



**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**

Sudbury Service Area Office  
159 Cedar Street Suite 403  
SUDBURY ON P3E 6A5  
Telephone: (705) 564-3130  
Facsimile: (705) 564-3133

Bureau régional de services de  
Sudbury  
159 rue Cedar Bureau 403  
SUDBURY ON P3E 6A5  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133

## 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>
Nov 20, 2015	2015_401616_0017	017650-15	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

PINEWOOD COURT  
2625 WALSH STREET EAST THUNDER BAY ON P7E 2E5

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

JENNIFER KOSS (616), KATHERINE BARCA (625)

## 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): September 29, 30, 2015 and October 1, 2, 5, 6, 2015.**

**This inspection was conducted concurrently with Complaint Inspection # 2015\_401616\_0016 and Critical Incident System Inspection # 2015\_433625\_0002. Non-Compliance regarding LTCHA 2007, S. O. 2007, c. 8, s. 6 (7) that was identified in the Complaint and Critical Incident inspections will be issued in this report.**

**This inspection included intake: 17650-15.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Nurses (RNs) and Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Food Services Manager, Environmental Services Staff, Resident Assessment Instrument (RAI) Coordinator, Physiotherapy Assistant, residents and family members.**

**The inspector(s) also made observations of the home areas, meal services, and the provision of care and services to residents, as well as reviewed Infection Control practices, policies and procedures, and resident health records**

**The following Inspection Protocols were used during this inspection:  
Minimizing of Restraining  
Personal Support Services  
Skin and Wound Care**

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

**1 WN(s)**

**0 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**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>Legendé</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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

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

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that care set out in the plan of care is provided to residents: #001, #002, #012, #013, and #016 as specified in the plan.



The care plan for resident #016 indicated that the resident had been assessed as a high risk for falls and identified a bed alarm as a required intervention.

The care plan for resident #012 indicated that the resident had been assessed as high risk for falls and identified a bed alarm as a required intervention.

The care plan for resident #013 indicated that the resident was a high risk for falls. The resident had a fall with injury in 2015 and listed a bed alarm when in bed as a required intervention.

On October 5, 2015, the above care plans were current and in effect. On October 5, 2015, S#118 was unable to locate a bed alarm on resident #016's bed.

On October 5, 2015, S#119 reported the following to inspector #625:  
-resident #016 did not have a functional bed alarm system in place,  
-resident #012 did not have a functional bed alarm system in place, and  
-resident #013 did not have a functional bed alarm system in place.

S#119 stated that all three residents were waiting for bed alarm equipment and that registered nursing staff had previously been notified.

On October 5, 2015, S#117 reviewed the care plans for resident #016, resident #012, and resident #013, which all indicated the use of a "bed alarm". They checked each the residents' room and stated that required equipment was not in place in the rooms or available in the home.

On October 5, 2015, the Administrator stated that they were aware that some bed alarm components were on back order but they did not know how many residents were impacted by the back order.[s. 6. (7)]

2. The care plan for resident #001 directed staff to provide oral care as the resident was known to have specific oral care needs.

Staff interviews with S#100 and S#101 revealed inconsistencies to inspector #616 regarding the oral hygiene care provided for resident #001. The oral hygiene care plan was reviewed together by the inspector with S#101 and they reported the resident did not receive oral care as planned.



The resident's health record was reviewed by the inspector for a three month period in 2015 and noted the scheduled times the resident was to have received oral care.

In the three months reviewed, there were blanks in the scheduled times for oral care throughout each month.

The home's Oral Assessment and Care Policy (LTC-H-20, May 2013) provided to the inspector by the DOC noted under the "National Operating Procedure, #4.": Each resident's individualized oral care needs will be documented in their care plan.

The DOC and the RAI Coordinator both confirmed to the inspector that blanks indicated oral care was not provided to resident #001 as per their plan of care.[s. 6. (7)]

3. Resident #002 was identified by S#103 to have had altered skin integrity. Inspector #616 reviewed the resident's Treatment Administration Record (TAR) and the Treatment Observation Record (TOR) for a two month period in 2015.

The TAR for both months indicated the treatment and documentation requirements of the area. The resident's care plan listed the altered skin integrity and the interventions to see the TAR for current treatment plan, and to assess the area at each dressing change and document on the TOR at a minimum weekly.

The inspector reviewed the TAR documentation and noted for the first month that six of 15 scheduled dressing changes were blank. The TOR had assessments documented on three of the 15 scheduled assessments with dressing change. On review of the TAR for the second month, nine of 15 scheduled dressing changes were blank, and on the TOR there was one of 15 documented assessments during this month.

The Monthly Skin Integrity Audit provided by DOC October 2, 2015 for a three month period noted the altered skin integrity was ongoing during these months. Interviews with S#103 and S#100 both confirmed to the inspector that the area continued to be treated. S#103 stated the TOR was not being completed as per the TAR and the care plan.

The DOC and the RAI Coordinator both confirmed to the inspector that blanks indicated wound care was not provided to resident #002 as per their plan of care.[s. 6. (7)]

4. The plan of care related to skin and wound for resident #001 was reviewed by inspector #616. The Treatment Observation Record (TOR) identified multiple areas of



altered skin integrity for this resident.

The Treatment Administration Record (TAR) for each of the affected areas required the completion of the TOR with each dressing change. The resident's TAR and TOR were reviewed over a three month period in 2015.

The inspector noted that the treatment, monitoring, and/or required documentation for each of the areas was not completed consistently as per the resident's plan of care throughout this review period. One particular area was noted to have progressively deteriorated as evidenced by the documented measurements of the area.

S#102 and S#103 reported to inspector #616 they were aware of the resident's altered skin integrity to certain areas but were unsure of any other areas of altered skin integrity. They indicated they would refer to the resident's care plan or TOR for information related to skin and wound care.

Staff #104, the DOC, and the RAI Coordinator all confirmed blanks in the TARs indicated care was not provided as per plan. Resident #001 did not receive the care related to skin and wound as specified in their plan of care.[s. 6. (7)]

Non-compliance has been previously identified under inspection 2015\_269597\_0004 which included a compliance order served July 12, 2015; pursuant to LTCHA, 2007 S.O. 2007, s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The decision to re-issue this compliance order was based on the scope which affected five residents, the severity which indicates a potential for actual harm, and the compliance history which despite previous non-compliance (NC) issued including a compliance order, NC continues with this are of the legislation. (616)

***Additional Required Actions:***

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

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**Issued on this 20th day of November, 2015**

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

**Original report signed by the inspector.**





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**Order(s) of the Inspector**

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

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

Aux termes de l'article 153 et/ou  
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**Health System Accountability and Performance Division  
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**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) :** JENNIFER KOSS (616), KATHERINE BARCA (625)

**Inspection No. /**

**No de l'inspection :** 2015\_401616\_0017

**Log No. /**

**Registre no:** 017650-15

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Nov 20, 2015

**Licensee /**

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

**LTC Home /**

**Foyer de SLD :** PINewood COURT  
2625 WALSH STREET EAST, THUNDER BAY, ON,  
P7E-2E5

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** CHERYL GRANT

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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:





**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  
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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**              2015\_269597\_0004, CO #001;  
**existant:**

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

**Order / Ordre :**

The licensee shall:

- a) Perform an audit of all residents of the home that require oral care assistance by staff to verify that the care provided is as specified in the plan of care. Based on the results of this audit, the licensee will implement interventions to meet the dental care needs of identified residents.
- b) Specifically ensure that resident #001 receives oral care based on assessed needs as well as ensure the plan of care related to oral care is up to date to reflect the current needs of resident #001.
- c) Perform an audit of all residents of the home that require wound care interventions to verify that the skin and wound care provided is as specified in the plan of care. Based on the results of this audit, the licensee will implement interventions to meet the skin and wound care needs of identified residents.
- d) Specifically ensure that resident #001 and #002 receive skin and wound care as specified in the plans of care and ensure the plans of care related to skin and wound care is up to date to reflect the current needs of resident #001 and #002.
- e) Perform an audit of all residents of the home that require bed alarms to ensure that bed alarms are in place and functional as specified in the plan of care. Furthermore, the licensee is to ensure there is a process for staff to follow if problems with bed alarm equipment or supply is identified with a plan to prevent or mitigate risks for falls.
- f) Specifically ensure that the staff provide bed alarm interventions for residents #012, #013, #016 as specified in the plans of care.

This review and update of each resident's plan of care must be completed by December 9, 2015.

### Grounds / Motifs :

1. The licensee has failed to ensure that care set out in the plan of care is provided to the residents: #001, #002, #012, #013, #016 as specified in the plan.

The plan of care related to skin and wound for resident #001 was reviewed by inspector #616. The Treatment Observation Record (TOR) identified multiple areas of altered skin integrity for this resident.



The Treatment Administration Record (TAR) for each of the affected areas required the completion of the TOR with each dressing change. The resident's TAR and TOR were reviewed over a three month period in 2015.

The inspector noted that the treatment, monitoring, and/or required documentation for each of the areas was not completed consistently as per the resident's plan of care throughout this review period. One particular area was noted to have progressively deteriorated as evidenced by the documented measurements of the area.

S#102 and S#103 reported to inspector #616 they were aware of the resident's altered skin integrity to certain areas but were unsure of any other areas of altered skin integrity. They indicated they would refer to the resident's care plan or TOR for information related to skin and wound care.

Staff #104, the DOC, and the RAI Coordinator all confirmed blanks in the TARs indicated care was not provided as per plan. Resident #001 did not receive the care related to skin and wound as specified in their plan of care. (616)

2. Resident #002 was identified by S#103 to have had altered skin integrity. Inspector #616 reviewed the resident's Treatment Administration Record (TAR) and the Treatment Observation Record (TOR) for a two month period in 2015.

The TAR for both months indicated the treatment and documentation requirements of the area. The resident's care plan listed the altered skin integrity and the interventions to see the TAR for current treatment plan, and to assess the area at each dressing change and document on the TOR at a minimum weekly.

The inspector reviewed the TAR documentation and noted for the first month that six of 15 scheduled dressing changes were blank. The TOR had assessments documented on three of the 15 scheduled assessments with dressing change. On review of the TAR for the second month, nine of 15 scheduled dressing changes were blank, and on the TOR there was one of 15 documented assessments during this month.

The Monthly Skin Integrity Audit provided by DOC October 2, 2015 for a three month period noted the altered skin integrity was ongoing during these months.



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Interviews with S#103 and S#100 both confirmed to the inspector that the area continued to be treated. S#103 stated the TOR was not being completed as per the TAR and the care plan.

The DOC and the RAI Coordinator both confirmed to the inspector that blanks indicated wound care was not provided to resident #002 as per their plan of care. (616)

3. The care plan for resident #001 directed staff to provide oral care as the resident was known to have specific oral care needs.

Staff interviews with S#100 and S#101 revealed inconsistencies to inspector #616 regarding the oral hygiene care provided for resident #001. The oral hygiene care plan was reviewed together by the inspector with S#101 and they reported the resident did not receive oral care as planned.

The resident's health record was reviewed by the inspector for a three month period in 2015 and noted the scheduled times the resident was to have received oral care.

In the three months reviewed, there were blanks in the scheduled times for oral care throughout each month.

The home's Oral Assessment and Care Policy (LTC-H-20, May 2013) provided to the inspector by the DOC noted under the "National Operating Procedure, #4.": Each resident's individualized oral care needs will be documented in their care plan.

The DOC and the RAI Coordinator both confirmed to the inspector that blanks indicated oral care was not provided to resident #001 as per their plan of care. (616)

4. The care plan for resident #016 indicated that the resident had been assessed as a high risk for falls and identified a bed alarm as a required intervention.

The care plan for resident #012 indicated that the resident had been assessed as high risk for falls and identified a bed alarm as a required intervention.



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The care plan for resident #013 indicated that the resident was a high risk for falls. The resident had a fall with injury in 2015 and listed a bed alarm when in bed as a required intervention.

On October 5, 2015, the above care plans were current and in effect. On October 5, 2015, S#118 was unable to locate a bed alarm on resident #016's bed.

On October 5, 2015, S#119 reported the following to inspector #625:  
-resident #016 did not have a functional bed alarm system in place,  
-resident #012 did not have a functional bed alarm system in place, and  
-resident #013 did not have a functional bed alarm system in place.

S#119 stated that all three residents were waiting for bed alarm equipment and that registered nursing staff had previously been notified.

On October 5, 2015, S#117 reviewed the care plans for resident #016, resident #012, and resident #013, which all indicated the use of a "bed alarm". They checked each the residents' room and stated that required equipment was not in place in the rooms or available in the home.

On October 5, 2015, the Administrator stated that they were aware that some bed alarm components were on back order but they did not know how many residents were impacted by the back order.

Non-compliance has been previously identified under inspection 2015\_269597\_0004 which included a compliance order served July 12, 2015; pursuant to LTCHA, 2007 S.O. 2007, s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The decision to re-issue this compliance order was based on the scope which affected five residents, the severity which indicates a potential for actual harm, and the compliance history which despite previous non-compliance (NC) issued including a compliance order, NC continues with this are of the legislation. (616) (625)



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

**Vous devez vous conformer à cet ordre d'ici le :** Dec 09, 2015





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**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

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



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

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

Health Services Appeal and Review Board and the Director

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

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

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



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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*

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 20th day of November, 2015**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Jennifer Koss

**Service Area Office /**

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