



**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**

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

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

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

**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 # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 5, 2016	2016_508137_0018	022113-16	Complaint

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**Licensee/Titulaire de permis**

STEEVES & ROZEMA ENTERPRISES LIMITED  
265 NORTH FRONT STREET SUITE 200 SARNIA ON N7T 7X1

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

WESTMOUNT GARDENS LONG TERM CARE HOME  
590 Longworth Road LONDON ON N6K 4X9

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

MARIAN MACDONALD (137), AMIE GIBBS-WARD (630)

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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): August 16-19, 22-26 and 29-30, 2016.**

**This inspection was completed as an independent inspection during the Resident Quality Inspection (RQI) related to a complaint IL-45110-LO and two Critical Incident System (CIS) Inspections 2878-000036-16 under Log # 017840-16 and 2878-000037-16, under Log # 019560-16, regarding skin and wound care.**

**During the course of the inspection, the inspector(s) spoke with Administrator, Manager Resident Care, Director Clinical Services and Education, Assistant Manager Resident Care, two Registered Practical Nurses and a family member.**

**Inspectors also reviewed resident's clinical records, relevant policies and procedures and internal investigative reports.**

**The following Inspection Protocols were used during this inspection:  
Nutrition and Hydration  
Skin and Wound Care**

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

**2 WN(s)**

**0 VPC(s)**

**2 CO(s)**

**0 DR(s)**

**0 WAO(s)**

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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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. 19. Duty to protect**

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

**s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that an identified resident was not neglected by the licensee or staff.

For the purposes of the Act and this Regulation, "neglect" means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

During a complaint and two Critical Incident System (CIS) Inspections, it was revealed that an identified resident developed impaired skin integrity.

A clinical record review indicated the identified resident's impaired skin integrity had worsened and required interventions not available in the home. There was no documented evidence that the resident 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, for an identified period of time.

During interviews on August 29, 2016, the Manager Resident Care # 101 and Director Clinical Services and Education # 137 said there was no documented evidence that the identified resident, who had developed impaired skin integrity received routine skin care to prevent wounds, was monitored to promote the prevention of infection, 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, was assessed at least weekly by a member of the registered staff and that equipment, such as pressure relieving devices, were readily available at the home, as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing.

The licensee failed to provide the identified resident with the treatment and care for their health, safety or well-being, related to wound care.

The scope of this area of non-compliance was determined to be a level one - isolated, the severity was a level three – actual harm and the compliance history a level two, non-related. [s. 19. (1)]



***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. 48. Required programs**

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

- s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:**
- 1. A falls prevention and management program to reduce the incidence of falls and the risk of injury. O. Reg. 79/10, s. 48 (1).**
  - 2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions. O. Reg. 79/10, s. 48 (1).**
  - 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable. O. Reg. 79/10, s. 48 (1).**
  - 4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the skin and wound care program was implemented in the home and included:
  - The provision of routine skin care to maintain skin integrity and prevent wounds.
  - Strategies to promote resident comfort and mobility and promote the prevention of infection, including the monitoring of residents.
  - Strategies to transfer and position residents to reduce and prevent skin breakdown and reduce and relieve pressure, including the use of equipment, supplies, devices and positioning aids.
  - Any resident who exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds 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, was assessed at least weekly by a member of the registered staff and the equipment, supplies, devices and positioning aids were readily available at the home as required to relieve pressure, treat pressure ulcers, skin



tears or wounds and promote healing.

While the skin and wound program had been developed, it was not fully implemented. On June 20, 2016, RPN # 125 was designated as the wound care nurse one day per week, with support provided from the Assistant Manager Resident Care # 140. During an interview, on August 30, 2016, RPN # 125 said the skin and wound care program was not up and running, the team had no additional members and no meetings had been held to date.

During interviews on August 29, 2016, the Manager Resident Care # 101 and Director Clinical Services and Education # 137 said the skin and wound care program had not been fully implemented and acknowledged the program required considerable work.

It was not until an identified resident developed impaired skin integrity, that the long-term care home recognized, that there was no documented evidence that the identified resident received routine skin care to prevent wounds, was monitored to promote the prevention of infection, 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, was assessed at least weekly by a member of the registered staff and that equipment, such as pressure relieving devices, were readily available at the home, as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing.

The scope of this area of non-compliance was determined to be a level one - isolated, the severity was a level three – actual harm and the compliance history was a level two, non-related. [s. 48. (1) 2.]

***Additional Required Actions:***

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

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**Rapport d'inspection sous la  
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soins de longue durée**

**Issued on this 19th day of October, 2016**

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

**Original report signed by the inspector.**



**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*

**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) :** MARIAN MACDONALD (137), AMIE GIBBS-WARD  
(630)

**Inspection No. /**

**No de l'inspection :** 2016\_508137\_0018

**Log No. /**

**Registre no:** 022113-16

**Type of Inspection /**

**Genre** Complaint

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Oct 5, 2016

**Licensee /**

**Titulaire de permis :** STEEVES & ROZEMA ENTERPRISES LIMITED  
265 NORTH FRONT STREET, SUITE 200, SARNIA,  
ON, N7T-7X1

**LTC Home /**

**Foyer de SLD :** WESTMOUNT GARDENS LONG TERM CARE HOME  
590 Longworth Road, LONDON, ON, N6K-4X9

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Andrew Adamyk

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To STEEVES & ROZEMA ENTERPRISES LIMITED, 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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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



**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*

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**Order # /**

**Ordre no :** 001

**Order Type /**

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

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

**Order / Ordre :**

The licensee must take action to achieve compliance by ensuring residents are not neglected by the licensee or staff and

- that weekly skin and wound assessments are being completed on all residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds.
- that equipment, supplies, devices and positioning aids are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing.

**Grounds / Motifs :**

1. 1. The licensee has failed to ensure that an identified resident was not neglected by the licensee or staff.

For the purposes of the Act and this Regulation, "neglect" means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

During a complaint and two Critical Incident System (CIS) Inspections, it was revealed that an identified resident developed impaired skin integrity.

A clinical record review indicated the identified resident's impaired skin integrity had worsened and required interventions not available in the home. There was no documented evidence that the resident 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



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Pursuant to section 153 and/or  
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**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*

wound assessment, for an identified period of time.

During interviews on August 29, 2016, the Manager Resident Care # 101 and Director Clinical Services and Education # 137 said there was no documented evidence that the identified resident, who had developed impaired skin integrity received routine skin care to prevent wounds, was monitored to promote the prevention of infection, 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, was assessed at least weekly by a member of the registered staff and that equipment, such as pressure relieving devices, were readily available at the home, as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing.

The licensee failed to provide the identified resident with the treatment and care for their health, safety or well-being, related to wound care.

The scope of this area of non-compliance was determined to be a level one - isolated, the severity was a level three – actual harm and the compliance history a level two, non-related. [s. 19. (1)]

(137)

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

**Vous devez vous conformer à cet ordre d'ici le : Oct 28, 2016**

**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 : 002

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.
  2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.
  3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.
  4. A pain management program to identify pain in residents and manage pain.
- O. Reg. 79/10, s. 48 (1).

**Order / Ordre :**

The licensee must take action to achieve compliance by ensuring:

- that weekly skin and wound assessments are being completed on all residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds.
- that equipment, supplies, devices and positioning aids are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing
- that education will be provided to registered staff, related to skin and wound care
- ongoing monitoring, to ensure compliance, related to completion of weekly skin and wound assessments.
- all registered staff receive education related to skin and wound care expectations.

**Grounds / Motifs :**

1. 1. The licensee has failed to ensure that the skin and wound care program

was implemented in the home and included:

- The provision of routine skin care to maintain skin integrity and prevent wounds.
- Strategies to promote resident comfort and mobility and promote the prevention of infection, including the monitoring of residents.
- Strategies to transfer and position residents to reduce and prevent skin breakdown and reduce and relieve pressure, including the use of equipment, supplies, devices and positioning aids.
- Any resident who exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds 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, was assessed at least weekly by a member of the registered staff and the equipment, supplies, devices and positioning aids were readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing.

While the skin and wound program had been developed, it was not fully implemented.

On June 20, 2016, RPN # 125 was designated as the wound care nurse one day per week, with support provided from the Assistant Manager Resident Care # 140.

During an interview, on August 30, 2016, RPN # 125 said the skin and wound care program was not up and running, the team had no additional members and no meetings had been held to date.

During interviews on August 29, 2016, the Manager Resident Care # 101 and Director Clinical Services and Education # 137 said the skin and wound care program had not been fully implemented and acknowledged the program required considerable work.

It was not until an identified resident developed impaired skin integrity, that the long-term care home recognized, that there was no documented evidence that the identified resident received routine skin care to prevent wounds, was monitored to promote the prevention of infection, 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, was assessed at least weekly by a member of the registered staff



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**Order(s) of the Inspector**

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and that equipment, such as pressure relieving devices, were readily available at the home, as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing.

The scope of this area of non-compliance was determined to be a level one - isolated, the severity was a level three – actual harm and the compliance history was a level two, non-related. [s. 48. (1) 2.]  
(137)

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

**Vous devez vous conformer à cet ordre d'ici le : Oct 28, 2016**



**Ministry of Health and  
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**Ministère de la Santé et  
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**Order(s) of the Inspector**

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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  
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 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 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  
Inspection de soins de longue durée  
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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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  
Inspection de soins de longue durée  
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 5th day of October, 2016**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** MARIAN MACDONALD

**Service Area Office /**

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