



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

Central West Service Area Office  
500 Weber Street North  
WATERLOO ON N2L 4E9  
Telephone: (888) 432-7901  
Facsimile: (519) 885-9454

Bureau régional de services du  
Centre-Ouest  
500 rue Weber Nord  
WATERLOO ON N2L 4E9  
Téléphone: (888) 432-7901  
Télécopieur: (519) 885-9454

**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 9, 2018	2018_482640_0006	022705-17	Complaint

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**Licensee/Titulaire de permis**

Holland Christian Homes Inc.  
7900 McLaughlin Road South BRAMPTON ON L6Y 5A7

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

Faith Manor Nursing Home  
7900 Mclaughlin Road South BRAMPTON ON L6Y 5A7

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

HEATHER PRESTON (640)

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

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): February 8, 9, 12, 13, 15, 16, 20, 21 and 22, 2018**

**This Complaint inspection was conducted concurrently with the Resident Quality Inspection, Inspection #2018\_482640\_005**

**During the course of the inspection, the Long - Term Care Homes (LTCH) Inspector toured the home, observed the provision of resident care, reviewed clinical records and reviewed the home's relevant policy and procedures.**

**During the course of the inspection, the inspector(s) spoke with residents, families, registered nurses (RN), registered practical nurse (RPN), Personal Support Workers (PSW), Resident Assessment Instrument (RAI) Coordinator, Behavioural Support RPN, the Director of Resident Care and the Administrator.**

**The following Inspection Protocols were used during this inspection:  
Prevention of Abuse, Neglect and Retaliation  
Skin and Wound Care**

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

**2 WN(s)**

**0 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. 50. Skin and wound care**



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

**s. 50. (2) Every licensee of a long-term care home shall ensure that,**  
**(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**  
**(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**  
**(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**  
**(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**  
**(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**s. 50. (2) Every licensee of a long-term care home shall ensure that,**  
**(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and O. Reg. 79/10, s. 50 (2).**

**s. 50. (2) Every licensee of a long-term care home shall ensure that,**  
**(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that a resident who exhibited altered skin integrity received a skin assessment by a member of the registered nursing staff using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

Resident #015 was at risk of altered skin integrity and was found to have altered skin integrity on an identified date in September 2017.

According to PSWs #121 and # 116, they observed resident's skin several times during a



day, when bathed, changed or clothed. If any areas of redness or other skin issues were observed, they informed the nurse and documented in their documentation tool.

The Director of Resident Care (DRC) informed the LTCH Inspector the notes made by the PSWs about skin issues, appears on the dashboard in PointClickCare (PCC), the home's electronic documentation tool. The nurse is then required to complete a skin assessment using the home's clinically appropriate skin assessment instrument and act accordingly.

The LTCH Inspector reviewed the clinical record for resident #015 and found several occasions where the PSWs had documented altered skin integrity during the month of September 2017. There were no corresponding assessments conducted by registered staff.

During an interview with PSW #121, they told the LTCH Inspector they were the primary care provider for resident #015. They had documented altered skin integrity and informed the nurse on duty.

On an identified date in September 2017, on two occasions, the PSWs noted a higher level of altered skin integrity. A new treatment order was received for the altered skin integrity.

During an interview with RPNs #101 and #121, they confirmed the PSWs always inform them when they observe any altered skin integrity on a resident, the nurse then does a skin assessment using the home's clinically appropriate skin assessment instrument.

During an interview with the DRC, they acknowledged there were no assessments completed as above and as required. [s. 50. (2) (b) (i)]

2. The licensee failed to ensure that a resident who exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds received immediate treatment and interventions to reduce or relieve pain, promote healing and prevent infection.

Resident #015 was at high risk for altered skin integrity and had a history of altered skin integrity.

On an identified date in September 2017, the resident developed a higher level of altered

skin integrity.

The Long Term Care Homes (LTCH) Inspector reviewed the residents clinical record and written plan of care. The written plan of care did not include any equipment, devices or positioning aids to assist with the relief of pressure to promote healing and prevent further altered skin integrity.

The home's policy "Skin and Wound Care Program", policy #NUR-01-101 last revised October 23, 2017, directed staff to protect pressure areas by the use of pressure relieving devices including therapeutic surfaces.

The LTCH Inspector interviewed RPN #114, the nurse who initially assessed the altered skin integrity. They told the LTCH Inspector the resident did not have access to use of a pressure relieving device. The home only initiated them if a resident's skin integrity concern worsened as the home only had a limited number of pressure relieving devices. They also stated there were no other devices or positioning aids implemented for resident #015's altered skin integrity.

During an interview of the Director of Resident Care (DRC), they confirmed the home had a limited number of pressure relieving devices which would be assigned based on a priority system. Resident #015 was a lower priority than the other residents currently assigned a pressure relieving device. The DRC went on to explain they had asked for High Intensity Needs (HIN) funding in the past but were informed the funds for pressure relieving devices were now included in the nursing envelope. There were no other attempts at obtaining a pressure relieving device for this resident. Other devices and positioning aids were not implemented for resident #015.

The DRC acknowledged that the home did not implement interventions to reduce or relieve pain, relieve pressure and promote healing. [s. 50. (2) (b) (ii)]

3. The licensee failed to ensure that any resident who was dependent on staff for repositioning was repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated.

Resident #015 required total assistance of two staff for all bed mobility and transfer and was identified as having higher level of altered skin integrity.



The home's policy "Skin and Wound Care Program", policy #NUR-01-101 with a revision date of March 19, 2017, directed staff that when a resident was dependent on staff for repositioning was repositioned every two hours or more as required depending on the resident's condition.

During an interview with the Director of Resident Care (DRC), they were unable to identify any documentation that the resident had been turned or repositioned by staff.

The Long Term Care Homes (LTCH) Inspector reviewed the clinical record and plan of care for resident #015 and found an intervention for turning and repositioning was put in place after the resident was transferred to an alternate care facility.

The LTCH Inspector interviewed PSW #114, one of the primary direct care providers for the resident who did not recall a turning or repositioning program in place for this resident but did state if they did, it would be documented in the PSWs documentation tool. The PSW stated they would know who required repositioning by reviewing the plan of care.

During an interview with the DRC, the Skin and Wound Care Lead for the home, they informed the LTCH Inspector it was an expectation that staff reposition residents every two hours for those who are dependent on staff for bed mobility and more so for those at risk of alteration of skin integrity.

The DOC acknowledged staff had not repositioned the resident every two hours and the intervention was not included in the resident's plan of care. [s. 50. (2) (d)]

***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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
  - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
  - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs changed or care set out in the plan was no longer necessary.

i) On an identified date in September 2017, resident #015 was assessed as developing a higher level of altered skin integrity.

The home's policy "Skin and Wound Care Program", policy #NUR-01-101 with a revised date of March 19, 2017, directed staff to create and maintain a current resident care plan that reflected the current status and location of a residents' altered skin integrity, preventative measures to be taken to protect the skin integrity and interventions related to pain management and to promote healing.

The policy directed the plan of care also must include the stage of each area of altered skin integrity and pain relief measures put in place and any resident with a Pressure Ulcer Rating Score (PURS) greater than three were to have a preventative skin care plan developed.

The Long Term Care Homes (LTCH) Inspector reviewed the clinical record and found the level of altered skin integrity was not identified in the plan of care and interventions were not identified related to pain management, preventative measures and to promote healing.

ii) On an identified date in August 2017, resident #015 was assessed by registered staff as a result of a significant change in condition.

The home's policy "Skin and Wound Care Program", directed staff to complete a "Head to Toe" skin assessment with any significant change in condition.





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The LTCH Inspector reviewed the clinical record to find there was no head to toe skin assessment completed in relation to the significant change in condition.

During an interview with DRC, they confirmed it was expected that a head to toe skin assessment be completed with any significant change in resident condition. They acknowledged the assessment was not completed for resident #015 related to the significant change in condition.

The Director of Resident Care (DRC) acknowledged staff did not maintain a current resident care plan related to the altered skin integrity and significant change in condition.  
[s. 6. (10) (b)]

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**Issued on this 17th day of April, 2018**

**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

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée  
Inspection de soins de longue durée**

**Public Copy/Copie du public**

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

**Nom de l'inspecteur (No) :** HEATHER PRESTON (640)

**Inspection No. /**

**No de l'inspection :** 2018\_482640\_0006

**Log No. /**

**No de registre :** 022705-17

**Type of Inspection /**

**Genre d'inspection:** Complaint

**Report Date(s) /**

**Date(s) du Rapport :** Apr 9, 2018

**Licensee /**

**Titulaire de permis :** Holland Christian Homes Inc.  
7900 McLaughlin Road South, BRAMPTON, ON,  
L6Y-5A7

**LTC Home /**

**Foyer de SLD :** Faith Manor Nursing Home  
7900 Mclaughlin Road South, BRAMPTON, ON,  
L6Y-5A7

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Tracy Kamino

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To Holland Christian Homes 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**

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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. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

**Order / Ordre :**



**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**

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The licensee must be compliant with r. 50 (2) (b) (i) of the LTCHA.

Specifically the licensee must:

a) Ensure that all direct care staff implement the home's Skin and Wound Care policy related to identification of altered skin integrity, notification of the appropriate staff and the completion of an assessment of the altered skin integrity using the home's clinically appropriate assessment tool.

**Grounds / Motifs :**

1. This Compliance Order (CO) was issued as a result of a severity of harm of level 3 (actual harm/risk), a scope of 1 (isolated) and a previous history of level 4 (ongoing non-compliance despite previous action taken by the Ministry) that included;

- a CO issued during inspection # 2017\_544527\_0003 with a compliance due date of May 31, 2017, which required the licensee to do the following;

1. A member of the registered nursing staff shall conduct skin assessments on residents who exhibit altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

2. A member of the registered nursing staff shall reassess residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, at least weekly, if clinically indicated and according to the home's policy.

1. The licensee failed to ensure that a resident who exhibited altered skin integrity received a skin assessment by a member of the registered nursing staff using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

Resident #015 was at risk of altered skin integrity and was found to have altered skin integrity on an identified date in September 2017.

According to PSWs #121 and # 116, they observed resident's skin several times during a day, when bathed, changed or clothed. If any areas of redness or other skin issues were observed, they informed the nurse and documented in their documentation tool.



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The Director of Resident Care (DRC) informed the LTCH Inspector the notes made by the PSWs about skin issues, appears on the dashboard in PointClickCare (PCC), the home's electronic documentation tool. The nurse is then required to complete a skin assessment using the home's clinically appropriate skin assessment instrument and act accordingly.

The LTCH Inspector reviewed the clinical record for resident #015 and found several occasions where the PSWs had documented altered skin integrity during the month of September 2017. There were no corresponding assessments conducted by registered staff.

During an interview with PSW #121, they told the LTCH Inspector they were the primary care provider for resident #015. They had documented altered skin integrity and informed the nurse on duty.

On an identified date in September 2017, on two occasions, the PSWs noted a higher level of altered skin integrity. A new treatment order was received for the altered skin integrity.

During an interview with RPNs #101 and #121, they confirmed the PSWs always inform them when they observe any altered skin integrity on a resident, the nurse then does a skin assessment using the home's clinically appropriate skin assessment instrument.

During an interview with the DRC, they acknowledged there were no assessments completed as above and as required. [s. 50. (2) (b) (i)]  
(640)

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

**Vous devez vous conformer à cet ordre d'ici le : Jul 09, 2018**



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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, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections 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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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  
Long-Term Care Inspections 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 RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
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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de soins de longue durée, L.O. 2007, chap. 8*

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 2T5

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416 327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 9th day of April, 2018**

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



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

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

**Order(s) of the Inspector**

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

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

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

**Name of Inspector /**

Heather Preston

**Nom de l'inspecteur :**

**Service Area Office /**

**Bureau régional de services :** Central West Service Area Office