



**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**

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<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>
Sep 29, 2015	2015_271532_0020	011949-15, 007629-15	Critical Incident System

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

ST. JOSEPH'S HEALTH CARE, LONDON  
268 Grosvenor Street P.O. Box 5777 LONDON ON N6A 4V2

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

ST. JOSEPH'S HEALTH CARE, LONDON - MOUNT HOPE CENTRE FOR LONG TERM  
CARE - ST. MARY'S  
21 GROSVENOR STREET P.O. BOX 5777 LONDON ON N6A 1Y6

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

NUZHAT UDDIN (532)

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

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): June 23, 24 and 25, 2015**

**This inspection was completed in conjunction with inspection #007629-15.**

**During the course of the inspection, the inspector(s) spoke with the Director, Resident Care Coordinator(s) (RCC), Nutrition Manager, Dietitian, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Care Provider (PCP) and Food Services Worker.**

**Inspector also toured the resident home areas and common areas, observed resident care provision, resident/staff interaction, dining services, reviewed relevant resident's clinical records, relevant policies and procedures, as well as meeting minutes pertaining to the inspection.**

**The following Inspection Protocols were used during this inspection:  
Nutrition and Hydration  
Prevention of Abuse, Neglect and Retaliation**

**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)**

**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 O.Reg 79/10, s. 73. Dining and snack service**
**Specifically failed to comply with the following:**

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:**

**9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible. O. Reg. 79/10, s. 73 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the resident was provided with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

Record review for the identified resident, stated that the resident was on specified diet and required sips of fluid between solids. It also stated for eating the resident required supervision (cueing and encouragement).

Record review and daily report documentation completed by the Registered Nurse (RN) admitting the resident indicated that "assistance was required with all ADLS- supervision at meals resident eats too quickly, fills mouth too full and chokes, needs sips of fluid between solid bites."

Interview with the RN, revealed that she had completed a referral note to the Dietitian.

Record review indicated that a referral note was made to the Dietitian and indicated the reason for referral "resident has choking episodes at meals and need to take sips of fluid between solid bites."

Interview with the Resident Care Coordinator (RCC), revealed that on a specified date the identified resident had a medical emergency.

Observations carried out with a PCP, revealed that the identified resident was seated in a corner behind the second door, facing the wall and their back was towards the servery.

In an interview a Personal Care Provider (PCP) reported that since the event any residents were to be seated at a more central location for better supervision.

In an interview, the Registered Nurse confirmed that the seating arrangement was changed and any residents with swallowing issues were to be monitored.[s. 73. (1) 9.]

***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. 24. 24-hour admission care plan**



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

**s. 24. (4) The licensee shall ensure that the care set out in the care plan is based on an assessment of the resident and the needs and preferences of that resident and on the assessment, reassessments and information provided by the placement co-ordinator under section 44 of the Act. O. Reg. 79/10, s. 24 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the care set out in the care plan was based on an assessment of the resident and the needs and preferences of that resident and on the assessment, reassessments and information provided by the placement co-ordinator under section 44 of the Act. O. Reg. 79/10, s. 24 (4).

Record review of the Community Care Access Center (CCAC) Levels of Care for CCAC waiting list, stated that the resident was on a specified textured diet.

The record review revealed the resident had swallowing and choking concerns.

Clinical record review revealed that the resident previously was admitted to the home, and during this stay the resident was placed on a specified texture diet based on the CCAC assessment and this was confirmed with the Resident Care Coordinator (RCC).

Record review revealed that the resident was on, a different specified texture diet, with required sips of fluid between solids.

Record review revealed a referral note to the Dietitian and it indicated that: "the resident has choking episodes at meals and needed to take sips of fluid between solid bites."

Interview with a Registered Nurse (RN) revealed that the RN noted that the CCAC recommendations were for a texture diet. The RN reported that upon admission the family member was asked what diet the resident was on at home and the family member reported that they provided a different textured diet and the resident seemed to tolerate it at home.

Interview with the family member revealed that they informed the registered staff that the resident required interventions to ease with swallowing.



Interview with the RCC, revealed that the family had requested for a different diet type than that recommended in the CCAC documentation.

Interview with the Dietitian and the RN, confirmed that the resident was identified as a choking risk through daily shift reports, a referral note and information provided by the placement co-ordinator.

Record review confirmed that the CCAC RAI assessment stated that client had a swallowing assessment in hospital and specific recommendations were made. The resident was placed on a different diet type then indicated through the CCAC RAI assessment texture diet.

The care set out in the care plan for an identified resident was not based on the assessment of the resident and the information provided by the placement co-ordinator.  
[s. 24. (4)]

***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 6th day of October, 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) :** NUZHAT UDDIN (532)

**Inspection No. /**

**No de l'inspection :** 2015\_271532\_0020

**Log No. /**

**Registre no:** 011949-15, 007629-15

**Type of Inspection /**

**Genre**

**d'inspection:**

Critical Incident System

**Report Date(s) /**

**Date(s) du Rapport :** Sep 29, 2015

**Licensee /**

**Titulaire de permis :**

ST. JOSEPH'S HEALTH CARE, LONDON  
268 Grosvenor Street, P.O. Box 5777, LONDON, ON,  
N6A-4V2

**LTC Home /**

**Foyer de SLD :**

ST. JOSEPH'S HEALTH CARE, LONDON - MOUNT  
HOPE CENTRE FOR LONG TERM CARE - ST.  
MARY'S  
21 GROSVENOR STREET, P.O. BOX 5777, LONDON,  
ON, N6A-1Y6

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :**

Janet Groen

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**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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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*

To ST. JOSEPH'S HEALTH CARE, LONDON, 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)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

**Order / Ordre :**

The licensee must ensure that residents in the long-term care home who have been assessed as requiring assistance and encouragement to safely eat and drink will get that assistance and encouragement at every meal and snack.

**Grounds / Motifs :**

1. The licensee has failed to ensure that the resident was provided with personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

Record review for the identified resident, stated that the resident was on specified diet and required sips of fluid between solids. It also stated for eating the resident required supervision (cueing and encouragement).

Record review and daily report documentation completed by the Registered Nurse (RN) admitting the resident indicated that "assistance was required with all ADLS- supervision at meals resident eats too quickly, fills mouth too full and chokes, needs sips of fluid between solid bites."

Interview with the RN, revealed that she had completed a referral note to the Dietitian.

Record review indicated that a referral note was made to the Dietitian and indicated the reason for referral "resident has choking episodes at meals and need to take sips of fluid between solid bites."

Interview with the Resident Care Coordinator (RCC), revealed that on a specified date the identified resident had a medical emergency.

Observations carried out with a PCP, revealed that the identified resident was seated in a corner behind the second door, facing the wall and their back was towards the servery.

In an interview a Personal Care Provider (PCP) reported that since the event any residents were to be seated at a more central location for better supervision.

In an interview, the Registered Nurse confirmed that the seating arrangement was changed and any residents with swallowing issues were to be monitored.  
(532)



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**Ministère de la Santé et  
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Aux termes de l'article 153 et/ou  
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de soins de longue durée*, L.O. 2007, chap. 8

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :**

Jan 04, 2016

**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. 24. (4) The licensee shall ensure that the care set out in the care plan is based on an assessment of the resident and the needs and preferences of that resident and on the assessment, reassessments and information provided by the placement co-ordinator under section 44 of the Act. O. Reg. 79/10, s. 24 (4).

**Order / Ordre :**

The licensee shall ensure that the care set out in the care plan for all residents is based on the assessment of the resident and the needs and preferences of that resident and on the assessment, reassessments and information provided by the placement co-ordinator regarding diet, texture and eating assistance.

**Grounds / Motifs :**

1. The licensee has failed to ensure that the care set out in the care plan was based on an assessment of the resident and the needs and preferences of that resident and on the assessment, reassessments and information provided by the placement co-ordinator under section 44 of the Act. O. Reg. 79/10, s. 24 (4).

Record review of the Community Care Access Center (CCAC) Levels of Care for CCAC waiting list, stated that the resident was on a specified textured diet.

The record review revealed the resident had swallowing and choking concerns.

Clinical record review revealed that the resident previously was admitted to the home, and during this stay the resident was placed on a specified texture diet based on the CCAC assessment and this was confirmed with the Resident Care Coordinator (RCC).

Record review revealed that the resident was on, a different specified texture diet, with required sips of fluid between solids.

Record review revealed a referral note to the Dietitian and it indicated that: "the resident has choking episodes at meals and needed to take sips of fluid between



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Interview with a Registered Nurse (RN) revealed that the RN noted that the CCAC recommendations were for a texture diet. The RN reported that upon admission the family member was asked what diet the resident was on at home and the family member reported that they provided a different textured diet and the resident seemed to tolerate it at home.

Interview with the family member revealed that they informed the registered staff that the resident required interventions to ease with swallowing.

Interview with the RCC, revealed that the family had requested for a different diet type than that recommended in the CCAC documentation.

Interview with the Dietitian and the RN, confirmed that the resident was identified as a choking risk through daily shift reports, a referral note and information provided by the placement co-ordinator.

Record review confirmed that the CCAC RAI assessment stated that client had a swallowing assessment in hospital and specific recommendations were made. The resident was placed on a different diet type than indicated through the CCAC RAI assessment texture diet.

The care set out in the care plan for an identified resident was not based on the assessment of the resident and the information provided by the placement co-ordinator. (532)

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

**Vous devez vous conformer à cet ordre d'ici le :** Jan 04, 2016



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

**Ministère de la Santé et  
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**Order(s) of the Inspector**

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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

### **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  
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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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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.





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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 29th day of September, 2015**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Nuzhat Uddin

**Service Area Office /**

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