



**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
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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 |
|---|---|--------------------------------|--|
| Jan 31, 2015 | 2014_190159_0030 | H-001721-14 | Complaint |

Licensee/Titulaire de permis

SHALOM VILLAGE NURSING HOME
60 MACKLIN STREET NORTH HAMILTON ON L8S 3S1

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

SHALOM VILLAGE NURSING HOME
70 MACKLIN STREET NORTH HAMILTON ON L8S 3S1

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

ASHA SEHGAL (159)

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): December 17, 18, 2014

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Registered staff, Food Services Manager, Food Services Supervisor, Dietary aides, Personal Support Workers (PSWs) and residents.

The following Inspection Protocols were used during this inspection:



Dining Observation
Falls Prevention
Nutrition and Hydration

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

- 4 WN(s)
2 VPC(s)
2 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Table with 2 columns: Legend and Legendé. Legend includes WN (Written Notification), VPC (Voluntary Plan of Correction), DR (Director Referral), CO (Compliance Order), WAO (Work and Activity Order). Legendé includes Avis écrit, Plan de redressement volontaire, Aiguillage au directeur, Ordre de conformité, Ordres : travaux et activités. The table also contains a detailed description of non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) and its French equivalent under the LFSLD.



**WN #1: 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 has failed to ensure that the plan of care for resident #001 was reviewed and revised when the resident's care needs changed.

The plan for resident #001 was not reviewed and revised in relation to diet change and choking concerns identified in hospital transfer record when resident returned from hospital December 2014.

Review of clinical record and staff interview confirmed that the resident returned on a specified date December 2014 from hospital. The discharge notes from the hospital indicated that during the stay in hospital the resident was assessed for swallowing function by Speech and Language Pathologist (SLP) on a specified date December 2014.

A follow-up swallowing assessment was also completed by SLP before the resident was discharged on the same date.

The discharged notes from the hospital indicated the SLP had ordered dental soft solids and thin liquid diet for the resident. The SLP had recommended techniques of feeding that the resident required full feeding assistance and meal supervision, monitoring pocketing of food and medications, feeding only when resident was alert and upright and discontinue feeding if signs of dysphagia observed. The transfer record from the hospital dated December 2014 also had written diet ordered for dental soft, thin liquid and no straw for the resident.

The most current plan for the resident related to nutritional status dated October 2014 indicated to provide regular diet with regular texture. Under the eating focus section of the care plan had stated "provide one person supervision and minimal set up or assistance i.e. cut up food, resident is able to feed them self and encourage to eat and drink self" The plan of care was not updated when there was a significant change in resident's health condition in relation to diet changes and choking concerns. The plan of care did not include diet changes, safe feeding techniques and interventions recommended by SLP in hospital discharged notes. The plan of care for the resident did not reflect the changes in relation to diet and significance of a decreased swallowing function identified by SLP assessment.

The Director of Care and the Administrator confirmed the registered staff involved in resident #001's care did not revise the plan of care when resident returned from hospital with a significant change in health condition. [s. 6. (10) (b)]

Additional Required Actions:

CO # - 001 will be 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, procedure, strategy or system put in place, was complied with.

The home had a policy # 5.320, Diet Requisition, last revised September 2014, which outlined that "Diet orders and changes shall be requisitioned by Registered Nurse or Dietitian to notify the Hospitality Department".

The Procedure stated "Diet requisitions must be communicated verbally, electronically, (email) or in writing and submit to the Dietary office on day of issue. Request by Registered staff to change a resident from a regular to ground or from ground to puree would occur immediately to ensure the safety of the resident and the assessment would occur on the next day the dietitian is on site".

Record review indicated that on a specified date December 2014 resident #001 returned from hospital with new medication and diet orders. The transfer record from the hospital dated December 2014 had a written diet order for dental soft, thin liquids and no straw. Staff and clinical records confirmed that the diet order and changes were not communicated verbally, electronically (Email) or in writing to the Dietary Department. Food Service Manager and Food Service Supervisor interviewed confirmed the diet changes were not requisitioned by the registered nurse

The home's policy further stated request by a registered staff to change a resident from regular to ground or from ground to puree would occur immediately to ensure the safety of the resident. Resident's record review and staff interview confirmed prior to the hospitalization resident was on a regular texture diet but had returned from the hospital with a significant change and with a new diet order, regular dental soft. However, the diet list (dated December 2014) posted in "May Fair" dining room received from the Food Service Manager December 2014 confirmed the resident was on a regular texture diet, the diet change did not occur. The dietary staff interviewed further confirmed the resident was provided regular diet as listed on the diet list.

The home' policy [Diet Requisitions]not complied with for resident #001, when directions related to diet order changes to be requisitioned by registered Nurse or Dietitian to notify the Dietary Department on the day of issue were not followed, resulting in negative consequences for the resident.

The Administrator and the Director of Care confirmed that the staff did not comply with home's policy and the registered nursing staff did not communicate diet changes to the Dietary Department. [s. 8. (1) (a),s. 8. (1) (b)]



Additional Required Actions:

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

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning
Specifically failed to comply with the following:**

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that the planned menu items are offered and available at each meal and snack.

On December 18, 2014 lunch meal service was observed in May Fair dining room. Residents were not offered and served planned menu items. Residents were shown two show plates, the first choice menu contained carrot soup, crackers, mushroom omelet, hash brown patties and garden salad. The second choice of menu available was rotini cheese bake, tomato sauce, cucumber and tomato slices. The portion size of the planned menu items listed was not followed. A review of planned menu showed the required serving for regular diet a #6 scoop of rotini, two ounces of tomato sauce and a #8 scoop of tomato and cucumber salad. Resident who requested for rotini, cucumber and tomato salad were served #10 scoop of entrée (rotini). The dietary aide reported tomato and cucumber salad listed on the planned menu was not prepared. Residents were served 2 slices of tomato and cucumber. Tomato sauce listed on the planned menu was not served with rotini cheese bake. Staff interviewed confirmed the tomato sauce was not sent from the kitchen. Residents who requested mushroom omelet and hash brown patties received only one hash brown patty instead of two patties listed on the menu. The planned menu showed cream of carrot soup and crackers, residents were only received soup and not crackers. The Food Service Manager confirmed the residents should have received the planned menu items and the portion sizes listed on the menu. [s. 71. (4)]



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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 the planned menu items are offered and available at each meal and snack; and portion size of the planned menu items are offered and served, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following:

s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):

4. An injury in respect of which a person is taken to hospital. O. Reg. 79/10, s. 107 (3).

Findings/Faits saillants :



1. The licensee failed to ensure that the licensee informed the Director no later than one business day after the occurrence of an incident that caused an injury to resident #001 that resulted in a significant change in the resident's health condition and for which the resident was taken to a hospital as evidenced by:

Review of clinical record indicated on a specified date December 2014 resident #001 sustained an injury that resulted in a significant change in the resident's health condition and for which the resident was taken to a hospital.

On a specified date December 2014 the home amended a critical incident report for identified resident #001 which was first submitted to the Director on December 3, 2014 concerning an unrelated incident where resident #001 sustained an injury of unknown origin for which the resident was taken in a hospital. The information related to an another incident which occurred on a specified date December 2014 was included in the amended critical incident report of the injury of unknown origin. The two incidents were unrelated and occurred ten days apart.

On December 17, 2014, during the interview with the Director of Care and the Administrator, it was confirmed that the second critical incident report was included in the amended critical incident report which was submitted on December 14, 2014. The home did not inform the Director of each incident in a separate critical incident report as required. [s. 107. (3) 4.]

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 the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4): 4. An injury in respect of which a person is taken to hospital. O. Reg. 79/10, s. 107 (3)., to be implemented voluntarily.



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Issued on this 6th 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

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : ASHA SEHGAL (159)

Inspection No. /

No de l'inspection : 2014_190159_0030

Log No. /

Registre no: H-001721-14

Type of Inspection /

Genre

Complaint

d'inspection:

Report Date(s) /

Date(s) du Rapport : Jan 31, 2015

Licensee /

Titulaire de permis : SHALOM VILLAGE NURSING HOME
60 MACKLIN STREET NORTH, HAMILTON, ON,
L8S-3S1

LTC Home /

Foyer de SLD : SHALOM VILLAGE NURSING HOME
70 MACKLIN STREET NORTH, HAMILTON, ON,
L8S-3S1

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : JEANETTE O'LEARY

To SHALOM VILLAGE NURSING HOME, 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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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*

Order # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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;
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Order / Ordre :

The licensee shall prepare and submit and implement a plan to ensure that all residents are 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; (b) the resident's care needs change or care set out in the plan is no longer necessary; or (c) care set out in the plan has not been effective.

The plan shall include how the home will:

- a. ensure that the the plan of care is reviewed and revised when resident's care needs change or care set out in the plan is no longer necessary; .
- b. provide staff education related to changes.
- b. conduct quality management activities that will be implemented to target the specific concerns identified.

The plan shall be submitted to Asha.sehgal@ontario.ca by February 20, 2015

Grounds / Motifs :

1. Previously identified a VPC November 5, 2014

The licensee has failed to ensure that the plan of care for resident #001 was reviewed and revised when the resident's care needs changed.

The plan for resident #001 was not reviewed and revised in relation to diet change and choking concerns identified in hospital transfer record when resident returned from hospital December 2014.

Review of clinical record and staff interview confirmed that the resident returned on a specified date December 2014 from hospital. The discharge notes from the hospital indicated that during the stay in hospital the resident was assessed for swallowing function by Speech and Language Pathologist (SLP) on December 2014. A follow-up swallowing assessment was also completed by SLP before the resident was discharged on the same date.

The discharged notes from the hospital indicated the SLP had ordered dental soft solids and thin liquid diet for the resident. The SLP had recommended techniques of feeding that the resident required full feeding assistance and meal supervision, monitoring pocketing of food and medications, feeding only when resident was alert and upright and discontinue feeding if signs of dysphagia observed. The transfer record from the hospital dated December 2014 also had written diet ordered for dental soft, thin liquid and no straw for the resident.

The most current plan for the resident related to nutritional status dated October 2014 indicated to provide regular diet with regular texture. Under the eating focus section of the care plan had stated "provide one person supervision and minimal set up or assistance i.e. cut up food, resident is able to feed them self and encourage to eat and drink self" The plan of care was not updated when there was a significant change in resident's health condition in relation to diet changes and choking concerns. The plan of care did not include diet changes, safe feeding techniques and interventions recommended by SLP in hospital discharged notes. The plan of care for the resident did not reflect the changes in relation to diet and significance of a decreased swallowing function identified by SLP assessment.

The Director of Care and the Administrator confirmed the registered staff involved in resident #001's care did not revise the plan of care when resident returned from hospital with a significant change in health condition.

(159)



**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

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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

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

Feb 16, 2015



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

Order / Ordre :

The licensee shall ensure that 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 (b) is complied with.

Previously issued non compliance VPC November 5, 2014

Grounds / Motifs :

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

The home had a policy # 5.320, Diet Requisition, last revised September 2014, which outlined that "Diet orders and changes shall be requisitioned by Registered Nurse or Dietitian to notify the Hospitality Department".

The Procedure stated "Diet requisitions must be communicated verbally, electronically, (email) or in writing and submit to the Dietary office on day of issue. Request by Registered staff to change a resident from a regular to ground or from ground to puree would occur immediately to ensure the safety of the resident and the assessment would occur on the next day the dietitian is on site".

Record review indicated that on a specified date December 2014 resident #001



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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*

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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*

returned from hospital with new medication and diet orders. The transfer record from the hospital dated December 2014 had a written diet order for dental soft, thin liquids and no straw. Staff and clinical records confirmed that the diet order and changes were not communicated verbally, electronically (Email) or in writing to the Dietary Department. Food Service Manager and Food Service Supervisor interviewed confirmed the diet changes were not requisitioned by the registered nurse

The home's policy further stated request by a registered staff to change a resident from regular to ground or from ground to puree would occur immediately to ensure the safety of the resident. Resident's record review and staff interview confirmed prior to the hospitalization resident was on a regular texture diet but had returned from the hospital with a significant change and with a new diet order, regular dental soft. However, the diet list (dated December 2014) posted in "May Fair" dining room received from the Food Service Manager on December 17, 2014 confirmed the resident was on a regular texture diet, the diet change did not occur. The dietary staff interviewed further confirmed the resident was provided regular diet as listed on the diet list.

The home's policy [Diet Requisitions] not complied with for resident #001, when directions related to diet order changes to be requisitioned by registered Nurse or Dietitian to notify the Dietary Department on the day of issue were not followed, resulting in negative consequences for the resident.

The Administrator and the Director of Care confirmed that the staff did not comply with home's policy and the registered nursing staff did not communicate diet changes to the Dietary Department.

(159)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Feb 16, 2015



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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.



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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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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

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

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 31st day of January, 2015

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

**Name of Inspector /
Nom de l'inspecteur :** ASHA SEHGAL

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