



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

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

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

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

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

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

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de
Toronto
5700 rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

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
Dec 3, 2015	2015_398605_0019	T-1656-15	Resident Quality Inspection

Licensee/Titulaire de permis

Downsview Long Term Care Centre Limited
3595 Keele Street NORTH YORK ON M3J 1M7

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

Downsview Long Term Care Centre
3595 Keele Street NORTH YORK ON M3J 1M7

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

SARAH KENNEDY (605), ARIEL JONES (566), STELLA NG (507)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): July 28, 29, 30, 31, August 4, 5, 6, and September 18, 21, 22, 28, 2015.

The following complaint intakes were conducted concurrently with this inspection: T-512-14 and T-2802-15.

The following follow-up intakes were conducted concurrently with this inspection: T-1912-15, T-2055-15 and T-2056-15.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Assistant Director of Care (ADOC), Resident Assessment Instrument (RAI)-Coordinator, Social Worker, Resident Family Resource Worker, Director of Resident Programs, Registered Dietitian (RD), registered nursing staff, Registered Pharmacist, Food Service Manager (FSM), Food Service Supervisor (FSS), dietary aides, Personal Support Workers (PSWs), and housekeeping staff, residents, family members and substitute decision makers.

During the course of the inspection, the inspector(s) observed the provision of resident care and dining service, conducted a tour of the home, reviewed clinical and administration records and reviewed applicable home policies and procedures.

The following Inspection Protocols were used during this inspection:



- Accommodation Services - Housekeeping
- Contenance Care and Bowel Management
- Dignity, Choice and Privacy
- Dining Observation
- Family Council
- Food Quality
- Hospitalization and Change in Condition
- Infection Prevention and Control
- Medication
- Minimizing of Restraining
- Nutrition and Hydration
- Personal Support Services
- Reporting and Complaints
- Residents' Council
- Safe and Secure Home
- Skin and Wound Care

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

- 3 WN(s)
- 0 VPC(s)
- 1 CO(s)
- 0 DR(s)
- 0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 22. (1)	CO #004	2014_321501_0021		566
O.Reg 79/10 s. 50. (2)	CO #001	2015_108110_0002		507



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 O.Reg 79/10, s. 68. Nutrition care and hydration programs

Specifically failed to comply with the following:

- s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,**
- (a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
 - (b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
 - (c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).**
 - (d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).**
 - (e) a weight monitoring system to measure and record with respect to each resident,**
 - (i) weight on admission and monthly thereafter, and**
 - (ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).**

Findings/Faits saillants :

1. The licensee failed to comply with order CO#002, originally issued February 18, 2015, during the complaint inspection #2015_108110_0002, with an order compliance date of April 24, 2015. The order directed the home to prepare, submit and implement a plan outlining how the home will ensure the following areas are addressed:

- a. The hydration program includes the identification of any risks related to hydration and the implementation of interventions to mitigate and manage the risks.
- b. Education to all direct care staff on the home's policy related to identifying risks to residents hydration and the implementation of interventions to mitigate and manage the risks.

The licensee has failed to ensure that the hydration program includes the identification of any risks related to hydration and that there is clear direction to identify when a resident has not been consuming enough fluid.

1. Resident #072 was admitted to the home on an identified date. An interview with RD #142 revealed that the resident's assessed fluid needs are 925mL/day. A review of the Nutrition and Hydration Flow Sheets during an identified month revealed that the resident's fluid intake was between 300-950mL for eight consecutive days.

An interview with the FSM revealed that a referral to the RD for resident #072 during the time of inadequate fluid intake was not received.

2. Resident #071 was admitted to the home on an identified date. A review of the current plan of care revealed that the resident is at risk for dehydration. The resident's fluid intake requirement is >1800cc of fluid daily.

A review of the Nutrition and Hydration Flow Sheets for an identified month revealed that resident #071's fluid intake was 550mL for three consecutive days. A record review revealed that a referral was not sent to the RD.

The Nutrition and Hydration Flow Sheet is used by staff to document residents' fluid intake. This sheet indicates that a referral should be sent to the registered dietitian (RD) if a resident's fluid intake is less than 1500mL/day. A review of the policy "Hydration FN-IV-150", effective September 2013, states "a resident who consistently drinks less than 900cc over seven days should be referred to RN/RPN, MD and RD for follow-up assessment for inadequate fluid intakes given risk for dehydration".

A record review revealed that staff received training on Nutrition and Hydration, provided by RD #123, on May 19, 2015. An interview with registered staff #107 revealed that residents' are referred to the RD after staff have tried to encourage fluid intake, and if fluid consumption is less than 600mL/day over a 24 hour period. An interview with registered staff #117 revealed that a resident should be referred to the RD if fluid consumption is less than 1000mL/day.

An interview with the ADOC revealed that a memo was sent to staff during the week of July 27, 2015. A record review revealed the memo indicates that a referral should be made to the RD if "intake is inadequate for three (3) consecutive days. Intake that is 100mL below 1500mL daily does not require a referral". The ADOC stated that staff are expected to follow the most recent direction as per the identified memo. The ADOC confirmed that the Nutrition and Hydration Flow Sheets and the "Hydration FN-IV-150" policy were not updated to include the new direction.



An interview with RD #142 revealed that fluid needs are calculated on admission and quarterly and if there is a significant change in a resident's condition. The RD #142 revealed that fluid goals are not individualized because RD's receive a fluid referral when a resident's fluid intake is below 900cc/day, and is not based on whether or not they are meeting their individual fluid goal.

An interview with the DOC confirmed that the hydration policy does not clearly identify when a resident might be at risk related to hydration. [s. 68. (2) (b)]

2. The licensee has failed to ensure that height for every resident is measured annually.

Review of the policy 'Weight Management - NM-II-W015', effective September 2013, stated "measure residents height on admission and annually".

Plan of care record review, of residents from the stage 1 census sample, revealed that 34/40 residents had not had their height measured since 2013.

An interview with the ADOC confirmed that heights for every resident were not measured annually and that the expectation is for heights to be measured on admission and on an annual basis thereafter. [s. 68. (2) (e)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

4. Vision. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that the plan of care for resident #001 was based on an interdisciplinary assessment of the resident's vision.

A record review of the Resident Assessment Instrument-Minimum Data Set (RAI-MDS) assessment from an identified date, indicated that resident #001 had impaired vision and did not use visual appliances or corrective lenses. The corresponding Resident Assessment Protocol (RAP) summary indicated that care planning would be done to maintain the resident's current level of functioning. Review of the resident's current written plan of care revealed that there is no plan of care developed for this problem.

Interviews with registered staff #128 and RAI-Coordinator #126 confirmed that if the vision RAP was triggered for the resident and it was indicated that care planning was required, then the problem and its interventions should be outlined on the resident's plan of care. [s. 26. (3) 4.]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

**s. 73. (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).**

Findings/Faits saillants :



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1. The licensee has failed to ensure that residents who require assistance with eating or drinking are only served a meal when someone is available to provide the assistance.

On August 4, 2015, observation during the 12:00p.m. meal service in the 2E dining room, revealed that resident #025 was served his/her main course before a staff member was available to provide assistance with feeding.

Interview with registered staff #108 confirmed that resident #025 needed assistance with eating and he/she should not have been served a meal until someone is available to assist.

Review of resident #025's plan of care revealed that he/she requires extensive feeding assistance and encouragement at meals.

Interview with both the FSM and FSS confirmed that resident #025 should not have received his/her meal before a staff member was available to assist with feeding. It was stated that the expectation is for staff to serve meals to residents who require assistance only when someone is available to assist. [s. 73. (2) (b)]

Issued on this 4th day of December, 2015

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

Original report signed by the inspector.



Ministry of Health and
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Ministère de la Santé et
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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*

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) : SARAH KENNEDY (605), ARIEL JONES (566), STELLA
NG (507)

Inspection No. /

No de l'inspection : 2015_398605_0019

Log No. /

Registre no: T-1656-15

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Dec 3, 2015

Licensee /

Titulaire de permis : Downsview Long Term Care Centre Limited
3595 Keele Street, NORTH YORK, ON, M3J-1M7

LTC Home /

Foyer de SLD : Downsview Long Term Care Centre
3595 Keele Street, NORTH YORK, ON, M3J-1M7

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Christiana Burns

To Downsview Long Term Care Centre Limited, 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
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Order # /

Ordre no : 001

Order Type /

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

Linked to Existing Order /

**Lien vers ordre
existant:** 2015_108110_0002, CO #002;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration;

(b) the identification of any risks related to nutrition care and dietary services and hydration;

(c) the implementation of interventions to mitigate and manage those risks;

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and

(e) a weight monitoring system to measure and record with respect to each resident,

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Order / Ordre :



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The licensee shall prepare, submit and implement a plan outlining how the home will ensure the following areas are addressed:

1. The Nutrition and Hydration Flow Sheets and the policy "Hydration FNIV-150" are both updated to reflect the changes stated in the most recent hydration memo (sent to staff on July 28, 2015). All documents must provide staff with the same direction and clearly indicate when a referral should be sent to the registered dietitian.

2. Education to all direct care staff:

- identifying risks to residents hydration,
- interventions to mitigate and manage these risks including when to refer to the registered dietitian.

Please submit compliance plan to sarah.kennedy@ontario.ca by December 31, 2015.

Grounds / Motifs :

1. The licensee failed to comply with order CO#002, originally issued February 18, 2015, during the complaint inspection #2015_108110_0002, with an order compliance date of April 24, 2015. The order directed the home to prepare, submit and implement a plan outlining how the home will ensure the following areas are addressed:

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An interview with RD #142 revealed that fluid needs are calculated on admission and quarterly and if there is a significant change in a resident's condition. The RD #142 revealed that fluid goals are not individualized because RD's receive a fluid referral when a resident's fluid intake is below 900cc/day, and is not based on whether or not they are meeting their individual fluid goal.

An interview with the DOC confirmed that the hydration policy does not clearly identify when a resident might be at risk related to hydration. (605)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 31, 2015



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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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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.



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de l'article 154 de la *Loi de 2007 sur les foyers
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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.

Issued on this 3rd day of December, 2015

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

**Name of Inspector /
Nom de l'inspecteur :** Sarah Kennedy

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