



**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 prévue le Loi de 2007 les foyers de soins de longue durée**

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

Hamilton Service Area Office  
119 King Street West, 11th Floor  
HAMILTON, ON, L8P-4Y7  
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**Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité**

**Amended Public Copy/Copie modifiée du public de permis**

<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>
Jul 29, 2014;	2014_306510_0014 (A1)	H-000662-14	Critical Incident System

**Licensee/Titulaire de permis**

BENNETT HEALTH CARE CENTRE  
1 Princess Anne Drive, Georgetown, ON, L7G-2B8

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

BENNETT HEALTH CARE CENTRE  
1 Princess Anne Drive, Georgetown, ON, L7G-2B8

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

IRENE PASEL (510) - (A1)

**Amended Inspection Summary/Résumé de l'inspection modifié**

**Compliance dates have been changed to July 25, 2014 for plan and August 8, 2014 for orders.**



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**Issued on this 15 day of August 2014 (A1)**

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



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

IRENE PASEL (510) - (A1)

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



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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): June 4, and 5, 2014**

**During the course of the inspection, the inspector(s) spoke with The Administrator, Director of Care, RAI Coordinator, Administrator's Assistant, Environmental Services Supervisor, registered staff and personal support workers.**

**During the course of the inspection, the inspector(s) observed the provision of resident care, reviewed homes applicable programs, maintenance documents and resident clinical records.**

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

**Accommodation Services - Maintenance**

**Falls Prevention**

**Prevention of Abuse, Neglect and Retaliation**

**Findings of Non-Compliance were found during this inspection.**



**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.)  The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.  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. 17.  
Communication and response system**



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

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
  - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
  - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
  - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
  - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
  - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
  - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**
- 

**Findings/Faits saillants :**



1. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that, (b) is on at all times; (f) clearly indicates when activated where the signal is coming from;  
O. Reg. 79/10, s. 17 (1).

The Nurse Call System at the home consists of a monitor at the central nursing station that has an audible signal. The signal is a slow tone for a regular call and rapid for an emergency call. A green light appears in the hallway above the door for a regular call and a red light appears for an emergency call. The system has pagers that are to be worn by staff on the nursing team. Pagers are programmed so that the team member assigned to the resident who calls receives the page directly. No other staff receive the call.

On an identified date Resident #1 fell in the shower/tub room on the north wing. The personal support worker (PSW) reported that they pulled the emergency cord. The registered staff that responded that day stated they were advised by a second PSW that they were needed in the shower room. The registered staff reported they did not receive a page.

On an identified date, the emergency cord in the north wing shower room was activated. Staff on the unit did not respond. Five PSW's were asked if they had pagers. Four were not carrying pagers. One PSW stated they always carry their pager even though it doesn't work. Asked if they received the emergency page earlier, they stated they did not.

Staff and the Director of Care (DOC) confirmed this pager system is the resident call system as well as the emergency system. When the PSW doesn't have a pager, the resident can not contact the service provider.

Registered staff reported that they were aware the PSW's don't carry their pagers because they often find the pagers on the desk at the nursing station.

The DOC confirmed she was aware PSW's were not carrying the pagers as they are sitting on the table in the staff room. She further confirmed she is aware of the system problems.

The Administrator confirmed that while the system was upgraded recently, it has only worked intermittently since the upgrade.

The Administrator advised a service call had been placed and they would be on site shortly.

Staff are not always carrying pagers and the system is known to not be reliable. The resident-staff communication system is not on at all times and does not clearly indicate where the signal is coming from. [s. 17. (1)]



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***Additional Required Actions:***

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

**(A1)The following order(s) have been amended:CO# 001**

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**

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

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,**

**(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment; O. Reg. 79/10, s. 90 (2).**

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**Findings/Faits saillants :**





1. The licensee did not ensure that procedures were developed and implemented to ensure that, (b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment; O. Reg. 79/10, s. 90 (2).

Resident #1 had resided at the home for some time when they fell from a shower chair during the provision of personal care sustaining an injury that resulted in transfer to hospital on an identified date. The resident returned to the home with a palliative plan of care and subsequently died.

Review of the clinical record revealed documentation that Resident #1 used a tilt wheelchair (tilted to 10 to 40 degrees alternately) in addition to a lap belt. Personal support staff who frequently provided personal care to Resident #1 reported that the tilt (shower) chair that was broken so they used the straight backed chair. On an identified date, the tilt shower chair in the north shower room was broken. The PSW used the straight back shower chair to shower the resident and the resident fell.

Review of the maintenance log revealed a previous entry advising the chair in the north shower room required repair as the cable has snapped. No action was identified beneath this entry. An entry dated several weeks later (the day the resident fell) also indicated the shower chair cable was broken and revealed an action item the same day that the part was ordered.

Director of Care confirmed the request for repair was entered several weeks prior to the resident falling and that the chair was currently in the East wing bathroom waiting to be fixed.

The Administrator advised that staff have been directed to borrow the tilt shower chair from the east wing for all residents using tilt wheelchairs until the north wing chair is repaired. If this chair is not available staff have been advised to provide a bed bath. The Administrator confirmed there is no preventative maintenance program for the home. [s. 90. (2) (b)]

***Additional Required Actions:***

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



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**(A1)The following order(s) have been amended:CO# 002**

***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 be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007, s. 3. Residents' Bill of Rights**

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

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

**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. 2007, c. 8, s. 3 (1).**

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**Findings/Faits saillants :**



1. Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted: 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. 2007, c. 8, s. 3 (1).

Resident #01 fell from a shower chair during the provision of personal care sustaining an injury that resulted in transfer to hospital. The resident was injured, returned to the home with a palliative plan of care and subsequently, the resident died.

Clinical records identified Resident #1 required extensive assistance with activities of daily living. Clinical records clearly indicate the resident required a tilt wheelchair between 10 and 40 degrees and a seat belt. The Restraint Assessment confirmed this direction. The only intervention noted in the care plan was total dependence. There was no mention of the requirement to use a tilt shower chair with seat belt for this resident. The RAI coordinator confirmed that the content of the Care Plan informs what is available to staff in the Kardex.

A PSW who had showered Resident #1 frequently, reported that when showering the resident "the tilt chair is broken which is the chair of choice" so used the straight back chair. The PSW showering Resident #1 on the day of the fall had previously provided only a bed bath to this resident. The PSW reported there was no direction in the Kardex to use a tilt shower chair. The RAI Coordinator confirmed that all Care Plans for residents using tilt wheel chairs have now been updated to include the use of tilt shower chairs.

The resident did not receive care consistent with their needs. [s. 3. (1) 4.]

***Additional Required Actions:***

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

**(A1)The following order(s) have been amended:CO# 003**

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**WN #4: The Licensee has failed to comply with LTCHA, 2007, s. 6. Plan of care**



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**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. The licensee did not ensure that there was a written plan of care for each resident that set out, (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Resident #01 fell from a shower chair during the provision of personal care sustaining an injury that resulted in transfer to hospital. The resident sustained an injury as a result of the fall, returned to the home with a palliative plan of care and subsequently, the resident died.

Clinical records indicated Resident #1 required extensive assistance with activities of daily living including the use of a tilt wheelchair angled between 10 and 40 degrees alternately and a seat belt. The Restraint Assessment confirmed this direction. There were no interventions that directed staff to use a tilt shower chair with seat belt for this resident in the document the home refers to as the care plan. The RAI Coordinator confirmed that the care plan that was in place at the time of the fall did not include a bathing intervention for the use of a tilt shower chair. The RAI coordinator also confirmed that, in the Point Click Care (PCC) system, the kardex is informed by the care plan and if it is not in the care plan, it will not be in the Kardex. The PSW who was providing care at the time of the fall stated there was no direction in the kardex at that time for the use of a tilt wheelchair.

The personal support worker (PSW) providing care to the resident at the time of the fall had completed morning care for Resident #1 but had done a bed bath on that occasion. The Director of Care (DOC) reported that she thought the PSW was familiar with the resident's bath routine because of the previous assignment. Point of Care (POC) documentation showed a bath had been completed but did not stipulate shower, bath or bed bath. The DOC and Administrator confirmed this function has now been changed and POC documentation now identifies what method of bathing occurred.

Staff providing direct care to the resident did not have clear direction regarding how to provide care for this resident. [s. 6. (1) (c)]

***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 be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

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

**s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:**

**1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).**

**2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).**

**3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).**

**4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

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**Findings/Faits saillants :**



1. The licensee did not ensure that the following was complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation: 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).

Clinical Record review revealed Resident #1 required the use of a tilt wheelchair and lap belt.

On an identified date, staff used a straight back chair to shower Resident #1 and the resident fell forward, hitting their head on the floor.

In internal investigation documentation, a personal support staff member described the process they used for showering Resident #1 and stated that the "tilt chair is broken which is the chair of choice" so used the straight back chair as it is available. Director of Care was present when the staff member made this statement and confirmed the documentation is as stated by the staff.

Staff did not use the appropriate equipment for the resident based on the resident's condition. [s. 30. (1) 2.]

***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 be implemented voluntarily.***

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**WN #6: The Licensee has failed to comply with LTCHA, 2007, 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. Every licensee of a long-term care home shall ensure that (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).

On an identified date, the three tub/shower rooms on the north and east wings of the home were inspected. The walls of the shower were found to have a thick coating of soap scum that could be scrapped off with the handle of a plastic knife.

The cleaning schedule on the wall indicated that shower walls were to be cleaned twice a year.

The Environmental Services Supervisor confirmed that the cleaning schedule for shower walls was twice a year. When asked, he confirmed his shower walls at home were cleaned more often than twice a year and that they were not coated with soap scum. The Supervisor confirmed he would have the shower walls cleaned and change the cleaning schedule.

The Administrator's Assistant confirmed the shower walls looked dirty and he would not shower in it without cleaning it first. [s. 15. (2) (a)]

2. The licensee did not ensure that, (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).

During a tour of the home, it was observed that cupboard units in three tub/shower rooms were damaged on several edges leaving particle board exposed.

The Administrator, Administrator Assistant and Director of Care confirmed that the cupboard units were damaged and particle board was exposed.

The Administrator confirmed that a work order had not been issued to repair the cabinets.

The Administrator confirmed that the Home does not have a preventative maintenance program for their equipment and fixtures. [s. 15. (2) (c)]





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**Issued on this 15 day of August 2014 (A1)**

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



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**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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

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

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

**Nom de l'inspecteur (No) :** IRENE PASEL (510) - (A1)

**Inspection No. /**

**No de l'inspection :** 2014\_306510\_0014 (A1)

**Appeal/Dir# /**

**Appel/Dir#:**

**Log No. /**

**Registre no. :** H-000662-14 (A1)

**Type of Inspection /**

**Genre d'inspection:** Critical Incident System

**Report Date(s) /**

**Date(s) du Rapport :** Jul 29, 2014;(A1)

**Licensee /**

**Titulaire de permis :** BENNETT HEALTH CARE CENTRE  
1 Princess Anne Drive, Georgetown, ON, L7G-2B8

**LTC Home /**

**Foyer de SLD :** BENNETT HEALTH CARE CENTRE  
1 Princess Anne Drive, Georgetown, ON, L7G-2B8

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :**

MARK EWER



**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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

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

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

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<b>Order # / Ordre no :</b> 001	<b>Order Type / Genre d'ordre :</b> Compliance Orders, s. 153. (1) (b)
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**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

- (a) can be easily seen, accessed and used by residents, staff and visitors at all times;
- (b) is on at all times;
- (c) allows calls to be cancelled only at the point of activation;
- (d) is available at each bed, toilet, bath and shower location used by residents;
- (e) is available in every area accessible by residents;
- (f) clearly indicates when activated where the signal is coming from; and
- (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

**Order / Ordre :**



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Aux termes de l'article 153 et/ou de  
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(A1)

The Licensee shall prepare and submit and implement a plan which identifies, at a minimum, the following:

1. Strategies that will ensure staff carry their pagers when required
2. Strategies that will ensure pagers are kept in working order
3. Strategies that will ensure staff report malfunctions of any pager or the system efficiently and effectively
4. Strategies that will ensure maintenance staff respond to a report of a malfunction of a pager or the system and how maintenance will monitor the work conducted on the system
5. What contingencies are in place for staff should the system malfunction (signals not transmitting to pagers)
6. Strategies that will ensure staff have been or will be trained to use the pagers and the system
7. Where additional information can be acquired on the care and use of the system pagers

The plan shall be submitted to Irene Pasel, LTC Homes Inspector, either by mail or email to 119 King Street West, 11th floor, Hamilton, ON L8P4Y7 or irene.pasel@ontario.ca by July 25, 2014.

Note: If an extension on the compliance date is required, please contact the inspector at least one week before the original compliance date.

**Grounds / Motifs :**

1. The licensee of a long-term care home did not ensure that the home is equipped with a resident-staff communication and response system that,  
(b) is on at all times  
(f) clearly indicates when activated where the signal is coming from  
O. Reg. 79/10, s. 17 (1).

The Nurse Call System at the home consists of a monitor at the central nursing station that has an audible signal. The signal is a slow tone for a regular call and a rapid tone for an emergency call. A green light appears in the hallway above the door for a regular call and a red light appears for an emergency call. The system has pagers that are to be worn by staff on the nursing team. Pagers are programmed so



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that the team member assigned to the resident who calls receives the page directly. No other staff receive the call.

On an identified date, resident #1 fell in the shower/tub room on the north wing. The personal support worker (PSW) reported that they pulled the emergency cord. The registered staff that responded that day stated they were advised by a second PSW that they were needed in the shower room. The registered staff reported they did not receive a page.

On June 5, 2014, the emergency cord in the north wing shower room was activated. Staff on the unit did not respond. Five PSW's were asked if they had pagers. Four were not carrying pagers. One PSW stated they always carry their pager even though it doesn't work. This staff member reported they did not receive the emergency page earlier in the day.

Staff and the Director of Care (DOC) confirmed this pager system is the resident call system as well as the emergency system. When the PSW doesn't have a pager, the resident can not contact the service provider.

Registered staff reported that they were aware the PSW's don't carry pagers because they often find the pagers on the desk at the nursing station.

The DOC confirmed she was aware PSW's were not carrying the pagers as they are sitting on the table in the staff room. She further confirmed she is aware of the system problems.

The Administrator confirmed that while the system was upgraded, it has only worked intermittently since the upgrade.

The Administrator advised a service call had been placed and they would be on site shortly.

Staff are not always carrying pagers and the system is known to not be reliable. The resident-staff communication system is not on at all times and does not clearly indicate where the signal is coming from. (510)

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

Aug 08, 2014(A1)



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**Order # /**

**Order Type /**

**Ordre no :** 002

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

**Pursuant to / Aux termes de :**



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O.Reg 79/10, s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;

(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;

(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;

(e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;

(f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;

(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;

(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;

(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;

(j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and

(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

**Order / Ordre :**





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(A1)

The licensee shall prepare, submit and implement a plan which identifies at a minimum, the following:

1. Strategies that will ensure development of a preventative maintenance program to keep resident care equipment in good working order and minimize any down time for this equipment, including an equipment replacement program
2. Strategies that will ensure equipment repair logs are efficiently and effectively completed
3. Strategies that will ensure staff are advised of the status of equipment that is out for repair, including when it will be back in service
4. Processes that are in place for providing alternate equipment resources for equipment that is unavailable for protracted periods of time.

The plan shall be submitted to Irene Pasel LTC Homes Inspector, either by mail or e-mail to 119 King Street West, Hamilton, ON L8P4Y7 or irene.pasel@ontario.ca by July 25, 2014



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**Grounds / Motifs :**

1. The licensee did not ensure that procedures were developed and implemented to ensure that, (b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment; O. Reg. 79/10, s. 90 (2).

Resident #01 fell from a shower chair during the provision of personal care sustaining an injury that resulted in transfer to hospital. The resident sustained an injury as a result of the fall. The resident returned to the home with a palliative plan of care and subsequently died.

Review of the clinical record revealed documentation that Resident #1 used a tilt wheelchair (tilted to 10 to 40 degrees alternately) in addition to a lap belt. Personal support staff who frequently provided personal care to Resident #1 reported that the tilt (shower) chair was broken so they used the straight backed chair.

On the day of the fall, the tilt shower chair in the north shower room was broken. The PSW used the straight back shower chair to shower the resident and the resident fell.

Review of the maintenance log revealed a much earlier entry advising the chair in the north shower room required repair as the cable had snapped. No action was identified beneath this entry. An entry dated the day the resident fell also reported the shower chair cable was broken and revealed an action item the same day that the part was ordered.

Director of Care confirmed the request for repair was entered several weeks prior to the day of the fall and that the chair was presently waiting to be fixed.

The Administrator advised that staff have been directed to borrow the tilt shower chair from the east wing for all residents using tilt wheelchairs until the north wing chair is repaired. If this chair is not available staff have been advised to provide a bed bath. The Administrator confirmed there is no preventative maintenance program for the home.

(510)



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<b>Order # / Ordre no :</b> 003	<b>Order Type / Genre d'ordre :</b> Compliance Orders, s. 153. (1) (b)
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**Pursuant to / Aux termes de :**

LTCHA, 2007, 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

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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,

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- 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).

**Order / Ordre :**



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(A1)

The licensee shall prepare, submit and implement a plan which identifies at a minimum the following:

1. Strategies the home will use to ensure the assessed needs for all residents are included in the Plan of Care and available to staff providing direct care to residents
2. Strategies the home will use to ensure equipment needed for direct care to residents is available for use by staff resident
3. Strategies the home will use to ensure any contingency plan for direct resident care is included in the care plan and available to staff providing direct care to residents
4. Strategies the home will use to monitor and evaluate the effectiveness of this process to ensure resident care is provided in the right place at the right time with the right equipment. The plan shall be submitted to Irene Pasel LTC Homes Inspector, either by mail or e-mail to 119 King Street West, Hamilton, ON L8P 4Y7 or irene.pasel@ontario.ca by July 25, 2014.



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**Grounds / Motifs :**

1. Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted: 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. 2007, c. 8, s. 3 (1).

Resident #01 fell from a shower chair during the provision of personal care sustaining an injury that resulted in transfer to hospital. The resident returned to the home with a palliative plan of care. Subsequently, the resident died.

Clinical records identified resident #1 required extensive assistance with activities of daily living. Clinical records clearly indicate the resident required a tilt wheelchair between 10 and 40 degrees and a seat belt. The Restraint Assessment confirmed this direction. The only intervention identified in the care plan for bathing was total dependence. There was no mention of the requirement to use a tilt shower chair with seat belt for this resident. The RAI coordinator confirmed that the content of the Care Plan informs what is available to staff in the Kardex.

A PSW who had showered Resident #1 frequently reported that when showering the resident "the tilt chair is broken which is the chair of choice" so use the straight back chair. The PSW showering Resident #1 the day of the fall had previously provided only a bed bath to this resident. The PSW reported there was no direction in the Kardex to use a tilt shower chair. The RAI Coordinator confirmed that all Care Plans for residents using tilt wheel chairs have now been update to include the use of tilt shower chairs.

The Medical Certificate of Death reported cause of death was related to an accidental fall forward out of shower chair.

The resident did not receive care consistent with their needs. (510)

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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

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



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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).

**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  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603



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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  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
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.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 15 day of August 2014 (A1)**

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

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

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