



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

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

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

**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 # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
May 8, 2017	2017_546585_0007	025412-16	Follow up

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**Licensee/Titulaire de permis**

Schlegel Villages Inc  
325 Max Becker Drive Suite 201 KITCHENER ON N2E 4H5

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

THE VILLAGE OF WENTWORTH HEIGHTS  
1620 UPPER WENTWORTH STREET HAMILTON ON L9B 2W3

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

LEAH CURLE (585)

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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): April 18, 19, 20, 21, 2017.**

**This inspection was conducted to follow-up on compliance order (CO) #001 from Resident Quality Inspection (RQI) Inspection #2016\_343585\_0011 regarding Ontario Regulation (O.Reg) 79/10, s. 49. (2).**

**Critical Incident System (CIS) inspection log #2017\_546585\_0008 was conducted concurrent to this follow-up inspection. Inspections of the CIS intakes (listed below) were conducted in this follow-up inspection report.**

**The CIS intakes inspected included:**

**CIS log #019233-16/CIS #2841-000012-16 regarding falls prevention and management**

**CIS log #025059-16/CIS #2841-000016-16 regarding falls prevention and management**

**CIS log #004902-17/CIS #2841-000004-17 regarding falls prevention and management**

**CIS log #005328-17/CIS #2841-000005-17 regarding falls prevention and management**

**One on-site inquiry was also conducted: CIS log #000924-17/CIS #2841-000002-17 regarding falls prevention and management.**

**During the course of the inspection, the inspector(s) spoke with Residents, Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Administrative Assistant, Neighbourhood Coordinators, the Director of Nursing Care (DON), Kinesiologist, Assistant General Manager and General Manager.**

**During the course of the inspection, the inspector(s) observed residents, reviewed records that included, but were not limited to: clinical records, policies and procedures, fall audits meeting minutes, program evaluations, training records, staffing schedules and CIS records.**

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



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

3 WN(s)  
0 VPC(s)  
1 CO(s)  
0 DR(s)  
0 WAO(s)

### NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management**

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

**s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that when a resident had fallen, the resident was assessed and that where the condition or circumstances of the resident required, a post-fall assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for falls.

Review of the home's policies identified that when a resident has fallen, registered staff were to assess the resident using the following clinically appropriate assessment instruments:

i. The home's policy, "Fall Prevention and Management", reviewed December 13, 2016, stated registered staff would assess the resident for injury and document the fall using the Falls Incident Report form. If the resident hit their head or there were no witnesses to the fall, the Head Injury Routine (HIR) was to be followed.

ii. The home's policy, "Head Injury Routine", revised December 13, 2016, indicated that the team leader was responsible for starting the HIR immediately using the Neurological Head Injury Vital Signs Record form with all sections being completed for the following time periods: every 15 minutes, once, every 30 minutes for two hours, every hour, once and every four hours for 24 hours and every shift for two days for any known or possible head injuries and after an unwitnessed fall.

iii. The resident would be assessed each shift for 24 hours after the fall by the registered staff and a progress note would be completed on the next three shifts.

iv. A post-fall analysis would be completed by the registered staff 24 hours after the fall

occurred and the purpose of the analysis was to identify any trends that could be contributing to the fall and to determine if referral for further assessment was required.

A) On two identified dates, resident #002 experienced two unwitnessed falls that did not result in injury. On an identified date, resident #002 experienced an unwitnessed fall that resulted in transfer to hospital and diagnosis of an injury. On an identified date, the resident was readmitted to the home.

Review of resident #002's clinical record revealed the following:

- i. Prior to the falls, the resident was identified as high risk for falls.
- i. HIR documentation was not initiated after all three falls
- ii. Post-fall progress notes were not completed as required on every shift for 24 hours after two of the falls
- iii. A Post Fall Assessment was not completed after one fall.

Interview with the Director of Nursing (DON) and the Kinesiologist confirmed that resident #002 was not assessed using a clinically appropriate assessment tool that was designed for falls as outlined in the home's Falls Prevention and Management Policy and the Head Injury Routine Policy after resident #002 sustained multiple falls including one fall that resulted in an injury.

This non-compliance was issued as a result of a concurrent Critical Incident System (CIS) inspection Log #005328-17/CIS #2841-000005-17.

B) On an identified date, resident #003 experienced an unwitnessed fall that did not result in injury. Review of the clinical record revealed the following:

- i. Prior to the fall, the resident was identified as high risk for falls.
- ii. HIR documentation was not initiated after the fall.
- iii. A post-fall progress note was not completed one shift.

Interview with Registered Practical Nurse (RPN) #100 confirmed the fall was not witnessed by staff. RPN #100 reported other residents witnessed the fall who reported resident #003 did not hit their head; therefore, HIR was not initiated. Interview with the Assistant General Manager reported the home's expectation would be that HIR be initiated for falls not witnessed by staff. Interview with DON confirmed post-fall progress notes were not completed on all shifts as required. [s. 49. (2)]



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***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 LTCHA, 2007 S.O. 2007, c.8, s. 8.  
Nursing and personal support services**

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

**s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times.

The Village of Wentworth Heights is a Long-Term Care Home with a licensed capacity of 120 beds. The planned staffing pattern for registered nursing staff in the home, for the direct care of residents, was one Registered Nurse (RN) for each shift (days, evenings, nights) for a total of 24 hours a day and three Registered Practical Nurse (RPN) for day shift, three for evening shift and one for night shift, for a total of 56 hours a day, as identified on work schedules provided by the home and confirmed by the Director of Nursing (DON). The staffing roster revealed that there were seven RNs who were employees of the home.

The DON reported that the home was actively recruiting for RN staff; however, relied on agency staff to meet the requirement to have an RN in the building, particularly for night shifts. The DON confirmed that the home offered additional shifts to employed RNs of the home to fill the vacant shifts; however, when the RNs were unwilling or unable to work one or more of the required shifts the home would fill those shifts with RNs employed with an employment agency. On request the home provided a list of shifts from January 9 to April 19, 2017, which revealed 44 occasions (14.7% of total shifts worked over the period of time) where agency registered nurses worked to ensure that a RN was on site 24 hours a day. The DON confirmed that the need to fill these RN shifts were not the result of emergency situations as outlined in O. Reg 79/10, s. 45(2).

The home did not ensure that there was at least one registered nurse who was an employee of the licensee and was member of the regular nursing staff on duty and present at all times. [s. 8. (3)]

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**WN #3: 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 the plan, policy, protocol, procedure, strategy or system was complied with.

In accordance with Ontario Regulation (O. Reg) 79/10, r. 48. (1) requires every licensee of a long-term care home to ensure that the following interdisciplinary programs are developed and implemented in the home: 1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The home's policy, "Fall Prevention and Management", last reviewed December 13, 2016, identified each month, the kinesiologist/exercise therapist will prepare a Monthly Falls Summary Report which will detail Village and neighbourhood trends. A copy of the Monthly Falls Summary Report will be placed in each neighbourhood's communication binder and discussed with team members to discuss residents who frequently fall, new interventions and their effectiveness, trends, improve communication and promote information sharing.

Interview with the kinesiologist who confirmed the February and March 2017 Falls Summary Reports had not been distributed to the Scotsdale, Rymal and Stonechurch home areas. [s. 8. (1) (b)]





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**Issued on this 11th day of May, 2017**

**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**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
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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**

**Public Copy/Copie du public**

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

**Nom de l'inspecteur (No) :** LEAH CURLE (585)

**Inspection No. /**

**No de l'inspection :** 2017\_546585\_0007

**Log No. /**

**Registre no:** 025412-16

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** May 8, 2017

**Licensee /**

**Titulaire de permis :** Schlegel Villages Inc  
325 Max Becker Drive, Suite 201, KITCHENER, ON,  
N2E-4H5

**LTC Home /**

**Foyer de SLD :** THE VILLAGE OF WENTWORTH HEIGHTS  
1620 UPPER WENTWORTH STREET, HAMILTON,  
ON, L9B-2W3

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** VANDA KOUKOUNAKIS

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To Schlegel Villages Inc, 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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**Order # /**                      **Order Type /**  
**Ordre no :** 001              **Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Linked to Existing Order /**  
**Lien vers ordre**              2016\_343585\_0011, CO #001;  
**existant:**

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

**Order / Ordre :**

**Order(s) of the Inspector**

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The licensee shall prepare, submit and implement a plan for achieving compliance to ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls as outlined in the home's Falls Prevention and Management Policy and the Head Injury Routine Policy.

The plan shall include, but is not limited to ensuring that:

A) All registered nursing staff who provide care to residents, including employees of the licensee as well as those pursuant to a contract or agreement between the licensee and an employment agency or other third party receive education and/or re-education in falls prevention and management, specifically, but not limited to:

- the rationale, process and expectation to assess all falls
- where the condition or circumstances of the resident require, when, why and how to conduct a post-fall assessment using a clinically appropriate assessment instrument which includes completing the post falls analysis, post falls notes every shift for 24 hours after the fall and Head Injury Routine (HIR) is completed after every fall, if a resident hits their head or there are no witnesses to the fall.

B) Processes and schedules are maintained for monitoring and ensuring staff's compliance in completing post-fall assessments.

The plan shall be submitted to [leah.curle@ontario.ca](mailto:leah.curle@ontario.ca) by May 31, 2017.

**Grounds / Motifs :**

1. The non-compliance was issued as a compliance order (CO) due to a severity level of "minimal harm or potential for actual harm", a scope of "pattern" and a compliance history in the last three years of "ongoing non-compliance of a voluntary plan of correction (VPC) or CO."

2. The licensee failed to ensure that when a resident had fallen, the resident was assessed and that where the condition or circumstances of the resident required, a post-fall assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for falls.

Review of the home's policies identified that when a resident has fallen, registered staff were to assess the resident using the following clinically appropriate assessment instruments:

- i. The home's policy, "Fall Prevention and Management", reviewed December 13, 2016, stated registered staff would assess the resident for injury and document the fall using the Falls Incident Report form. If the resident hit their head or there were no witnesses to the fall, the Head Injury Routine (HIR) was to be followed.
- ii. The home's policy, "Head Injury Routine", revised December 13, 2016, indicated that the team leader was responsible for starting the HIR immediately using the Neurological Head Injury Vital Signs Record form with all sections being completed for the following time periods: every 15 minutes, once, every 30 minutes for two hours, every hour, once and every four hours for 24 hours and every shift for two days for any known or possible head injuries and after an unwitnessed fall.
- iii. The resident would be assessed each shift for 24 hours after the fall by the registered staff and a progress note would be completed on the next three shifts.
- iv. A post-fall analysis would be completed by the registered staff 24 hours after the fall occurred and the purpose of the analysis was to identify any trends that could be contributing to the fall and to determine if referral for further assessment was required.

A) On two identified dates, resident #002 experienced two unwitnessed falls that did not result in injury. On an identified date, resident #002 experienced an unwitnessed fall that resulted in transfer to hospital and diagnosis of an injury. On an identified date, the resident was readmitted to the home.

Review of resident #002's clinical record revealed the following:

- i. Prior to the falls, the resident was identified as high risk for falls.
- i. HIR documentation was not initiated after all three falls
- ii. Post-fall progress notes were not completed as required on every shift for 24 hours after two of the falls
- iii. A Post Fall Assessment was not completed after one fall.

Interview with the Director of Nursing (DON) and the Kinesiologist confirmed that resident #002 was not assessed using a clinically appropriate assessment tool that was designed for falls as outlined in the home's Falls Prevention and



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Management Policy and the Head Injury Routine Policy after resident #002 sustained multiple falls including one fall that resulted in an injury.

This non-compliance was issued as a result of a concurrent Critical Incident System (CIS) inspection Log #005328-17/CIS #2841-000005-17.

B) On an identified date, resident #003 experienced an unwitnessed fall that did not result in injury. Review of the clinical record revealed the following:

- i. Prior to the fall, the resident was identified as high risk for falls.
- ii. HIR documentation was not initiated after the fall.
- iii. A post-fall progress note was not completed one shift.

Interview with Registered Practical Nurse (RPN) #100 confirmed the fall was not witnessed by staff. RPN #100 reported other residents witnessed the fall who reported resident #003 did not hit their head; therefore, HIR was not initiated. Interview with the Assistant General Manager reported the home's expectation would be that HIR be initiated for falls not witnessed by staff. Interview with DON confirmed post-fall progress notes were not completed on all shifts as required. [s. 49. (2)] (585)

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

**Vous devez vous conformer à cet ordre d'ici le : Jul 31, 2017**



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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  
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





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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  
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 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  
Inspection de soins de longue durée  
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.



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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  
Inspection de soins de longue durée  
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 8th day of May, 2017**

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

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

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