



**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**

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

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119 rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
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Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 4, Mar 25, 2015	2015_247508_0002	H-001476-14	Complaint

Licensee/Titulaire de permis

THE GOVERNING COUNCIL OF THE SALVATION ARMY IN CANADA
2 Overlea Blvd. TORONTO ON M4H 1P4

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

R. H. LAWSON EVENTIDE HOME
5050 JEPSON STREET NIAGARA FALLS ON L2E 1K5

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

ROSEANNE WESTERN (508)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): February 3, 4, 5, 10, 2015

This inspection was conducted concurrently with a critical incident inspection #H-00705-14

During the course of the inspection, the inspector(s) spoke with the Director of Care, registered staff, personal support workers (PSW), Wound Care Nurse, Environmental Manager, residents and family

The following Inspection Protocols were used during this inspection:

Pain
Personal Support Services
Skin and Wound Care

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

4 WN(s)
3 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
O.Reg 79/10 s. 15. (1)	CO #901	2015_247508_0002		508



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. 15. Bed rails



Specifically failed to comply with the following:

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
 - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
 - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that where bedrails were used,
 - (a) the resident was assessed and his or her bed system was evaluated in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices, to minimize risk to the resident;
 - (b) steps were taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and
 - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability.

A) It was identified on February 4, 2015, that resident #103's mattress did not fit the resident's bed frame. A gap was observed between the mattress and the bedframe at the head of the resident's bed. The mattress was identified as a specialty mattress for the purpose of pressure reduction/relief which may increase the potential for bed entrapment.

Resident #103's plan of care directed staff to put two 3/4 bedrails up while the resident was in bed for safety due to the resident's risk for falls. During an interview with the Director of Care (DOC) on February 4, 2015, it was confirmed that the resident's bed had not been assessed for potential zones of entrapment nor was an assessment conducted for the use of their bedrails.



Resident #101 and resident #102 were also observed to have pressure reduction/relief mattresses on their bed frames. A gap was noted at the head of resident #101's bed between the mattress and the bedframe. Both residents used two 3/4 bedrails while they were in bed. The DOC confirmed that these residents had not been assessed for the use of the bedrails and it was also confirmed by the Maintenance Co-ordinator these beds had not been assessed for potential zones of entrapment.

During an interview with the DOC on February 4, 2015, it was identified that the home had developed a bed safety policy in May, 2014, to ensure that all residents were kept safe at all times from injury and or death caused by entrapment in bedrails, bedframes, mattresses or any combination, however it had not yet been implemented.

The DOC confirmed that residents in the home, including residents #101, #102, and #103, using bedrails and/or PRM's had not been assessed to minimize risk to the residents. [s. 15. (1)]

Additional Required Actions:

CO # - 901 was served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

Resident #100 had multiple pressure ulcers which were being assessed and treated regularly by registered staff. The home's policy titled, Impaired Skin Integrity, # 9.12.07, directed staff to assess and document at minimum weekly all open areas. The documentation is to include the stage, location, size (length, width, depth), odour, sinus tract, exudates and the appearance of the wound bed.

This policy also directed staff to complete a separate record in Point Click Care (PCC) for each site.

A review of the resident's clinical record indicated that in December, 2014, one of the resident's pressure ulcers was assessed by registered staff. The assessment documented in the progress notes did not indicate the size of the wound.

On an unidentified date in 2015, registered staff assessed two pressure ulcers. Staff did not document the sizes of the pressure ulcers during this assessment.

The following day, registered staff assessed one of the pressure ulcers on the buttock. This assessment indicated that drainage was present in the wound. Staff did not document the size of the wound or the type of drainage.

Registered staff assessed other pressure ulcers the following day and documented that treatments were applied to these areas; however, did not document the type, the stage or the size of the wounds.

One day later, registered staff assessed a pressure ulcer on the buttock but did not document the stage of the wound, the size or the type of drainage. This assessment also indicated that a moderate amount of drainage was present.

On five separate occasions in October, 2014, and one occasion in January, 2015, staff documented multiple wounds on one assessment record, not on separate records as directed in their policy.

It was confirmed by the Director of Care on February 4, 2015, that staff did not comply with their Impaired Skin Integrity policy. [s. 8. (1) (a),s. 8. (1) (b)]



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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 to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that actions taken with respect to a resident under a program, that the assessments and reassessments were documented.

A) Resident #100 had multiple pressure ulcers. A review of the resident's clinical record indicated that in December, 2014, one of the pressure ulcers was assessed by registered staff. The assessment documented in the progress notes did not indicate the size of the wound.

On an unidentified date in early 2015, registered staff assessed two of the resident's pressure ulcers and did not document the sizes of the pressure ulcers during this assessment.

The following day, registered staff assessed one of the pressure ulcers and indicated that drainage was present in the wound; however, did not document the size of the wound or the type of drainage.

Registered staff assessed two pressure ulcers the following day and documented that treatments were applied to these areas; however, did not document the type, the stage or the size of the wounds.

The following day, registered staff assessed the pressure ulcer on the buttock but did not document the stage of the wound, the size or the type of drainage. This assessment also indicated that a moderate amount of drainage was present.

Registered staff were assessing and treating a wound on another area of the body; however, staff were not documenting their assessments. A review of the resident's clinical record indicated that there were only three assessments documented in late 2014.

It was confirmed by registered staff on February 10, 2015, that these assessments had not been documented consistently or completely. [s. 30. (2)]



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 to ensure that actions taken with respect to a resident under a program, that the assessments and reassessments are documented, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that when resident's pain was not relieved by initial interventions, the residents were assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

A) Resident #100 had chronic pain and was receiving pain medication twice a day to manage their pain. The resident also had pressure ulcers and required dressing changes routinely when necessary (PRN). A review of the clinical record indicated that the resident complained of pain intermittently during the dressing changes.

On 11 separate dates in October and November, 2014, the clinical record indicated that the resident complained of pain during the dressing changes. In December, 2014, staff reported this to the Physician and the Physician ordered a narcotic to be administered to the resident prior to the dressing changes.

A review of the clinical record indicated that there were no pain assessments conducted using a clinically appropriate instrument when the resident's pain was not relieved by initial interventions.



B) Resident #104 had pain due to a pressure ulcer. The resident was receiving a narcotic patch to manage the pain and was also receiving another narcotic for increased pain, when necessary (PRN).

A review of the resident's clinical record indicated that the resident had experienced an increase in pain and received the PRN narcotic twice in December, 2014, and three times in January, 2015. A review of the Minimum Data Set (MDS) coding for pain in 2013 and 2014, indicated that the resident has had on going pain issues. A pain assessment using a clinically appropriate instrument was completed in September, 2009, however, there were no pain assessments conducted using a clinically appropriate instrument for pain expressed by the resident on the identified dates in December, 2014, and January, 2015.

C) Resident #101 had chronic pain and complained of this pain regularly. A review of the resident's clinical record indicated that the resident complained of pain six times in the month of November, seven times in the month December, 2014, and eight times in January, 2015. The resident received analgesics for the pain routinely and PRN. Between November, 2014 - January, 2015, staff assessed the resident's pain; however, the resident was not assessed using a clinically appropriate assessment instrument.

It was confirmed by the Director of Care that staff were not conducting pain assessments using a clinically appropriate instrument designed for this purpose. [s. 52. (2)]

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 to ensure that when the resident's pain is not relieved by initial interventions, the residents are assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.



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Loi de 2007 sur les foyers de
soins de longue durée**

Issued on this 7th day of April, 2015

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*

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

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : ROSEANNE WESTERN (508)

Inspection No. /

No de l'inspection : 2015_247508_0002

Log No. /

Registre no: H-001476-14

Type of Inspection /

Genre

Complaint

d'inspection:

Report Date(s) /

Date(s) du Rapport : Feb 4, Mar 25, 2015

Licensee /

Titulaire de permis : THE GOVERNING COUNCIL OF THE SALVATION
ARMY IN CANADA
2 Overlea Blvd., TORONTO, ON, M4H-1P4

LTC Home /

Foyer de SLD : R. H. LAWSON EVENTIDE HOME
5050 JEPSON STREET, NIAGARA FALLS, ON,
L2E-1K5

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : RANDY RANDELL

To THE GOVERNING COUNCIL OF THE SALVATION ARMY IN CANADA, 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
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Ordre(s) de l'inspecteur

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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*

Order # /

Ordre no : 901

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;
- (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and
- (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

Order / Ordre :

The licensee shall assess all residents currently using bedrails and the resident's bed system to minimize the risk of injury to the residents, including the potential for bed entrapment in accordance with O. Reg. 79/10 s. 15(1). These assessments are to be documented and interventions must be immediately implemented if any risk to the residents are identified.

Grounds / Motifs :

1. The licensee has failed to ensure that where bed rails were used,

- (a) the resident was assessed and his or her bed system was evaluated in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices, to minimize risk to the resident;
- (b) steps were taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and
- (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability.

A) It was identified on February 4, 2015, that resident #103's mattress did not fit the resident's bed frame. A gap was observed between the mattress and the



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bed frame at the head of the resident's bed. The mattress was identified as a specialty mattress for the purpose of pressure reduction/relief which may increase the potential for bed entrapment.

Resident #103's plan of care directed staff to put two 3/4 bedrails up while the resident was in bed for safety due to the resident's risk for falls. During an interview with the Director of Care (DOC) on February 4, 2015, it was confirmed that the resident's bed had not been assessed for potential zones of entrapment nor was an assessment conducted for the use of their bedrails.

B) Resident #101 and resident #102 were also observed to have pressure reduction/relief mattresses (PRM) on their bed frames. A gap was noted at the head of resident #101's bed between the mattress and the bed frame. Both residents used two 3/4 bedrails while they were in bed. The DOC confirmed that these residents had not been assessed for the use of the bedrails and it was also confirmed by the Maintenance Co-ordinator these beds had not been assessed for potential zones of entrapment.

During an interview with the DOC on February 4, 2015, it was identified that the home had developed a bed safety policy in May, 2014, to ensure that all residents were kept safe at all times from injury and or death caused by entrapment in bedrails, bed frames, mattresses or any combination; however, it had not yet been implemented.

The DOC confirmed that all residents in the home using bedrails and/or PRM's had not been assessed to minimize risk to the residents. (508)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Immediate



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Ordre(s) de l'inspecteur

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

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

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

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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de l'article 154 de la *Loi de 2007 sur les foyers
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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

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

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

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

Issued on this 4th day of February, 2015

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

**Name of Inspector /
Nom de l'inspecteur :** Roseanne Western

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