



**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**

Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
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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**

**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 5, 2015	2015_365194_0018	O-001236-14, 001750- 15, 001751-15	Follow up

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**Licensee/Titulaire de permis**

EXTENDICARE CENTRAL ONTARIO INC  
82 Park Road North OSHAWA ON L1J 4L1

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

EXTENDICARE HALIBURTON  
167 PARK STREET P.O. BOX 780 HALIBURTON ON K0M 1S0

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

CHANTAL LAFRENIERE (194)

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

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

**This inspection was conducted on the following date(s): July 27, 28,29.30 and 31, 2015**

**Concurrently inspected; follow up Logs # O-001751-15,O-001236-14,O-001750-15, complaint logs #O-000448-14,O-001148-14,O-001897-15 and O-000261-14**

**During the course of the inspection, the inspector(s) spoke with Administrator/Director of care (Admin/DOC), Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Worker (PSW), Activation staff, BSO nurse, RAI-Coordinator, Physicians, Physio Therapy Assistant (PTA)and Residents**

**While completing inspection reviewed compliance plans, RN schedules, Clinical health records of identified residents, staff educational records, Critical incidents, licensee policy on falls and continence. Observed staff to resident provision of care.**

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

**Admission and Discharge**

**Falls Prevention**

**Medication**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Responsive Behaviours**

**Sufficient Staffing**

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

**3 WN(s)**

**1 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. 19. (1)	CO #001	2015_365194_0002		194
O.Reg 79/10 s. 53. (4)	CO #001	2014_293554_0035		194

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
<p>WN – Written Notification</p> <p>VPC – Voluntary Plan of Correction</p> <p>DR – Director Referral</p> <p>CO – Compliance Order</p> <p>WAO – Work and Activity Order</p>	<p>WN – Avis écrit</p> <p>VPC – Plan de redressement volontaire</p> <p>DR – Aiguillage au directeur</p> <p>CO – Ordre de conformité</p> <p>WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>



**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services**

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

**s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff on duty and present at all times unless there is an allowable exception to this requirement.

Review of the Registered Nursing (RN) schedule for the period of June 1, 2015 to July 26, 2015 has been reviewed. During the period reviewed five and 1/2 , eight hour shifts were noted to not have an RN on duty and present in the home.

- Saturday June 13, 2015 15:00 - 19:00 hours (4 hours)
- Sunday July 12, 2015 23:00 - 07:00 hours (8 hours)
- Monday July 13, 2015 23:00 - 07:00 hours (8 hours)
- Thursday July 16, 2015 07:00 - 15:00 hours (8 hours)
- Sunday July 20, 2015 23:00 - 07:00 hours (8 hours)
- Monday July 21, 2015 07:00 - 15:00 hours (8 hours)

During an interview the Office Manager and Admin/DOC explained the unplanned absences were not "emergency situations" but related to sick calls. [s. 8. (3)]

***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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**



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

**s. 6. (11) When a resident is reassessed and the plan of care reviewed and revised, (a) subsections (4) and (5) apply, with necessary modifications, with respect to the reassessment and revision; and 2007, c. 8, s. 6 (11).**

**(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the plan of care is being revised because care set out in the plan has not been effective, and different approaches been considered in the revision of the plan of care

Log # O-001236-14

Resident #2, with cognitive impairments has attempted to elope from the home five times and been successful three times, in a one month period. All elopement attempts have been following co-residents out of the home.

The plan of care for Resident #2 directs for elopement

- will arrange with family to come and take Resident #2 out for a drive if the resident is restless and unsettled.
- activities to walk with the resident out in courtyard.
- Resident #2 will be encouraged to wear a lanyard with the wander guard attached to it, to reduce the risk of elopement from the facility.
- OPP to be called, for staff safety related to the residents violent behavior, if resident elopes and will not willingly return to building

During an interview RN #104 indicated that family visits may have caused one of the attempts to elope from the home. The only changes in the plan of care since the beginning of the review period is to add the contact of OPP for assistance to return the resident to the home if resistive to return. RN #104 expressed that changes to the resident's medications have been made recently which may have contributed to the escalation of elopement attempts.

Review of the Medication orders for Resident #2 indicate that seven changes to medications have occurred during the review period.



No different approaches have been considered in the revision of the plan of care for Resident #2 to minimize and ensure the residents safety related to the elopement behaviour

Log #O-000261-14

POA is concerned that Resident #7 has had numerous falls in a short period of time with injury.

Review of the progress notes for a two month period indicate Resident #7 had four falls. Two of the falls resulted in injury to the resident

The plan of care for Resident #7 prior to falls and post falls remained unchanged and directs:

Falls

INTERVENTIONS:

- Coordinate with appropriate staff to ensure a safe environment , floor surfaces even, bed in low position, personal items within reach
- Identify root causes of falls (specify) and work with resident, family and team to develop strategies (specify) to address

Review of the progress notes for Resident #7 for a three month period was completed and directed;

-On an identified date, the progress note indicates after first fall resident was weak and lost balance

-On same identified date, the progress note indicates physio has educated resident on safety and calling for help whenever resident needs help. PLAN continue to educate the resident for safety, to prevent falls in future

-Thirteen days later, the progress note indicates after second fall, resident was looking for something in a drawer, was unsteady and lost balance and fell

-Eighteen days later, the progress note indicates that commode at bedside with assistance, not ambulating, unsteady on feet, told to call for assistance due to fall risk

-Twenty days later, the progress note indicates resident able to transfer unassisted commode to bed but reluctant as fears falling again.

-Thirty days later, the progress note indicates resident request use of broad chair, mechanical lift to be used (as chair is too high)



- Thirty four days later, the progress note indicates Program Manager informed by POA and Resident that staff are not using mechanical lift to transfer into broad chair.
- Forty two days later, Physician note advised NOT to try independent transfers/walking due to two recent falls
- Forty nine days later, progress note indicates after third fall, resident did not call for help and slid off the bed
- Fifty two days later, progress note indicates after fourth fall that resident is weak, lethargic and barefoot
- Fifty six days later, Physician note indicates that Resident #7 is to be reminded NOT to attempt getting up without assistance and this is to be added to care plan.

No different approaches have been considered in the revision of the plan of care for Resident #7 to minimize and ensure the residents safety related to the falls. [s. 6. (11) (b)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensure that when plans of care for residents with responsive behaviours and risk for falls are reassessed and are not effective, different approaches are considered in the revision of the plan of care, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management**

Specifically failed to comply with the following:

- s. 51. (2) Every licensee of a long-term care home shall ensure that,**
- (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).**
  - (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).**
  - (c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence; O. Reg. 79/10, s. 51 (2).**
  - (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time; O. Reg. 79/10, s. 51 (2).**
  - (e) continence care products are not used as an alternative to providing assistance to a person to toilet; O. Reg. 79/10, s. 51 (2).**
  - (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes; O. Reg. 79/10, s. 51 (2).**
  - (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and O. Reg. 79/10, s. 51 (2).**
  - (h) residents are provided with a range of continence care products that,**
    - (i) are based on their individual assessed needs,**
    - (ii) properly fit the residents,**
    - (iii) promote resident comfort, ease of use, dignity and good skin integrity,**
    - (iv) promote continued independence wherever possible, and**
    - (v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).**

### Findings/Faits saillants :

1. The licensee failed to ensure that Resident #5 who is incontinent received an assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition





or circumstances of the resident required an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence

Resident #5 was admitted to the home with cognitive impairments, and has since deceased.

POA was concerned that the home had placed resident #5 in briefs and did not provide a toileting program for the resident.

MDS Assessment reviewed for toileting for Resident #5 for period of fifteen months and directs:

Resident #5 is incontinent and wears an incontinent product. Resident #5 doesn't like being toileted, and can be resistive. Will care plan with the goal of providing dignity around toileting.

MDS six months later indicates

Resident #5 is incontinent and wears an incontinent product. Resident #5 is not toileted and is unpredictable and unsafe. Will care plan with the goal of providing dignity around toileting and avoiding complications".

Admission Continence assessment on Point click care for Resident #5 was not completed and indicates "in progress". Review of the clinical health record and progress notes for the period of one month following the change in status indicated in the MDS was completed with no evidence of a continence assessment being completed for Resident #5.

During an interview RN #111 and RN #104 indicated that admission continence assessments were being completed in the home but, were not able to verify if continence re-assessment were being completed for residents with change in conditions.

During and interview RN #117 (evenings) indicated that on admission a continence assessment would be completed for residents. Incontinence re-assessments would consist of an informal discussion with front line staff and review of the POC(Point of Care) to determine any changes in condition related to continence.



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Review of the "Continence Assessment" policy # RESI-05-04-01 for the facility provided to be in effect at the time of the complaint dated March 2012 directs:

-each resident will have a complete continence assessment upon admission and with any significant continence-related change in functional status or needs. [s. 51. (2)]

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**Issued on this 5th day of August, 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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**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) :** CHANTAL LAFRENIERE (194)

**Inspection No. /**

**No de l'inspection :** 2015\_365194\_0018

**Log No. /**

**Registre no:** O-001236-14, 001750-15, 001751-15

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Aug 5, 2015

**Licensee /**

**Titulaire de permis :** EXTENDICARE CENTRAL ONTARIO INC  
82 Park Road North, OSHAWA, ON, L1J-4L1

**LTC Home /**

**Foyer de SLD :** EXTENDICARE HALIBURTON

167 PARK STREET, P.O. BOX 780, HALIBURTON, ON,  
K0M-1S0

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** JANE ROSENBERG

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To EXTENDICARE CENTRAL ONTARIO 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) (a)

**Linked to Existing Order /**

Lien vers ordre existant: 2015\_365194\_0002, CO #002;

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

**Order / Ordre :**

The licensee shall devise and implement a system to address unplanned absences to ensure that at least one Registered Nurse (RN) who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times.

**Grounds / Motifs :**

1. Review of the Registered Nursing schedule for the period of June 1, 2015 to July 26, 2015 has been reviewed. During the period reviewed five and 1/2 , eight hour shifts were noted to not have an RN on duty and present in the home.

- Saturday June 13, 2015 15:00 - 19:00 hours (4 hours)
- Sunday July 12, 2015 23:00 - 07:00 hours (8 hours)
- Monday July 13, 2015 23:00 - 07:00 hours (8 hours)
- Thursday July 16, 2015 07:00 - 15:00 hours (8 hours)
- Sunday July 20, 2015 23:00 - 07:00 hours (8 hours)
- Monday July 21, 2015 07:00 - 15:00 hours (8 hours)

During an interview the Office Manager and Admin/DOC explained the unplanned absences were not "emergency situations" but related to sick calls.  
(194)



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**Order(s) of the Inspector**

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**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

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

Sep 30, 2015



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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](http://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<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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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  
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**Ordre(s) de l'inspecteur**

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

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  
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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 5th day of August, 2015**

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

**Name of Inspector /  
Nom de l'inspecteur :** Chantal Lafreniere

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