



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

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch

Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 26, 2013	2013_208141_0011	H-002213- 12	Follow up

Licensee/Titulaire de permis

OAKWOOD RETIREMENT COMMUNITIES INC.
325 Max Becker Drive, Suite 201, KITCHENER, ON, N2E-4H5

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

THE VILLAGE OF ERIN MEADOWS
2930 Erin Centre Boulevard, MISSISSAUGA, ON, L5M-7M4

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

SHARLEE MCNALLY (141)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): February 7, 11, 12, 13, 14, 15, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Neighbourhood Coordinator, Resident Assessment Instrument (RAI) Coordinator, Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Care Aides (PCAs), residents and families.

During the course of the inspection, the inspector(s) reviewed resident records, homes policies and procedures, resident incident reports; observed resident care

The following Inspection Protocols were used during this inspection:
Dining Observation

Medication

Nutrition and Hydration

Personal Support Services

Responsive Behaviours

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



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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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

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 O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



The licensee did not ensure where the Act or Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, that the plan, policy, protocol, procedure, strategy or system is complied with.

The home's policy and procedure "Nutrition and Hydration" dated November 2012 stated PCAs would take note of the meal each resident was served, as well as the total amount of fluids served to each resident. This will ensure accurate documentation. The policy also stated the PCA would complete the Nutrition and Hydration Flow Sheet following each resident meal to accurately record the amount of foods and fluids consumed by each resident.

a) An identified resident was observed by the inspector in their room at 1235 hours on a specified day during the inspection period with the breakfast meal tray at their bedside with food remaining on the tray and a food nourishment from the previous evening. Fifteen minutes later the inspector observed a nursing staff walking down the hall with the tray and a portion of the remaining food no longer present. The resident at this time was observed again in their room eating some of the remaining food. A visitor who was present in the room confirmed the resident had just finished eating the food that remained on the tray. At 1500 hours the resident was observed eating their lunch with the visitor. Documentation in the resident's Nutrition and Hydration Flow Sheet indicated the resident did not have any fluid or food intake for breakfast and the lunch meal documentation was completed prior to 1500 hours and indicated the resident had taken all their lunch and fluids. The visitor confirmed the resident was still eating their lunch at 1500 hours and no nursing staff had inquired about resident's intake.

b) An identified resident was observed by the compliance inspector in bed at 1230 hours on a specified day during the inspection period. A meal tray was at the bedside with food labeled for breakfast. There were no staff in the room. The unaltered tray was observed again at 1500 hours in the room. The person who provided breakfast on the identified day confirmed they had not provided lunch to the resident but provided breakfast which included all the cereal, and ¼ of the pureed egg and bread with 215 cc of fluid. Documentation on the Nutrition and Hydration Flow sheet indicated the resident had received all her meal and 100 cc fluid intake.

2. Nutrition and Hydration Flow Sheets reviewed on 3 home areas for February 2013 identified the flow sheets for multiple residents in each area have inconsistent documentation for intake of food at nourishment times. Several residents had no food intake recorded for evening nourishment for the entire period reviewed. Multiple



residents' documentation was also incomplete for entire meals without any indication of rationale. The Food Service Supervisor confirmed the flow sheets had not been completed consistently to indicate accurately the residents' food and fluid intake.

3. The home's policy and procedure for "Hypodermoclysis" stated monitor insertion site and infusion rate every 4 hours and as required. Record input on the Hypodermoclysis Form. The template indicated intake to be recorded every 4 hours and as required. The Food Service Supervisor stated the total of amount of intravenous fluid infused over 24 hours should be recorded on the Nutrition and Hydration Flow Sheet prior to totaling the resident fluid input for the 24 hour period.

a) An identified resident's documentation of fluid intake on the Hypodermoclysis form was reviewed for February 2013 and the fluid infused was not consistently recorded every 4 hours. The documentation of fluid intake on the Hypodermoclysis form and the Nutrition and Hydration template did not consistently match in total amounts of fluids infused for each 24 hour period. The documentation on the Nutrition and Hydration template indicated the resident did not receive the required volume of fluids as outlined in the plan of care for each of 12 consecutive days in February 2013.

b) An identified resident's documentation of fluid intake on the Hypodermoclysis form was reviewed for February 2013 and the fluid infused was not consistently recorded every 4 hours. The documentation of fluid intake on the Hypodermoclysis form and the Nutrition and Hydration template did not consistently match in total amounts of fluids infused for each 24 hour period. The documentation on the Nutrition and Hydration template indicated the resident did not receive the volume of fluids required as outlined in the plan of care for 11 out of 12 days in February 2013.

A previous order related to the the same noncompliance was issued to the licensee on October 31, 2012.

Inconsistent and inaccurate documentation of residents' fluid and food intake poses a risk to the resident related to weight change and hydration.

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. 53. Responsive behaviours



Specifically failed to comply with the following:

- s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
- (a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).
 - (b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).
 - (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).
-

Findings/Faits saillants :

1. The licensee did not ensure for each resident demonstrating responsive behaviours, the behavioural triggers for the resident were identified where possible. An identified resident was being followed by the BSO (Behavioural Support Ontario) team who confirmed that triggers for responsive behaviours for the resident had been identified. Documentation in residents records from PIECES (Physical, Intellectual, Emotional, Capability, Environment, Social) care conference held with staff in 2012 identified further triggers.

The resident's plan of care identified the resident exhibited responsive behaviours however, not all the possible identified triggers were included in the plan of care. The RAI coordinator confirmed those triggers had been identified but not included in the plan of care. [s. 53. (4) (a)]

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 for each resident demonstrating responsive behaviours, the behavioural triggers for the resident are identified where possible, to be implemented voluntarily.



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WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 231. Resident records

Every licensee of a long-term care home shall ensure that,

(a) a written record is created and maintained for each resident of the home; and

(b) the resident's written record is kept up to date at all times. O. Reg. 79/10, s. 231.

Findings/Faits saillants :

1. Every licensee of a long-term care home shall ensure that, (a) a written record is created and maintained for each resident of the home; and (b) the resident's written record is kept up to date at all times.

The home's policy "Pharmacy Signature Report/MEDISYSTEM" stated the team leader prior to the end of shift would verify the Medication Administer Signature Reminder list and check it against the MARs to make sure that all medications were signed for. Review of the residents' MARs for February 2013 on three home areas identified on multiple days specified medications for various residents were not signed by registered nursing staff to indicate the medication had been administered, including medication for pain, constipation, and psychotropic medication on various days. [s. 231. (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure residents' written records are kept up to date including the Medication Administration Record, to be implemented voluntarily.

WN #4: 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:

- 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. 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.

An identified resident's written plan of care did not set out clear directions to staff and others who provided direct care to the resident.

The resident was observed by the inspector in their room on at 1235 hours on a specified date during the inspection period with a breakfast tray at their bedside and food nourishment from the previous evening. Fifteen minutes later the inspector observed a nursing staff walking down the hall with the tray with a portion of the identified remaining food no longer present. The resident's at this time was observed again in their room eating the food nourishment served approximately 16 hours previously. A vsistor who was present in the room confirmed the resident had just finished eating the nourishment and food on the removed tray.

The Neighbourhood coordinator stated the food should not have remained in the resident's room and the resident will refuse to have food removed from their room at times and staff have been instructed if he/she refused to return and attempt to remove again later. The coordinator further stated on this date the staff stated they had approached once and resident refused but did not return to the resident's room and attempt to remove a second time.

The resident's plan of care stated if resident is upset or resistive to care please leave the resident and re-approach at a later time with different approach each time but did not identify resistance to having food removed from their room or strategies to minimize risk. [s. 6. (1) (c)]



WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal

Specifically failed to comply with the following:

s. 136. (2) The drug destruction and disposal policy must also provide for the following:

2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs. O. Reg. 79/10, s. 136 (2).

Findings/Faits saillants :

1. The licensee did not ensure the home's drug destruction and disposal policy included that any controlled substance that was to be destroyed and disposed of should be stored in a double-locked storage area within the home, separate from any controlled substance that was available for administration to a resident, until the destruction and disposal occurred. The home's policy "Disposal of Discontinued/Expired Medication" (02-06-20) stated discontinued narcotics were to be stored in a double locked storage area. The DOC confirmed that discontinued controlled drugs were not to be kept at the nursing station or medication cart. Staff were to notify the DOC or ADOC of the discontinued controlled drug and it would be removed to a locked drawer in the Dundas home area to await disposal. On a specified day during the inspection period it was observed by the inspector the medication cart in the Sheridan home area had two medication cards containing discontinued controlled medication for an identified resident in the double locked bin with controlled medication that was currently available for administration. The resident's MARs indicated the medications had been discontinued five days previously. The Narcotic and Controlled Drug Administration Record indicated the medications had not been counted since for the previous two days. The DOC confirmed the policy was not specific in identifying that discontinued controlled drugs should be removed from the narcotic bin of the medication carts and stored in one central medication room away from medication available for administration. [s. 136. (2) 2.]



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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:

COMPLIED 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
LTCHA, 2007 S.O. 2007, c.8 s. 6. (10)	CO #001	2012_026147_0013	141

Issued on this 13th day of May, 2013

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



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

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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

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) : SHARLEE MCNALLY (141)

Inspection No. /

No de l'inspection : 2013_208141_0011

Log No. /

Registre no: H-002213-12

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Apr 26, 2013

Licensee /

Titulaire de permis : OAKWOOD RETIREMENT COMMUNITIES INC.
325 Max Becker Drive, Suite 201, KITCHENER, ON,
N2E-4H5

LTC Home /

Foyer de SLD : THE VILLAGE OF ERIN MEADOWS
2930 Erin Centre Boulevard, MISSISSAUGA, ON, L5M-
7M4

Name of Administrator /

Nom de l'administratrice
ou de l'administrateur :

Anneliese Krueger
ASH AGARWAL
dm
05/13/13

To OAKWOOD RETIREMENT COMMUNITIES INC., 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 : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /

Lien vers ordre existant: 2012_026147_0013, CO #002;

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure the home's policy "Nutrition and Hydration" is complied with, to accurately and consistently document all residents' intake of food and fluid. The plan is to be submitted electronically to Compliance Inspector Sharlee.McNally@ontario.ca by May 7, 2013.

Grounds / Motifs :

1. The licensee did not ensure where the Act or Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, that the plan, policy, protocol, procedure, strategy or system is complied with.

The home's policy and procedure "Nutrition and Hydration" dated November 2012 stated PCAs would take note of the meal each resident was served, as well as the total amount of fluids served to each resident. This will ensure accurate documentation. The policy also stated the PCA would complete the Nutrition and Hydration Flow Sheet following each resident meal to accurately record the amount of foods and fluids consumed by each resident.

a) An identified resident was observed by the inspector in their room at 1235 hours on a specified day during the inspection period with the breakfast meal tray at their bedside with food remaining on the tray and a food norishment from the previous evening. Fifteen minutes later the inspector observed a nursing



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staff walking down the hall with the tray and a portion of the remaining food no longer present. The resident at this time was observed again in their room eating some of the remaining food. A visitor who was present in the room confirmed the resident had just finished eating the food that remained on the tray. At 1500 hours the resident was observed eating their lunch with the visitor. Documentation in the resident's Nutrition and Hydration Flow Sheet indicated the resident did not have any fluid or food intake for breakfast and the lunch meal documentation was completed prior to 1500 hours and indicated the resident had taken all their lunch and fluids. The visitor confirmed the resident was still eating their lunch at 1500 hours and no nursing staff had inquired about resident's intake.

b) An identified resident was observed by the compliance inspector in bed at 1230 hours on a specified day during the inspection period. A meal tray was at the bedside with food labeled for breakfast. There were no staff in the room. The unaltered tray was observed again at 1500 hours in the room. The person who provided breakfast on the identified day confirmed they had not provided lunch to the resident but provided breakfast which included all the cereal, and $\frac{1}{4}$ of pureed egg and bread with 215 cc of fluid. Documentation on the Nutrition and Hydration Flow sheet indicated the resident had received all her meal and 100 cc fluid intake.

2. Nutrition and Hydration Flow Sheets reviewed on 3 home areas for February 2013 identified the flow sheets for multiple residents in each area have inconsistent documentation for intake of food at nourishment times. Several residents had no food intake recorded for evening nourishment for the entire period reviewed. Multiple residents' documentation was also incomplete for entire meals without any indication of rationale. The Food Service Supervisor confirmed the flow sheets had not been completed consistently to indicate accurately the residents' food and fluid intake.

3. The home's policy and procedure for "Hypodermoclysis" stated monitor insertion site and infusion rate every 4 hours and as required. Record input on the Hypodermoclysis Form. The template indicated intake to be recorded every 4 hours and as required. The Food Service Supervisor stated the total of amount of intravenous fluid infused over 24 hours should be recorded on the Nutrition and Hydration Flow Sheet prior to totaling the resident fluid input for the 24 hour period.

a) An identified resident's documentation of fluid intake on the Hypodermoclysis



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form was reviewed for February 2013 and the fluid infused was not consistently recorded every 4 hours. The documentation of fluid intake on the Hypodermoclysis form and the Nutrition and Hydration template did not consistently match in total amounts of fluids infused for each 24 hour period. The documentation on the Nutrition and Hydration template indicated the resident did not receive the required volume of fluids as outlined in the plan of care for each of 12 consecutive days in February 2013.

b) An identified resident's documentation of fluid intake on the Hypodermoclysis form was reviewed for February 2013 and the fluid infused was not consistently recorded every 4 hours. The documentation of fluid intake on the Hypodermoclysis form and the Nutrition and Hydration template did not consistently match in total amounts of fluids infused for each 24 hour period. The documentation on the Nutrition and Hydration template indicated the resident did not receive the volume of fluids required as outlined in the plan of care for 11 out of 12 days in February 2013.

A previous order related to the the same noncompliance was issued to the licensee on October 31, 2012.

Inconsistent and inaccurate documentation of residents' fluid and food intake poses a risk to the resident related to weight change and hydration. (141)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 14, 2013



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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

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

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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

Order(s) of the Inspector

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

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

Ordre(s) de l'inspecteur

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

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

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

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

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

Issued on this ³⁰~~26~~th day of April, 2013

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur :

SHARLEE MCNALLY

Service Area Office /

Bureau régional de services : Hamilton Service Area Office