



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

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

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

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

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

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

London Service Area Office
130 Dufferin Avenue 4th floor
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Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 9, 2015	2015_216144_0026	008630-15	Resident Quality Inspection

Licensee/Titulaire de permis

S & R NURSING HOMES LTD.
265 NORTH FRONT STREET SUITE 200 SARNIA ON N7T 7X1

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

AFTON PARK PLACE LONG TERM CARE COMMUNITY
1200 AFTON DRIVE SARNIA ON N7S 6L6

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

CAROLEE MILLINER (144), ALICIA MARLATT (590), NATALIE MORONEY (610),
PATRICIA VENTURA (517)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): May 11, 12, 13, 14, 15, 2015.

During the course of the inspection, the inspector(s) spoke with 40 + residents, six family members, the Administrator, Manager of Resident Care, Assistant Manager of Resident Care, two Registered Nurses, ten Registered Practical Nurses, ten Personal Service Workers, two Health Care Aides, one Dietary Aide and one Environmental Services staff.

During the course of the inspection, the Inspector(s) toured all resident home areas, medication rooms, observed dining service, medication administration, provision of resident care, recreational activities, resident/staff interactions, infection prevention and control practices, reviewed resident clinical records, posting of required information, meeting minutes related to the inspection and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Safe and Secure Home
Skin and Wound Care**



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

6 WN(s)
5 VPC(s)
1 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).	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 LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

1. The licensee did not ensure that the home, furnishings and equipment are kept clean and sanitary.

- a) Throughout the Resident Quality Inspection, carpets in all four resident home areas were observed to be heavily soiled and stained.
- b) The Administrator confirmed the observations and shared the home has a carpet maintenance schedule however, the Environmental Services Manager was not available during the inspection and the Administrator was unable to interpret the Environmental Services Managers written legends for the cleaning schedule. [s. 15. (2) (a)]

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 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).

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident.

a) One resident uses two different devices to assist with positioning.

b) The current annual assessment identifies the devices the resident uses will be included in the care plan.

c) The current written plan of care includes the use of only one of the identified devices.

d) One registered staff confirmed both positioning devices should be included in the written plan of care and that the plan of care does not provide clear direction to staff and others who provide direct care to the resident. [s. 6. (1) (c)]

2. The licensee has failed to ensure that the plan of care is based on an assessment of the resident and the resident's needs and preferences.

a) One resident was observed during the Resident Quality Inspection with a scabbed wound.

b) The clinical record for this resident does not include documentation related to the scabbed area.

c) One Personal Service Worker confirmed that they were not aware of the scabbed area and did not know how the injury occurred.



d) One Registered Practical Nurse and a second Personal Service Worker confirmed they were not aware of the scabbed area and did not know how the injury occurred.

e) One Registered Practical Nurse then documented a description of the scabbed area in the resident's clinical record and initiated monitoring twice daily until the area resolved.

f) The Registered Practical Nurse further advised the scabbed area should have been assessed and monitoring initiated on the date the injury or incident occurred. [s. 6. (2)]

3. a) One resident uses two different devices for safety purposes.

b) The clinical record does not include an assessment of the resident's needs and preferences related to the use of the devices.

c) One registered staff confirmed that an assessment related to the use of the safety devices has not been completed for this resident. [s. 6. (2)]

4. The licensee has failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

a) One resident confirmed with the Inspector that they wear upper/lower dentures and at times requires assistance from staff to clean them.

b) The current plan of care does not include the use of dentures and directs staff to assist the resident with setting up mouth care equipment twice daily and as needed.

d) Nursing staff were not able to confirm the resident wears dentures or that denture cleaning tablets and a denture storage container are provided to and set up for the resident as required. [s. 6. (7)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident, ensure the plan of care is based on an assessment of the resident and the resident's needs and preferences and that the care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #3: 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 :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

a) The home's "Medication Destruction & Disposal" policy states "All drugs that are to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that are available for administration to a resident."

b) Observation of one identified medication room revealed the following discontinued and expired medications were stored in the same cupboard with the emergency drug supply:

- hydrogen peroxide 500 mls
- two bottles of dexidin 2% liquid
- one package of Lovenox, 10 single-dose syringes
- one strip package containing two tablets of calcium carbonate 1250 mg
- one strip package containing one tablet of calcium carbonate 1250mg
- one container of benadryl cream 30g
- one container of salbutamol sulfate 100mcg
- one 5ml container of tomolol-maleate-ex 0.5%.

c) A clear plastic container filled with expired and discontinued medications was also observed directly beside the emergency drug supply in the same cabinet.

d) The Manager of Resident Care revealed the expired and discontinued medications should not be kept in the same cabinet as the emergency drug supply.

e) The Manager of Resident Care further verified all drugs that were expired or



discontinued should be stored separate from drugs that are available for administration to residents. [s. 8. (1) (b)]

2. a) The home's "Fall Prevention Program" directs nursing staff to complete a post fall risk assessment and skin assessment for each resident that experiences a fall.

b) Clinical record review for one resident revealed the resident had a fall. There was no documentation available in the clinical record to indicate a post fall assessment and a skin assessment were completed and that the Power of Attorney for the resident was notified of the fall.

c) Interview with the Manager of Resident Care confirmed that a post fall assessment and skin assessment should be completed after a fall and that the assessments and interventions are documented in the resident's clinical record.

d) The Manager of Resident Care also confirmed the Power of Attorney for this resident should have been informed of the fall as per the home's Fall Prevention Program. [s. 8. (1) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with., to be implemented voluntarily.

**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 31.
Restraining by physical devices**

Specifically failed to comply with the following:

s. 31. (1) A resident may be restrained by a physical device as described in paragraph 3 of subsection 30 (1) if the restraining of the resident is included in the resident's plan of care. 2007, c. 8, s. 31. (1).

s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:

4. A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining. 2007, c. 8, s. 31 (2).

Findings/Faits saillants :

1. The licensee did not ensure that use of a physical restraint for a resident is included in the resident's plan of care.

a) One resident was observed using two physical restraints.

b) Nursing staff confirmed the resident requires both restraints for safety purposes.

c) On review, the resident's clinical record does not include a physician's order or consent from the Power of Attorney for use of one of the restraints. The use of the second restraint was last reviewed by the physician August 3, 2012.

d) There were no assessments completed or alternatives to restraints considered prior to the use of the identified two restraints.

e) One registered staff verified that the use of physical restraints is usually reviewed with the physician's quarterly medication and treatment review and that consent once obtained, is reviewed annually. [s. 31. (1)]

2. a) A second resident was observed using two physical restraints.

a) Two staff confirmed the resident uses both restraints for safety purposes.

b) The physician's order for use of one of the restraints has not been reviewed since August 3, 2012.

c) One registered staff confirmed the physician's order has not been reviewed since August 3, 2012 and that it should be reviewed quarterly with the physician.

d) The staff member further verified that there is not a current physician's order for use of either restraint. [s. 31. (2) 4.]



Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that if a resident is restrained by a physical device, the restraining of the resident is included in the plan of care and that the restraint plan of care includes an order by a physician or registered nurse in the extended class, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (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; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

- a) Review of the clinical record for one resident confirmed a Registered Practical Nurse identified the resident had an open wound.
- b) The Registered Practical Nurse applied a dressing to the wound on the same date and did not assess or measure the wound.
- c) The clinical record for the resident did not include treatment administration records or weekly skin assessment records for the wound for an identified thirty-five day period.
- d) A second Registered Practical Nurse documented that the resident had two new open areas in addition to the initial wound.
- e) The Registered Practical Nurse applied a dressing to the wound and treatment was initiated on the resident treatment record.
- f) A physician's order was obtained to treat and monitor all three wounds.
- g) The clinical record for the resident also does not include weekly assessments of the additional two wounds for an identified period of thirty-five days.
- h) The Manager of Resident Care verified the expectation is that when a resident is being administered treatment for an area of altered skin integrity, treatments and weekly skin assessments should be completed and documented in the resident's clinical record. [s. 50. (2) (b) (iv)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program



Specifically failed to comply with the following:

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

Findings/Faits saillants :

1. The licensee shall ensure that all staff participate in the implementation of the program for infection and prevention and control practices.

a) During dining room lunch observation on one identified resident home area, Inspector #610 observed nursing staff assisting residents with feeding. The staff did not wash their hands when leaving one table to assist residents at another table.

b) Condiments were offered to residents on a tray that was not covered. The tray was brought to each table to allow residents to select their preferred condiment. Residents were observed making the selection with their bare hands. Staff did not wash their hands when leaving one table to go to another.

c) Staff confirmed they should be washing their hands between assisting residents, after serving tables and removing dirty dishes from tables. [s. 229. (4)]

2. a) One nursing staff was observed making a resident's bed and throwing the soiled linen on the floor.

b) The same staff member removed the linen from the floor, carried it out into the corridor and deposited it into the soiled laundry hamper. The staff member proceeded to enter their completed tasks on the point of care kiosk without washing their hands.

c) One registered staff confirmed the staff member should not have thrown the soiled linen on the floor and should have washed their hands prior to use of the point of care kiosk. [s. 229. (4)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that all staff participate in the implementation of the program for infection and prevention and control practices, to be implemented voluntarily.



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**Ministère de la Santé et des
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**Inspection Report under
the Long-Term Care
Homes Act, 2007**

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

Issued on this 15th day of June, 2015

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

Original report signed by the inspector.



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

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) : CAROLEE MILLINER (144), ALICIA MARLATT (590),
NATALIE MORONEY (610), PATRICIA VENTURA (517)

Inspection No. /

No de l'inspection : 2015_216144_0026

Log No. /

Registre no: 008630-15

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Jun 9, 2015

Licensee /

Titulaire de permis : S & R NURSING HOMES LTD.
265 NORTH FRONT STREET, SUITE 200, SARNIA,
ON, N7T-7X1

LTC Home /

Foyer de SLD : AFTON PARK PLACE LONG TERM CARE
COMMUNITY
1200 AFTON DRIVE, SARNIA, ON, N7S-6L6

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : ANNE HILLIER



**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*

To S & R NURSING HOMES LTD., you are hereby required to comply with the following order(s) by the date(s) set out below:



Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

Order # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,

- (a) the home, furnishings and equipment are kept clean and sanitary;
- (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
- (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure steps are taken to maintain the carpets in all Resident Home Areas in a clean and sanitary condition.

The written compliance plan shall include at a minimum, the following:

1. A written description of the plan to ensure carpets in all Resident Home Areas are kept clean and sanitary.
2. Development of a process to evaluate the effectiveness of the plan to ensure the carpets are kept clean and sanitary.

The plan shall be submitted to Carolee Milliner, LTC Homes Inspector, either by mail or email to: 130 Dufferin Avenue, 4th Floor, London, ON N6A 5R2 or carolee.milliner@ontario.ca by June 30, 2015.

Grounds / Motifs :



**Ministry of Health and
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section 154 of the *Long-Term Care
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**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
de soins de longue durée, L.O. 2007, chap. 8*

1. The licensee did not ensure that the home, furnishings and equipment are kept clean and sanitary.

a) During the Resident Quality Inspection (RQI), twenty-four (24) areas of carpet throughout all Resident Home Areas (RHA) were observed by all Inspectors involved in the RQI, to be heavily soiled and stained.

b) The Administrator confirmed the observations and shared the Environmental Services Manager (ESM) was not available during the RQI for interview.

This regulation was previously issued June 2, 2014.

(144)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 30, 2015



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section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur

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

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



**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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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 9th day of June, 2015

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

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

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