



**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**

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

**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 26, 2018	2018_544527_0003	028045-17, 028046-17	Follow up

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**Licensee/Titulaire de permis**

CVH (No. 8) GP Inc. as general partner of CVH (No. 8) LP  
766 Hespeler Road, Suite 301 CAMBRIDGE ON N3H 5L8

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

Shelburne Long Term Care Home  
200 Robert Street SHELburne ON L9V 3S1

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

KATHLEEN MILLAR (527)

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

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

**This inspection was conducted on the following date(s): January 15, 16, 17, 18, and February 21, 2018.**

**Follow-up Log # 028045-17 related to Falls Prevention and Management and Follow-up Log #028046-17 related to Medication Management was inspected.**

**Log #028046-17 related to Medication Management had no findings of non-compliance, therefore was complied.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director(ED), the Director of Care (DOC), the Restorative Care Coordinator/Fall Management Lead, Registered Nurses (RNs), Registered Practical Nurses (RPNs) and Personal Support Workers (PSWs), the residents' and family members.**

**During the course of the inspection, the Long Term Care Home (LTCH) Inspector(s) also reviewed the residents' clinical records, internal investigative notes, policies and procedures; toured the home; and observed resident care.**

**The following Inspection Protocols were used during this inspection:  
Falls Prevention  
Medication**

**During the course of this 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 # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 131. (2)	CO #002	2017_544527_0014		527

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

Legend	Legendé
<p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</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. 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 failed to ensure that where the Act or this Regulation required 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 was required to ensure that the plan, policy, protocol, procedure, strategy or system, (b) was complied with.

The home's policy called "Falls Management", number RC-15-01-01, and revised February 2017, directed staff to complete the "Clinical Monitoring Record, Appendix 10", when a resident had an unwitnessed fall. The policy directed registered staff to complete the post fall assessment tool, which included the initial neurovital signs. The clinical monitoring record further directed staff to complete the neurovital signs; monitor vital signs; assess for pain; and monitor for changes in behaviour every hour for four (4) hours, then every eight (8) hours for 72 hours. The policy further directed staff that if a resident had a witnessed fall or was not suspected of having a head injury that they were to complete assessments related to pain; bruising; change in functional status; change in cognitive status; and changes in range of motion every shift for 72 hours.

A) Resident #001 had a history of falls in December 2017. The resident had no injuries from these falls. The resident was assessed as high risk for falls. Based on the home's Falls Management Program, resident #001 should have had a specific number of neurovital signs assessments completed by registered staff after each unwitnessed fall; however the neurovital signs assessments were not completed consistently by the registered staff.

B) Resident #004 had a specific number of unwitnessed falls in December 2017 and January 2018, with no injury. The resident was assessed as high risk for falls. Based on the home's Falls Management Program, resident #004 should have had a



specific number of neurovital signs assessments completed by registered staff; however the neurovital signs assessments were not completed consistently by the registered staff.

C) Resident #005 had a history of falls in December 2017 and January 2018. Both falls resulted in no injury for the resident. The resident was assessed as high risk for falls. Based on the home's Falls Management Program, resident #005 should have had a specific number of neurovital signs assessments completed after their unwitnessed fall in January 2018; however the resident's neurovital signs assessments were not completed consistently by the registered staff. In regards to the witnessed fall in December 2017, the resident should have had a specific number of post fall assessments completed within 72 hours; however the post fall assessments were also not completed consistently by the registered staff.

RN #100 and the Falls Management Lead were interviewed and confirmed that when a resident had an unwitnessed fall or they suspected the resident may have had a head injury, the registered staff were expected to complete the post fall assessment with the initial neurovital signs, then complete neurovital signs checks every hour for four hours and then every eight hours for 72 hours. The RN and the Falls Management Lead confirmed that neurovital signs assessments were not completed for resident #001, #004 and #005, as directed in their Falls Management policy and procedures. In addition, the RN #100 and Falls Management lead confirmed that resident #005 did not have the post fall assessments completed by the registered staff after their witnessed fall in December 2017, as was expected according to the their policy.

The home failed to ensure registered staff complied with their Falls Management policies and procedures for resident #001, #004 and #005.

***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. 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 failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

The home's policy called "Falls Management", number RC-15-01-01, and last revised February 2017, directed staff to address the 4 P's as a fall prevention intervention. The policy directed staff to update the written plan of care as necessary, which would include the fall prevention interventions. In addition, the policy directed staff to document assessments, interventions and the resident's responses to the interventions.

A) Resident #001 was assessed by the interdisciplinary team as being high risk for falls. The resident had a history of falls in December 2017 and January 2018. The resident was observed during the inspection period. The resident's clinical record was reviewed, which identified that the written plan of care did not have the specific falls prevention interventions documented. When the Point of Care (POC) notes for December 2017 and January 2018, were reviewed there was inconsistency related to the fall prevention interventions being documented by the Personal Support Workers (PSWs).

B) Resident #004 was assessed by the interdisciplinary team as being high risk for falls. The resident had a history of falls in December 2017 and January 2018. The resident was observed during the inspection period. The resident's clinical record was reviewed, which identified that the written plan of care did not have specific falls prevention interventions documented. When the Point of Care (POC) notes for December 2017 and January 2018, were reviewed there was inconsistency related to the fall prevention interventions being documented by the PSWs.

C) Resident #005 was assessed by the interdisciplinary team as being high risk for falls.



The resident had a history of falls in December 2017 and January 2018. The resident was observed during the inspection period.

The resident's clinical record was reviewed, which identified that the written plan of care did not have specific falls prevention interventions documented.

When the Point of Care (POC) notes for December 2017 and January 2018, were reviewed there was inconsistency related to the falls prevention interventions being documented by the Personal Support Workers (PSWs).

RPN #100 was interviewed and confirmed that they were expected to document the falls prevention interventions in the written plan of care as per their fall management policy and procedures, and the PSWs were also expected to document their tasks in POC. PSW #140 was interviewed and confirmed that they were expected to document the fall prevention tasks in POC.

The DOC was interviewed and confirmed that the staff were expected to document the falls management interventions for resident #001, #004 and #005 as outlined in the fall management program policies and procedures.

The home failed to ensure that the falls prevention interventions for resident #001, #004 and #005 were documented in the written plan of care and the resident's responses to the interventions were not consistently documented in POC.

***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 actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented, to be implemented voluntarily.***

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**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Issued on this 2nd day of March, 2018**

**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) :** KATHLEEN MILLAR (527)

**Inspection No. /**

**No de l'inspection :** 2018\_544527\_0003

**Log No. /**

**No de registre :** 028045-17, 028046-17

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Feb 26, 2018

**Licensee /**

**Titulaire de permis :** CVH (No. 8) GP Inc. as general partner of CVH (No. 8)  
LP  
766 Hespeler Road, Suite 301, CAMBRIDGE, ON,  
N3H-5L8

**LTC Home /**

**Foyer de SLD :** Shelburne Long Term Care Home  
200 Robert Street, SHELburne, ON, L9V-3S1

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Heidi Vanderhorst

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To CVH (No. 8) GP Inc. as general partner of CVH (No. 8) LP, you are hereby required to comply with the following order(s) by the date(s) set out below:

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**Order # /**                      **Order Type /**  
**Ordre no :** 001                **Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**  
**Lien vers ordre**            2017\_544527\_0014, CO #001;  
**existant:**

**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 complete the following:

- 1) Provide face-to-face training for all direct care providers related to the home's Falls Management Program policies and procedures.
- 2) Maintain written records of the above noted training, participants and educational content.
- 3) Ensure that all direct care providers document the assessments, reassessments, interventions and the residents responses to interventions in the residents' clinical record.
- 4) Develop and implement a quality auditing process to track compliance with the home's Falls Management Program, including documentation requirements.

**Grounds / Motifs :**

1. The licensee failed to ensure that where the Act or this Regulation required 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 was required to ensure that the plan, policy, protocol, procedure, strategy or system, (b) was complied with.

The home's policy called "Falls Management", number RC-15-01-01, and revised February 2017, directed staff to complete the "Clinical Monitoring Record, Appendix 10", when a resident had an unwitnessed fall. The policy directed registered staff to complete the post fall assessment tool, which included the initial neurovital signs. The clinical monitoring record further directed staff to complete the neurovital signs; monitor vital signs; assess for pain; and monitor for changes in behaviour every hour for four (4) hours, then every eight (8) hours for 72 hours. The policy further directed staff that if a resident had a witnessed fall or was not suspected of having a head injury that they were to complete assessments related to pain; bruising; change in functional status; change in cognitive status; and changes in range of motion every shift for 72 hours.

A) Resident #001 had a history of falls in December 2017. The resident had no injuries from these falls. The resident was assessed as high risk for falls. Based on the home's Falls Management Program, resident #001 should have had a specific number of neurovital signs assessments completed by registered staff after each unwitnessed fall; however the neurovital signs assessments were not completed consistently by the registered staff.

B) Resident #004 had a specific number of unwitnessed falls in December 2017 and January 2018, with no injury. The resident was assessed as high risk for falls.

Based on the home's Falls Management Program, resident #004 should have had a specific number of neurovital signs assessments completed by registered staff; however the neurovital signs assessments were not completed consistently by the registered staff.

C) Resident #005 had a history of falls in December 2017 and January 2018. Both falls resulted in no injury for the resident. The resident was assessed as high risk for falls.

Based on the home's Falls Management Program, resident #005 should have had a specific number of neurovital signs assessments completed after their unwitnessed fall in January 2018; however the resident's neurovital signs assessments were not completed consistently by the registered staff. In regards to the witnessed fall in December 2017, the resident should have had a specific number of post fall assessments completed within 72 hours; however the post fall assessments were also not completed consistently by the registered staff.



**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*

**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*

RN #100 and the Falls Management Lead were interviewed and confirmed that when a resident had an unwitnessed fall or they suspected the resident may have had a head injury, the registered staff were expected to complete the post fall assessment with the initial neurovital signs, then complete neurovital signs checks every hour for four hours and then every eight hours for 72 hours. The RN and the Falls Management Lead confirmed that neurovital signs assessments were not completed for resident #001, #004 and #005, as directed in their Falls Management policy and procedures. In addition, the RN #100 and Falls Management lead confirmed that resident #005 did not have the post fall assessments completed by the registered staff after their witnessed fall in December 2017, as was expected according to the their policy.

The home failed to ensure registered staff complied with their Falls Management policies and procedures for resident #001, #004 and #005. (527)

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

**Vous devez vous conformer à cet ordre d'ici le : Mar 30, 2018**



**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**

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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, 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



**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*

**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*

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

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

Health Services Appeal and Review Board and the Director

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

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

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



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**Ministère de la Santé et  
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de soins de longue durée, L.O. 2007, chap. 8*

## **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



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

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

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

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

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

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

**Issued on this 26th day of February, 2018**

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





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

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de soins de longue durée, L.O. 2007, chap. 8*

**Name of Inspector /**

Kathleen Millar

**Nom de l'inspecteur :**

**Service Area Office /**

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