



**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
prévus le Loi de 2007 les
foyers de soins de longue**

**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**

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ème} étage
OTTAWA, ON, K1S-3J4
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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Apr 12, 17, 18, 19, May 4, 7, 8, 28, 31, Jun 1, 6, 13, 2012	2012_048175_0008	Complaint

Licensee/Titulaire de permis

REGIONAL MUNICIPALITY OF DURHAM
605 Rossland Road East, WHITBY, ON, L1N-6A3

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

HILLSDALE TERRACES
600 Oshawa Blvd. North, OSHAWA, ON, L1G-5T9

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

BRENDA THOMPSON (175)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, one Nurse Manager, three Registered Nurses, three Registered Practical Nurses, 2 Personal Support Workers, residents, and a family member.

During the course of the inspection, the inspector(s) reviewed resident health care records specific to the complaint, Policies and Procedures specific to the complaint, observed care on identified nursing unit, on afternoon and evening shifts.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Nutrition and Hydration

Pain

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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 subsections:

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).

Findings/Faits saillants :

1. Under the LTCHA, 2007 s. 11 (1) (b) Every licensee of a long term care home shall ensure that there is an organized program of care and dietary services for the home to meet the daily nutrition needs of the residents.
2. Review of Policy (FOOD 12-06-11) "Provision of Fluids" dated June 2010, indicated:
 - Any signs or symptoms of dehydration are to be reported to the charge nurse and/or clinical dietitian.
 - If Resident's fluid intake is less than adequate and is not receiving Palliative Care, refer to Clinical Dietitian.
 - Ongoing inability to meet daily fluid requirements must be documented in the resident's chart, managed with appropriate interventions and documented in the care plan.

Review of a second policy (#12-06-11) "Provision of Fluids" dated June 2010 indicates:

- Each resident will receive a minimum of 1500ml of fluid (6cups) per 24 hour period (unless fluid restricted).
 - These fluids are to be offered at regularly scheduled intervals throughout the day, at meal and snack-time.
 - The physician, Resident Care Coordinator, Registered Dietitian and Nurse Practitioner (if applicable) are notified of changes in nutrition and hydration status as they occur.
 - document/monitor and evaluate current interventions and send referral as applicable for reassessment.
3. Review of Food/Fluid Monitoring Forms for resident #2 indicated: -from January 1,2012 to February 1, 2012 the resident intake was documented as less than 1500 ml/24 hrs, and half of those days below 1000ml/24hours.

Review of progress notes for resident #2 indicated:

- from Jan. 1, 2012 to Feb. 1, 2012 there was no nursing or dietary documentation related to identification, assessment or interventions implemented to manage the resident's deteriorating hydration status.

Review of resident #2 health record indicated the Physician Order of February 1, 2012 to transfer resident #2 to hospital for re-hydration.

4. An RN was interviewed and indicated that it was evident that resident #2 was not taking fluids because the resident had dry mouth like chapped lips, before being sent to hospital. Resident #2 was lethargic and we thought it was pain medication. The resident was drooling fluids x 1 week.

The licensee failed to ensure Policies and Procedures, specifically #Food-12-06-11 Provision of Fluids and #NUR-04-05-02 Nutrition and Hydration were complied with.

Additional Required Actions:

CO # - 901 was served on the licensee. CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following subsections:

- s. 71. (3) The licensee shall ensure that each resident is offered a minimum of,**
- (a) three meals daily;**
 - (b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and**
 - (c) a snack in the afternoon and evening. O. Reg. 79/10, s. 71 (3).**

Findings/Faits saillants :

1. Interview with a Registered Nurse indicated there was evidence that resident #2 was not taking fluids because the resident had dry mouth like chapped lips, before going to hospital the resident was lethargic and the nursing staff thought it was pain medication. Resident was drooling fluids x 1 week. The resident's inability to take fluids was progressive.

Observations April 18, 2012, @1932 hours confirmed resident #3 was observed in bed sleeping and staff did not offer supplement. Resident #4 was not offered fluids from the nourishment cart. Resident #5 observed in bed sleeping, did not receive drink or snack, Resident #6 was not offered a drink or snack. One of two Personal Support Workers (PSW) left the Nursing Unit for break while the nourishment pass was in progress and the second PSW stopped passing nourishments, parked the nourishment cart in the dining room, and proceeded to the nursing station to document on resident fluid intake sheets.

The licensee failed to ensure that all residents are offered a minimum of between meal beverage in the morning and afternoon and a beverage in the evening after dinner.[s.71(3)(b)]

Additional Required Actions:

CO # - 902 was served on the licensee. CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: 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 subsections:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident;

(b) the goals the care is intended to achieve; and

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. Apr 18, 2012 @14:04 hours RN was interviewed related to resident #2 and indicated the care plan is generic and not personalized to the individual. The behaviour would change on every shift and the care plan was different. Some staff collaborate/communicate with the person doing the Rap or the care plan and some staff do not. 1:1 staffing was tried and did not work very well because resident#2 liked a lot of people around and that was soothing to the resident. Resident#2's plan of care however, says to keep environmental noises to a minimum.

2. Resident#2 care plan was reviewed and indicated: agitation and depression.

Interventions included: observe for change in mental status and provide diversional activities. Environmental noises should be kept to a minimum.

The licensee failed to ensure the resident's plan of care provided clear directions to staff and others who provide direct care to the resident.[s.6(1)(c)]

Issued on this 14th day of June, 2012



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**Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue**

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



**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*

**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

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	BRENDA THOMPSON (175)
Inspection No. / No de l'inspection :	2012_048175_0008
Type of Inspection / Genre d'inspection:	Complaint
Date of Inspection / Date de l'inspection :	Apr 12, 17, 18, 19, May 4, 7, 8, 28, 31, Jun 1, 6, 13, 2012
Licensee / Titulaire de permis :	REGIONAL MUNICIPALITY OF DURHAM 605 Rossland Road East, WHITBY, ON, L1N-6A3
LTC Home / Foyer de SLD :	HILLSDALE TERRACES 600 Oshawa Blvd. North, OSHAWA, ON, L1G-5T9
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	LEN CSERHATI

To REGIONAL MUNICIPALITY OF DURHAM, 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**

**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*

Order # /
Ordre no : 901 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

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 will ensure that the home's Policy #NUR-04-05-02 Nutrition and Hydration and Policy #FOOD-12-06-11 are complied with.

Grounds / Motifs :

1. Review of Policy (FOOD 12-06-11) "Provision of Fluids" dated June 2010, indicated:
-Any signs or symptoms of dehydration are to be reported to the charge nurse and/or clinical dietitian.
-If Resident's fluid intake is less than adequate and is not receiving Palliative Care, refer to Clinical Dietitian.
-Ongoing inability to meet daily fluid requirements must be documented in the resident's chart, managed with appropriate interventions and documented in the care plan.

Review of a second policy (#12-06-11) "Provision of Fluids" dated June 2010 indicates:
-Each resident will receive a minimum of 1500ml of fluid (6cups) per 24 hour period (unless fluid restricted).
-These fluids are to be offered at regularly scheduled intervals throughout the day, at meal and snack-time.
-The physician, Resident Care Coordinator, Registered Dietitian and Nurse Practitioner (if applicable) are notified of changes in nutrition and hydration status as they occur.
-document/monitor and evaluate current interventions and send referral as applicable for reassessment.

Review of Food/Fluid Monitoring Forms for resident #2 indicated: from January 1,2012 to February 1, 2012 the resident intake was documented as less than 1500 ml/24 hrs, and half of those days below 1000ml/24hours.

Review of progress notes for resident #2 indicated:
-from Jan. 1, 2012 to Feb. 1, 2012 there was no nursing or dietary documentation related to identification, assessment or interventions implemented to manage the resident's deteriorating hydration status.

Review of resident #2 health record indicated the Physician Order of February 1, 2012 to transfer resident #2 to hospital for re-hydration.

An RN was interviewed and indicated that it was evident that resident #2 was not taking fluids because the resident had dry mouth like chapped lips, before being sent to hospital. The resident was lethargic and the nursing staff thought it was pain medication. The resident was drooling fluids x 1 week. (175)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 07, 2012



**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*

Order # /
Ordre no : 902 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 71. (3) The licensee shall ensure that each resident is offered a minimum of,
(a) three meals daily;
(b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and
(c) a snack in the afternoon and evening. O. Reg. 79/10, s. 71 (3).

Order / Ordre :

The licensee shall ensure that each resident is offered a minimum of, a between- meal beverage in the morning and afternoon and a beverage in the evening after dinner

Grounds / Motifs :

1. Interview with Registered Nurse indicated there was evidence that resident #2 was not taking fluids because the resident had a dry mouth like chapped lips, before going to hospital. The resident was lethargic and the nursing staff thought it was pain medication. Resident was drooling fluids x 1 week. The resident's inability to take fluids was progressive.

Observations April 18, 2012, @1932 hours confirmed resident #3 was observed in bed sleeping and staff did not offer supplement. Resident #4 was not offered fluids from the nourishment cart .Resident #5 observed in bed sleeping, did not receive drink or snack, Resident #6 was not offered a drink or snack. One of two Personal Support Workers (PSW) left the Nursing Unit for break while the nourishment pass was in progress and the second PSW stopped passing nourishments, parked the nourishment cart in the dining room, and proceeded to the nursing station to document on resident fluid intake sheets. (175)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 07, 2012



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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
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)

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 will ensure that the home's Policy # NUR-04-05-02 Nutrition and Hydration and Policy #Food-12-06-11 are complied with. Note*This order is a duplicate with an alternate compliance date.

Grounds / Motifs :

1. Review of Food/Fluid Monitoring Forms for resident #2 indicated: from January 1, 2012 to February 1, 2012 the resident's intake was documented as less than 1500ml/24 hrs, and half of those days below 1000ml/24 hours.

Review of progress notes for resident #2 indicated:

-from Jan. 1, 2012 to Feb. 1, 2012 there was no nursing or dietary documentation related to identification, assessment or interventions implemented to manage the resident's deteriorating hydration status.

Review of resident #2 health record indicated the Physician Order of February 1, 2012 to transfer resident #2 to hospital for re-hydration.

An RN was interviewed and indicated that it was evident that resident #2 was not taking fluids because the resident had a dry mouth like chapped lips, before being sent to hospital. The resident was lethargic and the nursing staff thought it was pain medication. The resident was drooling fluids x 1 week. (175)

2. Review of second policy (#12-06-11) "Provision of Fluids" dated June 2010 indicates:

-Each resident will receive a minimum of 1500ml of fluid (6 cups) per 24 hour period (unless fluid restricted).

-These fluids are to be offered at regularly scheduled intervals throughout the day, at meal and snack time.

-The physician, Resident Care Co-ordinator, Registered Dietitian and Nurse Practitioner (if applicable) are notified of changes in nutrition and hydration status as they occur.

-document/monitor and evaluate current interventions and send referral as applicable for reassessment. (175)

3. Review of Policy (FOOD 12-06-11) "Provision of Fluids" dated June 2010, indicated:

-any signs or symptoms of dehydration are to be reported to the charge nurse and/or clinical dietitian.

-if Resident's fluid intake is less than adequate and is not receiving Palliative Care, refer to Clinical Dietitian.

-Ongoing inability to meet daily fluid requirements must be documented in the resident's chart, managed with appropriate interventions and documented in the care plan. (175)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 14, 2012



**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*

Order # /
Ordre no : 002 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 71. (3) The licensee shall ensure that each resident is offered a minimum of,
(a) three meals daily;
(b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and
(c) a snack in the afternoon and evening. O. Reg. 79/10, s. 71 (3).

Order / Ordre :

The licensee shall ensure that each resident is offered a minimum of, a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner. Note* This order is a duplicate with an altered compliance date.

Grounds / Motifs :

1. Interview with Registered Nurse indicated there was evidence that resident #2 was not taking fluids because the resident had a dry mouth like chapped lips, before going to hospital and was lethargic and the nursing staff thought it was pain medication. Resident was drooling fluids x 1 week. The resident's inability to take fluids was progressive.

Observations April 18, 2012, @1932 hours confirmed resident #3 was observed in bed sleeping and staff did not offer supplement, Resident #4 was not offered fluids from the nourishment cart. Resident #5 observed in bed sleeping, did not receive drink or snack. Resident #6 was not offered a drink or snack. One of two Personal Support Workers (PSW) left the Nursing Unit for break while the nourishment pass was in progress and the second PSW stopped passing nourishments, parked the nourishment cart in the dining room, and proceeded to the nursing station to document on resident fluid intake sheets. (175)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 14, 2012



**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*

REVIEW/APEAL 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
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing 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
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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.



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section 154 of the *Long-Term Care
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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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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.

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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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.

Issued on this 13th day of June, 2012

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

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

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