90 days prior to admission and the documented results of this screening were available to the licensee.

a) Record review of resident #860 identified admission to the home in 2011. According to the records the resident was not screened for tuberculosis for greater than 14 days following admission.

b) Record review of resident #707 identified admission to the home in 2012. According to the records the resident was not screened for tuberculosis for greater than 14 days following admission.

c) The DRC has confirmed that, for a period of time, the home did not have the necessary medication supplies in stock to complete the required tuberculosis screening.

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 all residents are offered immunization against pneumococcus, tetanus and diphtheria in accordance with publicly funded immunizations schedules posted on the Ministry website., to be implemented voluntarily.

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 261. Statements

Specifically failed to comply with the following subsections:

s. 261. (1) Every licensee of a long-term care home shall, within 30 days after the end of each month, provide each resident or the resident's attorney under the Powers of Attorney Act, or person exercising a continuing power of attorney for property or a guardian of property under Part I of the Substitute Decisions Act, 1992, with an itemized statement of the charges made to the resident within the month. O. Reg. 79/10, s. 261 (1).

Findings/Faits saillants :

1. The licensee had not provided each resident or resident's power of attorney with an itemized monthly statement of the charges made to the resident within 30 days after the end of each month.

The Manager of Finance confirmed that the monthly accommodation fees were paid through automatic withdrawals and residents would receive a yearly statement of charges.

WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 124. Every licensee of a long-term care home shall ensure that drugs obtained for use in the home, except drugs obtained for any emergency drug supply, are obtained based on resident usage, and that no more than a three-month supply is kept in the home at any time. O. Reg. 79/10, s. 124.

Findings/Faits saillants :



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1. The licensee has not ensured that drugs obtained, except those for an emergency drug supply, are no more than a three month supply at any time.

On June 11, 2012, the following medications were observed in the Medication Room:

30 child "Gravol" suppositories,
80 ampules of Vitamin B.,
12 (250 ml) bottles of cough suppressant,
70 "Fleet" enemas, and
90 regular "Gravol" suppositories.

A discussion was held with two RPN's who confirmed there is greater than a three month supply of these medications in the home.

**WN #15: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information
Specifically failed to comply with the following subsections:**

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,

- (a) the Residents' Bill of Rights;**
- (b) the long-term care home's mission statement;**
- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;**
- (d) an explanation of the duty under section 24 to make mandatory reports;**
- (e) the long-term care home's procedure for initiating complaints to the licensee;**
- (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;**
- (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained;**
- (h) the name and telephone number of the licensee;**
- (i) an explanation of the measures to be taken in case of fire;**
- (j) an explanation of evacuation procedures;**
- (k) copies of the inspection reports from the past two years for the long-term care home;**
- (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years;**
- (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years;**
- (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council;**
- (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council;**
- (p) an explanation of the protections afforded under section 26; and**
- (q) any other information provided for in the regulations. 2007, c. 8, ss. 79 (3)**

Findings/Faits saillants :

1. The licensee failed to post an explanation of evacuation procedures.
2. The licensee failed to post an explanation of the measures to be taken in case of fire.
3. The licensee failed to post the policy to minimize the restraining of residents.
4. The licensee failed to post procedures for initiating complaints to the licensee.
5. The licensee failed to post the policy to promote zero tolerance of abuse and neglect of residents.

The postings in the facility were reviewed on June 13, 2012 and this information was confirmed missing by the DRC.



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WN #16: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 80. Regulated documents for resident

Specifically failed to comply with the following subsections:

s. 80. (1) Every licensee of a long-term care home shall ensure that no regulated document is presented for signature to a resident or prospective resident, a substitute decision-maker of a resident or prospective resident or a family member of a resident or prospective resident, unless,
(a) the regulated document complies with all the requirements of the regulations; and
(b) the compliance has been certified by a lawyer. 2007, c. 8, s. 80. (1).

Findings/Faits saillants :

1. The licensee had not ensured that a lawyer had certified that the regulated documents presented for signature to a resident complied with all the requirements of the regulations.

This was confirmed by the home's CEO.

WN #17: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.

Specifically failed to comply with the following subsections:

s. 78. (2) The package of information shall include, at a minimum,

- (a) the Residents' Bill of Rights;
- (b) the long-term care home's mission statement;
- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
- (d) an explanation of the duty under section 24 to make mandatory reports;
- (e) the long-term care home's procedure for initiating complaints to the licensee;
- (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
- (g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained;
- (h) the name and telephone number of the licensee;
- (i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91
- (j) for each type of accommodation offered in the long-term care home;
- (j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home;
- (k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges;
- (l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge;
- (m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs;
- (n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents;
- (o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package;
- (p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations;
- (q) an explanation of the protections afforded by section 26; and
- (r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

Findings/Faits saillants :

1. The admission package did not include an explanation of whistle-blowing protections related to retaliation.
 2. The admission package did not include a statement that residents are not required to purchase care, services, programs or goods from the licensee.
 3. The admission package did not include the home's policy on minimizing the restraining of residents.
 4. The admission package did not include an explanation of the duty to make mandatory reports, related to incidents resulting in harm or risk of harm to a resident.
 5. The admission package did not include the home's policy to promote zero tolerance of abuse and neglect of residents.
- A review of the admission package on June 13, 2012 revealed a statement regarding the Abuse-Free Environment Policy being available at the Administration office however the policy was not included in the admission package.

The admission package was reviewed on June 13, 2012 and the DRC confirmed the omissions.

WN #18: The Licensee has failed to comply with O.Reg 79/10, s. 34. Oral care



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Specifically failed to comply with the following subsections:

s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,
(a) mouth care in the morning and evening, including the cleaning of dentures;
(b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and
(c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).

Findings/Faits saillants :

1. The licensee did not ensure that each resident of the home received oral care to maintain the integrity of the oral tissue that included mouth care in the morning and evening, including the cleaning of dentures. Resident #10 stated on June 18, 2012 that staff cleaned her dentures each evening, but did not assist her with mouth care. Staff interviewed confirmed the resident's statement and despite the resident's assessed need for assistance, staff stated the resident did not routinely receive assistance.

WN #19: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following subsections:

s. 85. (1) Every licensee of a long-term care home shall ensure that, at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home. 2007, c. 8, s. 85. (1).

Findings/Faits saillants :

1. The licensee did not ensure that a survey was taken, at least annually, of the residents and their families to measure their satisfaction with the home and the care programs and goods provided at the home. The Director of Resident Care was unable to provide documentation to support that satisfaction surveys were done and confirmed that surveys have not been conducted for an extended period of time.

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT
CONFORME AUX EXIGENCES:**

CORRECTED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 r. 112.	WN #1	2012_105130_0014	130
O.Reg 79/10 r. 112.	CO #901	2012_105130_0014	130

Issued on this 11th day of September, 2012



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

Gracey *Hebert*



**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) :	GILLIAN HUNTER (130), ELISA WILSON (171), LISA VINK (168)
Inspection No. / No de l'inspection :	2012_105130_0014
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Date of Inspection / Date de l'inspection :	Jun 8, 11, 12, 13, 14, 15, 16, 17, 18, 19, 24, 27, 28, Jul 4, Aug 17, Sep 11, 2012
Licensee / Titulaire de permis :	NIAGARA INA GRAFTON GAGE HOME OF THE UNITED CHURCH 413 Linwell Road, St. Catharines, ON, L2M-7Y2
LTC Home / Foyer de SLD :	INA GRAFTON-GAGE HOME 413 Linwell Road, St Catharines, ON, L2M-7Y2
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	PATRICK O'NEILL

To NIAGARA INA GRAFTON GAGE HOME OF THE UNITED CHURCH, you are hereby required to comply with the following order(s) by the date(s) set out below:



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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
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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Order # /	Order Type /
Ordre no : 901	Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 112. For the purposes of section 35 of the Act, every licensee of a long-term care home shall ensure that the following devices are not used in the home:

1. Roller bars on wheelchairs and commodes or toilets.
2. Vest or jacket restraints.
3. Any device with locks that can only be released by a separate device, such as a key or magnet.
4. Four point extremity restraints.
5. Any device used to restrain a resident to a commode or toilet.
6. Any device that cannot be immediately released by staff.
7. Sheets, wraps, tensors or other types of strips or bandages used other than for a therapeutic purpose. O. Reg. 79/10, s. 112.

Order / Ordre :

The licensee shall refrain from using any device with locks that can only be released by a separate device, to restrain any resident in particular, the following resident: #843.

Grounds / Motifs :

1. The licensee did not ensure that any device with locks that can only be released by a separate device, such as a key or magnet were not used.
On June 14, 2012, resident # 843 was observed with restraint that required a separate device to release it. The Director of Care confirmed the device required a separate device to release it.
For the purpose of s. 35 of the LTCHA, 2007, clause 3 of section 112 of O.Reg. 79/10 prohibits the licensee from using in the home any device with locks that can only be released by a separate device, such as a key or magnet. (130)

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



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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.



**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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Ordre(s) de l'inspecteur
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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
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

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.hsrarb.on.ca.

Issued on this 11th day of September, 2012

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

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

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