



**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**

Sudbury Service Area Office  
159 Cedar Street Suite 403  
SUDBURY ON P3E 6A5  
Telephone: (705) 564-3130  
Facsimile: (705) 564-3133

Bureau régional de services de  
Sudbury  
159 rue Cedar Bureau 403  
SUDBURY ON P3E 6A5  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133

## **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>
Feb 25, 2015	2014_391603_0005	S-000229-14	Resident Quality Inspection

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

EXTENDICARE (CANADA) INC.  
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

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

EXTENDICARE TIMMINS  
15 Hollinger Lane Box 817 Schumacher ON P0N 1G0

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

SYLVIE LAVICTOIRE (603), JANET MCNABB (579), VALA MONESTIMEBELTER (580)

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## **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): December 1-5 and December 9-10, 2014**

**During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Clinical Coordinator, BSO Coordinator and Staff, Resident Manager, Registered Nursing Staff (RN,RPN), Personal Support Workers, Recreation Staff, Physiotherapist, Housekeeping Staff, Dietary Aids, Residents, and Family Members.**

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

**Continance Care and Bowel Management  
Dignity, Choice and Privacy  
Dining Observation  
Falls Prevention  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Residents' Council  
Responsive Behaviours  
Skin and Wound Care  
Sufficient Staffing**

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

**6 WN(s)  
2 VPC(s)  
1 CO(s)  
0 DR(s)  
0 WAO(s)**



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

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

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

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

**Findings/Faits saillants :**



1. The licensee has failed to ensure that staff participate in the implementation of the Infection Prevention and Control Program.

During the course of inspection, Inspector #603 observed resident #004's room with a red Isolation sign taped to the open door. The sign indicated: Isolation, all visitors please check at nursing station. There was no indication of the type of isolation.

Inspector #603 interviewed staff #101 and staff #102 and they did not know why the resident was in isolation, nor did they know the type of isolation precaution needed. Staff #102 explained that at any time, all personal protective equipment(PPE) including mask, gloves, and gown are put on in order to self-protect. Staff #102 reported that they did not receive training on infection control practices when they were hired, less than 2 months ago.

Staff #103 stated that at times, more signs are put up and in this case, there were none, hence the staff asked other staff for direction. Staff #104 verified that no other signs were posted and that they did not know the process of communicating different precautionary measures, nor did the staff know of any other available signs.

Inspector #603 interviewed staff #105, who stated that all staff receive infection control training on hiring and then annually. Staff #105 acknowledged that personnel files contained the training records. [s. 229. (4)]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services**



Specifically failed to comply with the following:

**s. 31. (3) The staffing plan must,**

**(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this**

**Regulation; O. Reg. 79/10, s. 31 (3).**

**(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).**

**(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).**

**(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).**

**(e) 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. 31 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the staffing plan provides for a staffing mix that is consistent with residents' assessed care and safety needs.

On December 3, 2014, Inspector #579 interviewed family member #113 who complained that the home never has enough staff to do expected resident care. The family member explained that resident #003 was "lucky" if they received one bath per week, let alone two baths per week.

Inspector #579 reviewed Resident #003's health care record which indicated the resident would be bathed weekly and that they prefer a shower twice a week, Tuesday (days) and Sunday (evenings). The records also indicated that in the weeks of October 15-21 and October 22-28, 2014, there was one entry each of a refused bath and no other baths were documented.

During an interview, staff #104 stated that the unit was short-staffed on December 3, 2015. They further explained that baths were being switched to showers and the home would attempt to bring in extra staff on the next day to do all the showers that were not done. Staff #104 also explained that this attempt to bring extra staff is not always successful, hence the residents do not get their scheduled baths.

On December 3, 2014, Inspector #579 interviewed resident #4994 who explained that they often miss their showers because the home is short-staffed. Resident #4994 has complained to the Ministry that the home was often working short-staffed and that the residents' baths are not being done as scheduled. On December 4, 2014, Inspector #579 interviewed staff #107, #108, and #109 who all explained that the home often works short staffed and for this reason, residents' personal care needs are not always met.

During an interview, staff #110 reported that the scheduling is done following a seniority roster. If the home is unable to find a replacement, the home will arrange overtime replacement and if still not successful, staff from other areas will be re-allocated, leaving some areas short-staffed. [s. 31. (3)]



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***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 ensuring that the staffing plan provides for a staffing mix that is consistent with resident's assessed care and safety needs, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing  
Specifically failed to comply with the following:**

**s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that residents are bathed at a minimum of twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

Inspector #579 reviewed resident #4951's care plan which indicated 2 staff were required for showers and that the resident preferred the showers on Tuesdays and Fridays. Inspector #579 also reviewed the flow sheets for resident #4951's recent bath routines and there was no documentation of their bath on Tuesday November 18th and Tuesday October 21st, 2014. In two seven day stretches, the resident only had one bath documented. Staff #108 reported to Inspector #579 that the baths are documented in the flow sheets when done.

On December 4th, 2014 at 0930, Inspector #579 interviewed staff # 107, #108 and #109, who reported that the resident's unit often works short staffed. Staff #107 and #108 reported that when short staffed, some of the residents' baths do not get done. Staff #109 also confirmed this and explained that the home might bring in an extra staff the next day to complete what didn't get done, but this is not consistent.

Inspector #579 interviewed resident #4951 who reported that their bath days are in the morning on Tuesdays and Fridays but when the home is short staffed they don't get their bath. [s. 33. (1)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that each resident of the home is bathed, at a minimum twice a week by the method of his or her choice and more frequently as determined by the residents' hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, 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).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident's right to be properly clothed, groomed and cared for in a manner consistent with his or her needs was fully respected and promoted.

On December 2, 2014, Inspector #579 interviewed Resident #4951, who explained that the home does not always accommodate all residents' preferred choices. For example, one day they wanted to get some help to get dressed at 0530 in the morning and they were told it was too early and the staff went away. According to resident #4951, this happened 2 days in a row. Resident #4951 also explained that their bath days are Tuesdays and Fridays in the morning but when the home is short staffed, they don't get their bath.

On December 4, 2014, Inspector #579 reviewed the health care record for Resident #4951. There was no documentation of resident having their bath on Tuesday October 21, 2014, and Tuesday November 18, 2014. In both of these 7 day stretches (October 19th-25th and November 16th-22nd), the resident only had one documented bath.

On December 4, 2014, Inspector #579 interviewed staff #107, #108, and #109 who all reported that the units are often short staffed and because of this, the residents' baths do not always get done.

On December 3, 2014, Inspector #579 observed Resident #4951 who had a disheveled appearance, hair not combed, and remnants of food on their face. Throughout the inspection, Inspector #579 noted other residents with food left on their faces after meals.

On December 9, 2014, Inspector #579 reviewed Resident #003's care plan which indicated the resident prefers a shower twice a week on Tuesday and Sunday evenings. Resident #003's health care record indicated that the week of October 15-21 and October 22-28, 2014, there was one documented refusal of a bath and no other entry of a bath provided. [s. 3. (1) 4.]

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**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79.  
Posting of information****Findings/Faits saillants :**

1. The licensee failed to ensure that a copy of the Service Accountability Agreement is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations.

Upon arrival to the home, Inspector #603 walked throughout the home's main area and was not able to find the Service Accountability Agreement and asked staff #112 and #135 where it might be.

Staff #112 and #135 were not able to locate the Service Accountability Agreement. [s. 79.]

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage  
of drugs**

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

**s. 129. (1) Every licensee of a long-term care home shall ensure that,**

**(a) drugs are stored in an area or a medication cart,**

**(i) that is used exclusively for drugs and drug-related supplies,**

**(ii) that is secure and locked,**

**(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**

**(iv) that complies with manufacturer's instructions for the storage of the drugs;**  
**and O. Reg. 79/10, s. 129 (1).**

**(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**



**Findings/Faits saillants :**

1. The licensee has failed to ensure that drugs are stored in a medication cart that is secured and locked.

On December 3, 2014 at approximately 1410, Inspector #603 observed an unattended, unlocked medication cart in the lounge area, adjacent to the dining room on the main floor. The computer screen on top of the medication cart was open with resident information appearing on it.

Inspector #603 interviewed staff #104 who was away from the medication cart and the staff explained that they had to answer a phone call and locked the medication cart but forgot to close the computer screen for privacy purposes. At that time, staff #104 attempted to demonstrate the locked medication cart but realized it was not locked. Staff #104 did explain that it is the home's policy to lock the medication cart along with closing the computer screen on top of medication cart every time it is left unattended. [s. 129. (1) (a)]

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**Issued on this 25th day of February, 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  
des Soins de longue durée

**Order(s) of the Inspector**

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

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

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

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

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

**Public Copy/Copie du public**

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

**Nom de l'inspecteur (No) :** SYLVIE LAVICTOIRE (603), JANET MCNABB (579),  
VALA MONESTIMEBELTER (580)

**Inspection No. /**

**No de l'inspection :** 2014\_391603\_0005

**Log No. /**

**Registre no:** S-000229-14

**Type of Inspection /**

**Genre**

**d'inspection:**

Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** Feb 25, 2015

**Licensee /**

**Titulaire de permis :** EXTENDICARE (CANADA) INC.  
3000 STEELES AVENUE EAST, SUITE 700,  
MARKHAM, ON, L3R-9W2

**LTC Home /**

**Foyer de SLD :** EXTENDICARE TIMMINS  
15 Hollinger Lane, Box 817, Schumacher, ON, P0N-1G0

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** KELLY TREMBLAY

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To EXTENDICARE (CANADA) INC., you are hereby required to comply with the following order(s) by the date(s) set out below:



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

**Order(s) of the Inspector**

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

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de soins de longue durée, L.O. 2007, chap. 8*

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**Order # /**

**Ordre no :** 001

**Order Type /**

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

**Pursuant to / Aux termes de :**

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

**Order / Ordre :**

The licensee shall ensure that all staff participate in the implementation of the home's infection prevention and control program with regards to the following:

1. Implementing the home's policy on Contact Precautions # INFE-03-01-09, and Droplet Precautions # INFE-03-01-10, and Airbourne Precautions # INFE-03-01-11, specifically regarding proper signage outside the residents' rooms on the type of precaution and the required Personal Protective Equipment (PPE).
2. Implementing the home's policy on Isolation #INFE-03-01-12 specifically ensuring that once it is determined that a resident requires isolation, all members of the team are informed and that the care plan for residents on isolation, are updated accordingly.

**Grounds / Motifs :**



**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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Aux termes de l'article 153 et/ou  
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de soins de longue durée, L.O. 2007, chap. 8*

1. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program.

During the course of inspection, inspector #603 observed resident #004's room with a red Isolation sign taped to the open door. The sign indicated: Isolation, all visitors please check at nursing station. There was no indication of the type of isolation.

Inspector #603 interviewed staff #101 and staff #102 and they did not know why the resident was in isolation, nor did they know the type of isolation precaution needed. Staff #102 explained that at any time, all personal protective equipment (PPE) including mask, gloves and gown are put on in order to self-protect. Staff #102 reported that they did not receive training on infection control practices when they were hired less than 2 months ago.

Staff #103 stated that at times, more signs are put up and in this case, there were none, hence the staff asked other staff for direction. Staff #104 verified that no other signs were posted and that they did not know the process of communicating different precautionary measures, nor did the staff know of any other available signs.

Inspector #603 interviewed staff #105, who stated that all staff receive infection control training on hiring and then annually. Staff #105 acknowledged that personnel files contained the training records. (603)

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

**Vous devez vous conformer à cet ordre d'ici le :** Mar 27, 2015



**Ministry of Health and  
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**Ministère de la Santé et  
des Soins de longue durée**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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de l'article 154 de la *Loi de 2007 sur les foyers  
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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





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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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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 25th day of February, 2015**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Sylvie Lavictoire

**Service Area Office /**

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