



**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**

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
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Télécopieur: (705) 564-3133

Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 8, 2017	2017_633577_0004	000980-17, 002315-17, 002321-17	Follow up

Licensee/Titulaire de permis

CVH (No.2) LP

c/o Southbridge Care Homes 766 Hespeler Road, Suite 301 CAMBRIDGE ON N3H 5L8

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

BIRCHWOOD TERRACE

237 Lakeview Drive R. R. #1 KENORA ON P9N 4J7

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

DEBBIE WARPULA (577), KATHERINE BARCA (625)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): January 30, 31, February 1, 2, 3, 2017.

The following intakes were inspected: one log related to Compliance Order #001, Inspection #2016_512196_0015 regarding plan of care, one log related to Compliance Order #002, Inspection #2016_512196_0015 regarding responsive behaviours and one log related to Compliance Order #001, Inspection #2016_246196_0021 regarding qualifications of the Director of Care.

This Follow up inspection was conducted concurrently with a Complaint inspection #2017_633577_0002 and a Critical Incident System inspection #2017_633577_0003.

During the inspection, the Inspectors conducted a walk through of resident care areas, observed staff to resident interactions and the provision of care and services to residents, reviewed various home policies and procedures and reviewed various resident health records and employee files.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Nurse (RN), Registered Practical Nurses (RPN), Quality Care Coordinator, Behavioural Support Ontario (BSO) Outreach Personal Support Worker and Personal Support Workers (PSW).

**The following Inspection Protocols were used during this inspection:
Responsive Behaviours
Sufficient Staffing**

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

**2 WN(s)
0 VPC(s)
2 CO(s)
0 DR(s)
0 WAO(s)**



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO NO DE L'INSPECTEUR
O.Reg 79/10 s. 53. (4)	CO #002	2016_512196_0015	625
LTCHA, 2007 S.O. 2007, c.8 s. 71. (1)	CO #001	2016_246196_0021	625

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. Compliance Order #001 was issued during inspection #2016_512196_0015 pursuant to the Long-term Care Homes Act section 6 (7) related to the plan of care. The licensee was ordered to ensure that the care set out in the plan of care was provided to all



residents as specified in their plans of care. The licensee was also specifically ordered to complete training of registered staff members regarding resident's "Advance Directives" documents and the medical assessments and procedures to follow to ensure timely resident transfer to an acute care facility as may be required, with a compliance due date of January 31, 2017.

During an interview with Inspector #625 on February 1, 2017, the Administrator stated that the training provided to the home's registered staff related to this order was the provision of the document titled "Health Care Records Manual Supplemental Records - Advance Directives Documentation - Advance Directives form - HEAL-06-03-01" and were required to read and sign off that they had read the document. The Administrator stated that there were several registered staff who had not yet read and signed off on the document but that they would leave them copies so they could sign them when they next attended the home.

Inspector #625 reviewed the training material provided by the home related to the training ordered, the "Health Care Records Manual Supplemental Records - Advance Directives Documentation - Advance Directives form - HEAL-06-03-01" and identified that the document did not identify the medical assessments and procedure to follow to ensure timely resident transfer to an acute care facility as may be required, as was ordered.

On February 2, 2017, during an interview with Inspector #625, RN #100 stated that they had not yet completed, read or signed off on the advance directives document, despite beginning their shift at 0700 hours that day.

On February 2, 2017, during a second interview with Inspector #625, the Administrator stated that they had emailed RN #100 to sign off on the "Advance Directive" and that they were not aware of any additional training related to the order that captured the requirement to train the registered staff on the medical assessments and procedure to follow to ensure timely resident transfer to an acute care facility as may be required.

On February 3, 2017, during an interview with Inspector #625, the Quality Care Coordinator #101 stated that they had not provided training to three registered staff prior to the compliance due date as they had not worked with the three staff prior to the compliance order due date. They acknowledged that one of the staff who had not received the training was RN #100, who had worked in the home on February 2, 2017. The Quality Care Coordinator #101 also identified that the training provided, specifically having registered staff review and sign off on the "Health Care Records Manual



Supplemental Records - Advance Directives Documentation - Advance Directives form - HEAL-06-03-01" policy did not meet the requirements of the order, specifically related to training concerning medical assessments and the procedure to follow to ensure timely resident transfer to an acute care facility as may be required. [s. 6. (7)]

Additional Required Actions:

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. 213. Director of Nursing and Personal Care

Specifically failed to comply with the following:

s. 213. (4) The licensee shall ensure that everyone hired as a Director of Nursing and Personal Care after the coming into force of this section,

(a) has at least one year of experience working as a registered nurse in the long-term care sector; O. Reg. 79/10, s. 213 (4).

(b) has at least three years of experience working as a registered nurse in a managerial or supervisory capacity in a health care setting; and O. Reg. 79/10, s. 213 (4).

(c) has demonstrated leadership and communication skills. O. Reg. 79/10, s. 213 (4).

Findings/Faits saillants :



1. The licensee has failed to ensure that everyone hired as a Director of Nursing and Personal Care after the coming into force of this section, had at least one year of experience working as a registered nurse in the long-term sector.

During inspection #2016_246196_0021 Compliance Order #001 was issued pursuant to the Long-term Care Homes Act s. 213 (4). Every licensee of a long-term care home shall ensure that the long-term care home had a Director of Nursing and Personal Care. Specifically, steps would be taken to ensure that the person recruited for the position had a least one year experience working as a registered nurse in the long-term care sector.

On February 1, 2017, during an interview with Inspector #625, the Administrator stated that the home's recently hired Director of Nursing and Personal Care did not meet all of the requirements outlined in the legislation, and specifically stated that they did not have one year of experience working as an RN in the long-term care sector.

On February 1, 2017, during an interview with Inspector #625, the recently hired Director of Care (DOC) confirmed that they had not worked in the long-term care sector prior to beginning their current role in the home.

On February 1, 2017, Inspector #625 reviewed the DOC's employee file with a focus on qualifications for the DOC position. The file did not identify that the DOC had any experience working as an RN in the long-term care sector. [s. 213. (4)]

Additional Required Actions:

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

Issued on this 8th day of March, 2017

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



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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*

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

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : DEBBIE WARPULA (577), KATHERINE BARCA (625)

Inspection No. /

No de l'inspection : 2017_633577_0004

Log No. /

Registre no: 000980-17, 002315-17, 002321-17

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Mar 8, 2017

Licensee /

Titulaire de permis :

CVH (No.2) LP
c/o Southbridge Care Homes, 766 Hespeler Road, Suite
301, CAMBRIDGE, ON, N3H-5L8

LTC Home /

Foyer de SLD :

BIRCHWOOD TERRACE
237 Lakeview Drive, R. R. #1, KENORA, ON, P9N-4J7

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur :

Wendy Sarfi

To CVH (No.2) LP, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # /
Ordre no : 001 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /
Lien vers ordre 2016_512196_0015, 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 is ordered to ensure that the care set out in the plan of care is provided to all residents as specified in their plans of care.

The licensee is specifically ordered to :

a) complete training of all registered staff members regarding residents' "Advance Directives" documents and the medical assessments and the procedure to follow to ensure timely resident transfer to an acute care facility as may be required.

Grounds / Motifs :

1. Compliance Order #001 was issued during inspection #2016_512196_0015 pursuant to the Long-term Care Homes Act section 6 (7) related to the plan of care.

The licensee was ordered to ensure that the care set out in the plan of care was provided to all residents as specified in their plans of care. The licensee was also specifically ordered to complete training of registered staff members regarding resident's "Advance Directives" documents and the medical assessments and procedures to follow to ensure timely resident transfer to an acute care facility as may be required, with a compliance due date of January 31, 2017.

During an interview with Inspector #625 on February 1, 2017, the Administrator stated that the training provided to the home's registered staff related to this

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 was the provision of the document titled "Health Care Records Manual Supplemental Records - Advance Directives Documentation - Advance Directives form - HEAL-06-03-01" and were required to read and sign off that they had read the document. The Administrator stated that there were several registered staff who had not yet read and signed off on the document but that they would leave them copies so they could sign them when they next attended the home.

Inspector #625 reviewed the training material provided by the home related to the training ordered, the "Health Care Records Manual Supplemental Records - Advance Directives Documentation - Advance Directives form - HEAL-06-03-01" and identified that the document did not identify the medical assessments and procedure to follow to ensure timely resident transfer to an acute care facility as may be required, as was ordered.

On February 2, 2017, at 0940 hours, during an interview with Inspector #625, RN #100 stated that they had not yet completed, read or signed off on the Advance Directives document, despite beginning their shift at 0700 hours that day.

On February 2, 2017, during a second interview with Inspector #625, the Administrator stated that they had emailed RN #100 to sign off on the "Advance Directive" and that they were not aware of any additional training related to the order that captured the requirement to train the registered staff on the medical assessments and procedure to follow to ensure timely resident transfer to an acute care facility as may be required.

On February 3, 2017, during an interview with Inspector #625, the Quality Care Coordinator #101 stated that they had not provided training to three registered staff as they had not worked with the three staff prior to the compliance order due date. They acknowledged that one of the staff who had not received the training was RN #100, who had worked in the home on February 2, 2017. The Quality Care Coordinator #101 also identified that the training provided, specifically having registered staff review and sign off on the "Health Care Records Manual Supplemental Records - Advance Directives Documentation - Advance Directives form - HEAL-06-03-01" policy did not meet the requirements of the order, specifically related to training concerning medical assessments and the procedure to follow to ensure timely resident transfer to an acute care facility as may be required.



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de soins de longue durée*, L.O. 2007, chap. 8

Previous non-compliance related to this legislation, LTCHA 2007, S. O. 2007, c.8,s.6, was issued during the following inspections:

January 10, 2017 - Compliance Order from Inspection #2016_512196_0015;

July 12, 2016 - Compliance Order and Director's Referral from Inspection #2016_246196_0010;

January 21, 2016 - Compliance Order issued from Inspection #2016_339617_0004;

July 6, 2015 - Compliance order issued from Inspection #2015_246196_0011;

August 5, 2014 - Written Notification/Voluntary Plan of Correction issued from Inspection #2014_211106_0014;

July 7, 2014 - Written Notification/Voluntary Plan of Correction issued from Inspection #2014_211106_0012;

April 14, 2014 - Written Notification/Voluntary Plan of Correction issued from Inspection #2014_333517_0005.

The decision to re-issue this compliance order was based on the scope which resulted in a pattern, the severity which indicated minimal harm or potential for actual harm and the compliance history.

Despite the issuance of four Compliance Orders with a Director's Referral, and three Written Notification/Voluntary Plan of Correction in the past three years, the licensee continues to be in non-compliance with s.6.(7).

(625)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 22, 2017



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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 : 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 213. (4) The licensee shall ensure that everyone hired as a Director of Nursing and Personal Care after the coming into force of this section,
(a) has at least one year of experience working as a registered nurse in the long-term care sector;
(b) has at least three years of experience working as a registered nurse in a managerial or supervisory capacity in a health care setting; and
(c) has demonstrated leadership and communication skills. O. Reg. 79/10, s. 213 (4).

Order / Ordre :

The licensee is ordered to ensure that the home has a Director of Nursing and Personal Care who has at least one year of experience working as a registered nurse (RN) in the long-term care sector.

Grounds / Motifs :



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*

1. The licensee has failed to ensure that everyone hired as a Director of Nursing and Personal Care after the coming into force of this section, had at least one year of experience working as a registered nurse in the long-term sector.

During inspection #2016_246196_0021 Compliance Order #001 was issued pursuant to the Long-term Care Homes Act s. 213 (4). Every licensee of a long-term care home shall ensure that the long-term care home had a Director of Nursing and Personal Care. Specifically, steps would be taken to ensure that the person recruited for the position had a least one year experience working as a registered nurse in the long-term care sector.

On February 1, 2017, during an interview with Inspector #625, the Administrator stated that the home's recently hired Director of Nursing and Personal Care did not meet all of the requirements outlined in the legislation, and specifically stated that they did not have one year of experience working as an RN in the long-term care sector.

On February 1, 2017, during an interview with Inspector #625, the recently hired Director of Care (DOC) confirmed that they had not worked in the long-term care sector prior to beginning their current role in the home.

On February 1, 2017, Inspector #625 reviewed the DOC's employee file with a focus on qualifications for the DOC position. The file did not identify that the DOC had any experience working as an RN in the long-term care sector.

Despite the homes previous unrelated compliance history, the decision to issue this Compliance Order was based on the scope which is widespread and has the potential to affect all residents in the home, the severity which indicated minimal harm or potential for actual harm.

(577)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 05, 2017



**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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**Ministère de la Santé et
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Ordre(s) de l'inspecteur

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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.



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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^e 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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section 154 of the *Long-Term Care
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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
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.

Issued on this 8th day of March, 2017

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Debbie Warpula

Service Area Office /

Bureau régional de services : Sudbury Service Area Office