



**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**

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

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

## **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 26, 2015	2014_255516_0041	L-001354-14	Follow up

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

REVERA LONG TERM CARE INC.  
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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

Berkshire Care Centre  
350 DOUGALL AVENUE WINDSOR ON N9A 4P4

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

ROCHELLE SPICER (516)

## **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): December 10, 11 and 12, 2014 and March 16 and 17, 2015**

**During the course of the inspection, the inspector(s) spoke with the Acting Administrator, Director of Nursing (Acting Director of Nursing), Assistant Director (s)of Nursing, Administration Assistant, Personal Support Workers, Wound Care Lead/Registered Nurse, Registered Nurse Consultant(s) and Registered Practical Nurses.**

**The following Inspection Protocols were used during this inspection:**

**Contenance Care and Bowel Management**

**Infection Prevention and Control**

**Medication**

**Nutrition and Hydration**

**Skin and Wound Care**

**Sufficient Staffing**

**Training and Orientation**

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

**2 WN(s)**

**0 VPC(s)**

**2 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**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
LTCHA, 2007 S.O. 2007, c.8 s. 3.	WN	2014_255516_0026		516
LTCHA, 2007 S.O. 2007, c.8 s. 6.	CO #001	2014_255516_0026		516

**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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

On September 18, 2014, the licensee was ordered to prepare, submit and implement a plan for achieving and ensuring on-going compliance with O.Reg 79/10, s.8 (1) (b):

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; that it is complied with.

A follow-up inspection occurred on December 10, 11 and 12, 2014 and March 16 and 17, 2015 to identify whether the LTCH had achieved compliance with the following policies:

- Drug Destruction and Disposal, Index ID:RCS F-35
- Resident Weight Monitoring
- Male and Female Catheterization Index ID B-05
- Daily Flow Sheets policy #RCS C-50
- Client Service Response Form (Complaint Investigation) LGM I-10

1) On March 16, 2015, a review of the LTCH's policy titled: "Drug Destruction and Disposal", Index I.D. RCS F-35 indicated the following:

- (a) Surplus drugs (drugs for destruction) were to be removed from the current medication system and were to be destroyed and disposed of in accordance with regulatory requirements.
- (b) Surplus drugs were to be kept separate from current drugs.



(c) Surplus drugs were described as individual resident medications that were expired, all drugs with illegible labels, all drugs in containers that did not meet requirements of the Drug and Pharmacies Regulation ACT and all drugs belonging to a resident that was discharged or died.

On March 16, 2015, the Inspector and Assistant Director of Nursing observed drug/medication storage areas within the LTCH.

On March 16, 2015, the Assistant Director of Nursing and Registered Nurse Clinician confirmed there were some expired drugs and supplements, as well as, drugs without a pharmacy issued label indicating the resident's name and administration instructions that had not been removed from the current drug stock as per the LTCH's Drug Destruction and Disposal, Index ID:RCS F-35 policy.

2) A review of the LTCH's policy titled "Daily Flow Sheets" Index I.D. RCS C-50 revealed the following procedure:

Code the amount of drainage in mls in the appropriate column. If any problems are detected document this using the "yes" or "no" response and report this to the Charge Nurse.

A review of two resident's daily flow sheets for a sixteen day period, revealed there were no documentation entries indicating the amount of urine drainage or a "yes" or "no" response on all required occasions. This was verified by the Registered Nurse Clinician.  
[s. 8. (1) (b)]

***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. 31. Nursing and personal support services**



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

**s. 31. (3) The staffing plan must,**

**(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this**

**Regulation; O. Reg. 79/10, s. 31 (3).**

**(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).**

**(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).**

**(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).**

**(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).**

**Findings/Faits saillants :**

1. The licensee failed to ensure the staffing plan included a back-up plan for nursing and personal care staffing that addresses situations when staff cannot come to work.

On September 18, 2014, a compliance order related to the licensee ensuring that the LTCH's staffing plan included an effective back-up plan for nursing and personal care staffing that addressed situations when staff, including the staff who provide nursing coverage required under subsection 8 (3) of the Act, cannot come to work was issued.

The licensee was ordered to be in compliance by October 31, 2014.

On March 17, 2015, a review of the LTCH's staffing records provided by the Administrative Assistant, revealed the LTCH was unable to replace personal care staff members on all scheduled shifts.

The Director of Nursing and Assistant Director of Nursing confirmed three residents did not receive their scheduled baths on two days when the LTCH was unable to replace personal care staff when these staff could not come to work. [s. 31. (3)]



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

***Additional Required Actions:***

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

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**Issued on this 31st day of March, 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**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** ROCHELLE SPICER (516)

**Inspection No. /**

**No de l'inspection :** 2014\_255516\_0041

**Log No. /**

**Registre no:** L-001354-14

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Mar 26, 2015

**Licensee /**

**Titulaire de permis :** REVERA LONG TERM CARE INC.  
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA,  
ON, L5R-4B2

**LTC Home /**

**Foyer de SLD :** Berkshire Care Centre  
350 DOUGALL AVENUE, WINDSOR, ON, N9A-4P4

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Debbie Boakes

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To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:



**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) (a)

**Linked to Existing Order /**

Lien vers ordre existant: 2014\_255516\_0026, CO #003;

**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 must ensure the following LTCH's policies are complied with:

Drug Destruction and Disposal, Index ID:RCS F-35  
Daily Flow Sheets, Index ID:RCS C-50

**Grounds / Motifs :**

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

On September 18, 2014, the licensee was ordered to prepare, submit and implement a plan for achieving and ensuring on-going compliance with O.Reg 79/10, s.8 (1) (b):

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; that it is complied with.

A follow-up inspection occurred on December 10, 11 and 12, 2014 and March 16 and 17, 2015 to identify whether the LTCH had achieved compliance with the following policies:

**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*

- Drug Destruction and Disposal, Index ID:RCS F-35
- Resident Weight Monitoring
- Male and Female Catheterization Index ID B-05
- Daily Flow Sheets policy #RCS C-50
- Client Service Response Form (Complaint Investigation) LGM I-10

1) On March 16, 2015, a review of the LTCH's policy titled: "Drug Destruction and Disposal", Index I.D. RCS F-35 indicated the following:

(a) Surplus drugs (drugs for destruction) were to be removed from the current medication system and were to be destroyed and disposed of in accordance with regulatory requirements.

(b) Surplus drugs were to be kept separate from current drugs.

(c) Surplus drugs were described as individual resident medications that were expired, all drugs with illegible labels, all drugs in containers that did not meet requirements of the Drug and Pharmacies Regulation ACT and all drugs belonging to a resident that was discharged or died.

On March 16, 2015, the Inspector and Assistant Director of Nursing observed drug/medication storage areas within the LTCH.

On March 16, 2015, the Assistant Director of Nursing and Registered Nurse Clinician confirmed there were some expired drugs and supplements, as well as, drugs without a pharmacy issued label indicating the resident's name and administration instructions that had not been removed from the current drug stock as per the LTCH's Drug Destruction and Disposal, Index ID:RCS F-35 policy.

2) A review of the LTCH's policy titled "Daily Flow Sheets" Index I.D. RCS C-50 revealed the following procedure:

Code the amount of drainage in mls in the appropriate column. If any problems are detected document this using the "yes" or "no" response and report this to the Charge Nurse.

A review of two resident's daily flow sheets for a sixteen day period, revealed there were no documentation entries indicating the amount of urine drainage or a "yes" or "no" response on all required occasions. This was verified by the Registered Nurse Clinician. [s. 8. (1) (b)]



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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

(516)

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

**Vous devez vous conformer à cet ordre d'ici le :** Apr 10, 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)

**Linked to Existing Order /**

Lien vers ordre existant: 2014\_255516\_0026, CO #002;

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 31. (3) The staffing plan must,  
(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;  
(b) set out the organization and scheduling of staff shifts;  
(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;  
(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and  
(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.  
O. Reg. 79/10, s. 31 (3).

**Order / Ordre :**

The licensee shall ensure the LTCH's includes an effective back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work.

**Grounds / Motifs :**



**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*

1. The licensee failed to ensure the staffing plan included a back-up plan for nursing and personal care staffing that addresses situations when staff cannot come to work.

On September 18, 2014, a compliance order related to the licensee ensuring that the LTCH's staffing plan included an effective back-up plan for nursing and personal care staffing that addressed situations when staff, including the staff who provide nursing coverage required under subsection 8 (3) of the Act, cannot come to work was issued.

The licensee was ordered to be in compliance by October 31, 2014.

On March 17, 2015, a review of the LTCH's staffing records provided by the Administrative Assistant, revealed the LTCH was unable to replace personal care staff members on all scheduled shifts.

The Director of Nursing and Assistant Director of Nursing confirmed three residents did not receive their scheduled baths on two days when the LTCH was unable to replace personal care staff when these staff could not come to work.

[s. 31. (3)]  
(516)

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

**Vous devez vous conformer à cet ordre d'ici le : Apr 10, 2015**



**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

### **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



**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*

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](http://www.hsarb.on.ca).



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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*

## **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<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

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





**Ministry of Health and  
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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**

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

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

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

Directeur  
a/s Coordinateur des appels  
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](http://www.hsarb.on.ca).

**Issued on this 26th day of March, 2015**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Rochelle Spicer

**Service Area Office /**

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