



**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**

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<sup>ième</sup> étage  
HAMILTON, ON, L8P-4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

## **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 2, 2014	2014_191107_0016	H-000832- 13	Follow up

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

BELLA SENIOR CARE RESIDENCES INC.  
1000 FINCH AVENUE WEST, SUITE 901, TORONTO, ON, M3J-2V5

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

BELLA SENIOR CARE RESIDENCES INC.  
8720 Willoughby Drive, NIAGARA FALLS, ON, L2G-7X3

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

MICHELLE WARRENER (107)

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

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

**This inspection was conducted on the following date(s): July 16, 17, 2014**

**During the course of the inspection, the inspector(s) spoke with The Administrator, Food Services Supervisor, Director of Care, front line nursing and dietary staff, and residents**

**During the course of the inspection, the inspector(s) Observed meal service, reviewed food production systems, staff training, identified resident clinical health records, and relevant policies and procedures**

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



Dining Observation
Food Quality
Nutrition and Hydration
Reporting and Complaints
Training and Orientation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Table with 2 columns: Legend and Legendé. Legend includes WN, VPC, DR, CO, WAO. Legendé includes Avis écrit, Plan de redressement volontaire, Aiguillage au directeur, Ordre de conformité, Ordres : travaux et activités. The table also contains detailed descriptions of non-compliance with LTCHA and LFSLD requirements.

WN #1: 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. (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).



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**Findings/Faits saillants :**

1. The licensee did not ensure that the care set out in the plan of care was provided to residents as specified in the plan at the lunch meal July 16, 2014.

A) The plan of care for resident #006 directed staff to provide a specialized menu. The items provided to the resident were not consistent with the resident's menu plan and plan of care. During interview, the resident stated they did not ask for most of the items. The Registered Dietitian confirmed that the resident's plan of care was not followed.

B) The plan of care for resident #005 directed staff to provide a texture modified meal. The resident was provided a regular textured sandwich and regular textured salad. Staff confirmed that a physician order had not been written to change the resident's diet to a regular texture.

C) The plan of care for resident #008 directed staff to provide minced meat only. The resident was provided a regular textured meat sandwich.

D) The plan of care for resident #007 required a specific item at the lunch meal. The item was not provided at the lunch meal. [s. 6. (7)]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production**

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

**s. 72. (2) The food production system must, at a minimum, provide for, (c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s. 72 (2).**

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**Findings/Faits saillants :**



1. Standardized recipes and production sheets were not in place for the menu being prepared and served to residents.

A) The home's Week three Wednesday lunch menu included: tomato juice, mushroom omelet, french bread, florentine mixed vegetables, apple slices or corned beef salad sandwich on rye bread, Greek salad, orange citrus cake.

Production sheets labeled as Wednesday Week 3 lunch listed beef barley soup, breaded cod nuggets, poached fish, creamy coleslaw, apple slices, or salami sandwich, rotini vegetable salad, grilled vegetables, rice pudding. Recipes for Week 3 Wednesday lunch reflected Minestrone soup, spring mix salad, fruit compote, gelatin, ice cream/sorbet, chicken burger on a bun.

B) All three weeks of the menu, recipes and production sheets did not match and were inconsistent.

C) Production sheets did not provide direction to staff including the quantity of each item to prepare for each dining area.

D) Direction was not provided to staff for the consistent preparation of menu items. Dietary staff confirmed the recipes and production sheets did not reflect the items required on the planned menu. A new dietary employee confirmed that they would have to consult the long term employees for direction on how to prepare some of the menu items, as recipe and production sheets did not reflect the actual items they were required to prepare. [s. 72. (2) (c)]

***Additional Required Actions:***

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

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints**

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

**s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).**

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**Findings/Faits saillants :**



1. The licensee did not immediately forward any written complaints that had been received concerning the care of a resident or the operation of the home to the Director. The Administrator confirmed that written complaints were kept in a log book at the home, however, were not forwarded to the Director. The Administrator confirmed that none of the written complaints had been forwarded for the year 2014. [s. 22. (1)]

***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 ensuring that the licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning**

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

**s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).**

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**Findings/Faits saillants :**



1. Not all planned menu items were offered and available at the lunch meal July 16, 2014.

A) Residents requiring a specific menu were not offered milk (as per the planned menu) in two dining areas. The milk was not available in the refrigerator (as per the Dietary Aide) and was not on the beverage cart that traveled around the dining room. Staff confirmed that the milk was not offered at the meal. Two of the residents interviewed stated they were not sure why they did not receive milk with their meal and two residents were not able to communicate with the inspector. Resident #003 had a plan of care that specifically required milk. The resident was not meeting their recommended hydration target for the two weeks reviewed in July, 2014. Resident #004 was not offered milk and was unable to request it. The resident's plan of care did not identify a dislike for milk and the resident was documented as having fair fluid intake.

B) During interview, staff stated that residents requiring a special product would not receive it as the product required was not prepared. A compatible product was available to staff, however, was not used.

C) A planned specialized menu required different items than those on the regular menu. Some of the items were not available or offered to residents and a resident received items that were not consistent with the planned specialized menu.

D) The planned menu required pureed orange citrus cake; however, the Cook confirmed that sufficient quantities of cake were not available so the pureed menu received vanilla pudding mixed with orange rind and orange jello. [s. 71. (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 with ensuring that all planned menu items are offered and available at meals, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training**



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

**s. 76. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).**

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**Findings/Faits saillants :**



1. Not all staff received retraining annually related to the Residents' Bill of Rights and the home's policy to promote zero tolerance of abuse and neglect of residents.

A) The "Mandatory Abuse and Neglect" Training sign off sheets for February/March 2014 indicated that a significant number of staff had not received the required training. The following staff were documented as having completed the required training:

8/27 dietary staff

9/10 housekeeping staff

2/2 laundry staff

1 janitor

3/6 programs staff

2/2 Restorative

66/100 Personal Care Providers (PCP)

17/35 Registered Practical Nurse (RPN)

1/3 NUC

5/7 Registered Nurse (RN)

4/12 Managers

B) Training related to Residents' Bill of Rights, completed in January or February 2014 reflected the following number of staff completed the education:

10/27 dietary staff

8/10 housekeeping staff

1/1 janitor

2/2 laundry

4/8 program

2/2 Restorative

63/100 PCP

16/31 RPN

1/3 NUC

4/7 RN

4/12 managers

C) The Administrator confirmed that not all staff had completed the required training.  
[s. 76. (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 with ensuring that the licensee of a long-term care home shall ensure that all staff at the home have received training as required by this section, to be implemented voluntarily.**

**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:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / NO DE L'INSPECTION</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #003	2013_202165_0013	107
LTCHA, 2007 S.O. 2007, c.8 s. 3. (1)	CO #002	2013_202165_0013	107

**Issued on this 30th day of September, 2014**

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



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**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** MICHELLE WARRENER (107)

**Inspection No. /**

**No de l'inspection :** 2014\_191107\_0016

**Log No. /**

**Registre no:** H-000832-13

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Sep 2, 2014

**Licensee /**

**Titulaire de permis :** BELLA SENIOR CARE RESIDENCES INC.  
1000 FINCH AVENUE WEST, SUITE 901, TORONTO,  
ON, M3J-2V5

**LTC Home /**

**Foyer de SLD :** BELLA SENIOR CARE RESIDENCES INC.  
8720 Willoughby Drive, NIAGARA FALLS, ON, L2G-7X3

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** BRENDA HARKER

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To BELLA SENIOR CARE RESIDENCES INC., 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)

**Linked to Existing Order /**

Lien vers ordre existant: 2013\_202165\_0013, CO #001;

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, 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).

**Order / Ordre :**

The licensee shall prepare, submit, and implement a plan that ensures the plan of care is provided to residents as specified in their plan related to correct diet and diet texture, supplements, and fluid restrictions. The plan shall include: dates and quality management activities used to ensure compliance. The plan shall also include training for all registered staff related to CPR and education related to the home's emergency care policy on choking. Confirmation that all of the required staff members have had the required training shall be submitted by the corrective action date of October 31, 2014. (Corrective action plan was previously requested in compliance order CO#003 dated October 10, 2013, however, was not submitted to the Director).

The plan shall be submitted to Long-Term Care Homes Inspector, Michelle Warrener, Michelle.Warrener@ontario.ca, by September 16, 2014.

**Grounds / Motifs :**



**Ministry of Health and  
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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*

**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*

1. The licensee did not ensure that the care set out in the plan of care was provided to residents as specified in the plan at the lunch meal July 16, 2014.
- A) The plan of care for resident #006 directed staff to provide a specialized menu. The items provided to the resident were not consistent with the resident's menu plan and plan of care. During interview, the resident stated they did not ask for most of the items. The Registered Dietitian confirmed that the resident's plan of care was not followed.
  - B) The plan of care for resident #005 directed staff to provide a texture modified meal. The resident was provided a regular textured sandwich and regular textured salad. Staff confirmed that a physician order had not been written to change the resident's diet to a regular texture.
  - C) The plan of care for resident #008 directed staff to provide minced meat only. The resident was provided a regular textured sandwich.
  - D) The plan of care for resident #007 required a specific item at the lunch meal. The item was not provided at the lunch meal. (107)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Oct 31, 2014**

**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 :** 002**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (b)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 72. (2) The food production system must, at a minimum, provide for,

(a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;

(b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable;

(c) standardized recipes and production sheets for all menus;

(d) preparation of all menu items according to the planned menu;

(e) menu substitutions that are comparable to the planned menu;

(f) communication to residents and staff of any menu substitutions; and

(g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).

**Order / Ordre :**

The licensee shall prepare, submit, and implement a plan that outlines how the home will ensure that standardized recipes and production sheets are in place to direct staff in the preparation of the planned menu. The plan shall include time frames and quality management strategies used to ensure compliance. The plan shall be submitted to Long-Term Care Homes Inspector Michelle Warrener, Michelle.Warrener@ontario.ca, by September 16, 2014.

**Grounds / Motifs :**

**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*

1. Standardized recipes and production sheets were not in place for the menu being prepared and served to residents.

A) The home's Week three Wednesday lunch menu included: tomato juice, mushroom omelet, french bread, florentine mixed vegetables, apple slices or corned beef salad sandwich on rye bread, Greek salad, orange citrus cake. Production sheets labeled as Wednesday Week 3 lunch listed beef barley soup, breaded cod nuggets, poached fish, creamy coleslaw, apple slices, or salami sandwich, rotini vegetable salad, grilled vegetables, rice pudding. Recipes for Week 3 Wednesday lunch reflected Minestrone soup, spring mix salad, fruit compote, gelatin, ice cream/sorbet, chicken burger on a bun.

B) All three weeks of the menu, recipes and production sheets did not match and were inconsistent.

C) Production sheets did not provide direction to staff including the quantity of each item to prepare for each dining area.

D) Direction was not provided to staff for the consistent preparation of menu items. Dietary staff confirmed the recipes and production sheets did not reflect the items required on the planned menu. A new dietary employee confirmed that they would have to consult the long term employees for direction on how to prepare some of the menu items, as recipe and production sheets did not reflect the actual items they were required to prepare. (107)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Oct 31, 2014**



**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

### **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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**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*

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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](http://www.hsarb.on.ca).





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de l'article 154 de la *Loi de 2007 sur les foyers  
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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<sup>e</sup> 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.



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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](http://www.hsarb.on.ca).

**Issued on this 2nd day of September, 2014**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** MICHELLE WARRENER

**Service Area Office /**

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