



**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 prévue  
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**

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<sup>ième</sup> étage  
HAMILTON ON L8P 4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

## **Amended Public Copy/Copie modifiée 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>
Mar 25, 2019	2019_661683_0003 (A1)	029659-18, 029660-18, 029661-18	Follow up

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

Shalom Village Nursing Home  
60 Macklin Street North HAMILTON ON L8S 3S1

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

Shalom Village Nursing Home  
70 Macklin Street North HAMILTON ON L8S 3S1

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

Amended by LISA BOS (683) - (A1)

## **Amended Inspection Summary/Résumé de l'inspection modifié**



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durée***

**Edit to date within the report.**

**Issued on this 25th day of March, 2019 (A1)**

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

**Original report signed by the inspector.**



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### **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**

Amended by LISA BOS (683) - (A1)

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

**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): February 5, 7, 8, 11, 13 and 20, 2019**

**This inspection was completed concurrently with critical incident inspection**



**#2019\_661683\_0002. Stacey Guthrie, Inspector #750 was present for this Follow up inspection.**

**The following intakes were completed during this follow up inspection:**

**029659-18 - Follow-up to CO#001 from inspection #2018\_543561\_0010 related to plan of care**

**029660-18 - Follow-up to CO#002 from inspection #2018\_543561\_0010 related to safe and secure home**

**029661-18 - Follow-up to CO#003 from inspection #2018\_543561\_0010 related to safe and secure home**

**PLEASE NOTE: A Written Notification and Voluntary Plan of Correction related to O. Reg. 79/10 s. 8(1)(b), was identified in this inspection and has been issued in inspection report #2019\_661683\_0002, which was conducted concurrently with this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (CEO), the Administrator, the Director of Care (DOC), the Assistant Director of Care (ADOC), registered staff, Personal Support Workers (PSW) and residents.**

**During the course of the inspection, the inspector(s) toured the home, reviewed resident clinical records, reviewed policies and procedures, reviewed training records and observed residents during the provision of care.**



The following Inspection Protocols were used during this inspection:

Responsive Behaviours  
Safe and Secure Home

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

2 WN(s)  
1 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 # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 20. (1)	CO #002	2018_543561_0010	683
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2018_543561_0010	682 683



**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>Légende</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 O.Reg 79/10, s. 9. Doors in a home**



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

- 1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
  - i. kept closed and locked,**
  - ii. equipped with a door access control system that is kept on at all times, and**
  - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
    - A. is connected to the resident-staff communication and response system,******or**
  - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.****O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).****

- 1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that all doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, were equipped with locks to restrict unsupervised access to those areas by residents.

A tour of the home was completed on an identified date, in order to follow up on compliance order (CO) #003 from inspection #2018\_543561\_0010. During the tour beginning at an identified time, an identified number of doors which led to identified outdoor areas were observed to be unlocked.

In an interview with the Director of Care (DOC) on an identified date they indicated that all doors leading to balconies and terraces were to be locked currently, because of the weather. The DOC then toured the home at the request of Inspector #683. The DOC acknowledged that at the time of their tour, the identified doors which led to identified outdoor areas were unlocked, and they should have been locked.

In an interview with the DOC on an identified date they acknowledged that the locks were broken for the identified doors, and acknowledged that they had been fixed since the tour.

The home did not ensure that the identified doors which led to identified outdoor areas were equipped with working locks to restrict unsupervised access to those areas by residents. [s. 9. (1) 1.1.]

***Additional Required Actions:***

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

**(A1)**

**The following order(s) have been amended: CO# 001**





**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence**

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

**s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.**

**Findings/Faits saillants :**



1. The licensee failed to comply with the following requirement of the LTCHA: it is a condition of every licensee that the licensee shall comply with every order made under this Act.

On October 22, 2018, the following compliance order (CO #002) from inspection number 2018\_543561\_0010 made under O. Reg. 79/10, s. 20 (1) was issued:

The licensee must be compliant with s. 20 (1) of the Long Term Care Homes Act, 2007.

Specifically, the licensee must:

1. Review and revise the hot weather related illness prevention and management plan to ensure it reflects current practices and meets the needs of the home.
2. Ensure that all staff in the home receive training on the revised policy related to the hot weather related illness prevention and management plan. The home shall keep records of the training.
3. Establish an auditing process to ensure that staff in the home comply with the home's hot weather related policy.

The compliance date was January 31, 2019.

The licensee completed steps 1 and 3 in CO #002.

The licensee failed to complete step 2.

In an interview with the DOC on an identified date they indicated that all registered staff received training on the home's revised hot weather related illness prevention and management plan, but all other staff had not been trained on the revised policy. The DOC acknowledged that they failed to complete step 2 in CO #002.

The home did not ensure that they complied with every order made under the Act. [s. 101. (3)]

***Additional Required Actions:***



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***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 they comply with every order made under  
this Act, to be implemented voluntarily.***

**Issued on this 25th day of March, 2019 (A1)**

**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**

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

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

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
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Long-Term Care Homes Division  
Long-Term Care Inspections Branch  
Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée

**Amended Public Copy/Copie modifiée du public**

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**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** Amended by LISA BOS (683) - (A1)

**Inspection No. /  
No de l'inspection :** 2019\_661683\_0003 (A1)

**Appeal/Dir# /  
Appel/Dir#:**

**Log No. /  
No de registre :** 029659-18, 029660-18, 029661-18 (A1)

**Type of Inspection /  
Genre d'inspection :** Follow up

**Report Date(s) /  
Date(s) du Rapport :** Mar 25, 2019(A1)

**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 :** Tracey Tracey DeLisle

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To Shalom Village Nursing Home, you are hereby required to comply with the following order(s) by the      date(s) set out below:





**Order(s) of the Inspector**

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

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

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 :**

The licensee must be compliant with O. Reg. 79/10, s. 9(1).

Specifically, the licensee must:

1. Equip the identified doors in the identified home areas, and all other doors leading to secure outside areas, with locks to restrict unsupervised access to those areas by residents. All locks are to be in working order.
2. Revise and implement the policy number 002020.47, entitled "Resident Safety and Security," last updated on an identified date, related to doors leading to secure outside areas, such as balconies and terraces to include when the doors must be unlocked or locked to permit or restrict unsupervised access to those areas by residents. Specifically and at a minimum, the revised policy is to include the time of year and the time of day that the doors are to be unlocked or locked and who will be responsible for the task.
3. Develop and implement a schedule to complete routine checks of all the doors leading to secure outside areas to ensure that both the locks and the door are in good working order. Documentation is to be maintained of who completed the routine checks, when the routine checks were completed, and any action that was taken as a result of the routine checks.
4. Develop and implement a separate procedure under the above noted policy that includes an auditing process to ensure that staff who are tasked to complete the routine door checks comply with the home's door policy and to ensure that door locks leading to secure outside areas are maintained in good working order. The auditing process is to include who is expected to complete the audit, when the audit is to be completed and what to do if the audit identifies that staff are not compliant with the home's door policy and/or that door locks leading to secure outside areas are not maintained in good working order. Records are to be maintained of audits that have been completed.
5. Provide face to face orientation to all staff in the home related to the revised door policy. The orientation, at a minimum, is to include when the doors are to be unlocked or locked, who will be responsible to unlock or lock the doors, which doors are expected to be unlocked and locked, and what to do if a lock is not in proper working order. The home is to maintain documentation of who provided the orientation, when the orientation was provided, who received the orientation, and the specific material covered in



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L. O. 2007, chap. 8

the orientation.

The licensee has failed to comply with the following compliance order (CO) #003 from inspection #2018\_543561\_0010 served on October 22, 2018, with a compliance date of January 31, 2019.

The licensee was ordered to be compliant with s. 9(1) of O. Reg. 79/10. Specifically, the licensee was ordered to:

1. Revise the policy related to doors in the home to ensure that all doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.
2. Educate all staff in the home on the revised policy related to doors in the home. The licensee shall keep records of the training.
3. Ensure that doors are secured at all times, unless supervised by staff of the home.

The licensee completed step 1 in CO #003.

The licensee failed to comply with s. 9(1), and failed to complete steps 2 and 3.



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L. O. 2007, chap. 8

**Grounds / Motifs :**

(A1)

1. The licensee failed to ensure that all doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, were equipped with locks to restrict unsupervised access to those areas by residents.

A tour of the home was completed on an identified date, in order to follow up on compliance order (CO) #003 from inspection #2018\_543561\_0010. During the tour beginning at an identified time, an identified number of doors which led to identified outdoor areas were observed to be unlocked.

In an interview with the Director of Care (DOC) on an identified date they indicated that all doors leading to balconies and terraces were to be locked currently, because of the weather. The DOC then toured the home at the request of Inspector #683. The DOC acknowledged that at the time of their tour, the identified doors which led to identified outdoor areas were unlocked, and they should have been locked.

In an interview with the DOC on an identified date they acknowledged that the locks were broken for the identified doors, and acknowledged that they had been fixed since the tour.

The home did not ensure that the identified doors which led to identified outdoor areas were equipped with working locks to restrict unsupervised access to those areas by residents.

The severity of this issue was determined to be a level 2 as there was potential for actual harm to the residents. The scope of the issue was a level 1 as it was related to three out of ten doors. The home had a level 3 compliance history of previous related non-compliance with this section of the Regulations that included:

- Compliance Order (CO) served on October 22, 2018 (#2018\_543561\_0010) (683)

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

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

May 31, 2019





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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

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:



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L. O. 2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

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, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603



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l'article 154 de la *Loi de 2007 sur les  
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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)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

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 25th day of March, 2019 (A1)**

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

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

Amended by LISA BOS (683) - (A1)



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

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

**Order(s) of the Inspector**

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

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

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

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

Hamilton Service Area Office