



**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 prévue
le Loi de 2007 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**

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Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ Registre no	Type of Inspection / Genre d'inspection
Feb 12, 2015;	2014_303563_0055 (A1)	L-004867-14	Resident Quality Inspection

Licensee/Titulaire de permis

CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED
264 NORWICH AVENUE WOODSTOCK ON N4S 3V9

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

CAMBRIDGE COUNTRY MANOR
3680 SPEEDSVILLE ROAD R R 31 CAMBRIDGE ON N3H 4R6

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



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MELANIE NORTHEY (563) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

Please see attached Licensee Report with amended compliance dates for Order # 1, 2 and 3.

Issued on this 12 day of February 2015 (A1)

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

Original report signed by the inspector.



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MELANIE NORTHEY (563) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): November 18-21, 24-26, 2014

Concurrent Inspection: 008616-14

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing, the Assistant Director of Nursing, the Environmental Manager, the Corporate Environmental Service Consultant, the Activity Director, the Resident Assessment Instrument (RAI) Back-up, the Food Nutrition Manager, the Family Council President, the Resident Council President, 40 Residents, 3 family members, one Registered Nurse, 2 Registered Practical Nurses, 8 Personal Support Workers, 2 Dietary Aides, and 4 housekeeping staff members.

The following Inspection Protocols were used during this inspection:



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Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care

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

5 WN(s)

1 VPC(s)

3 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.) 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 LTCHA, 2007, s. 15.
Accommodation services**

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the home, furnishings and equipment are kept clean and sanitary.

During the initial tour on November 18, 2014 the following was observed:

- Tub room / shower area floor had a buildup of dirt in the grout of the floor and caulking at base of shower with brown stains around perimeter, a cooler beside the tub very soiled and labeled "For towel bathing program" and numerous small dead bugs noted on window sill and in curtains
- Dining rooms had a build-up of dirt/dust along the perimeter, base of chairs, feeding stools and tables very soiled and kitchenette areas had spills on cupboards

In 21 resident rooms one or more of the following was observed on November 19, 2014:

- fall mats soiled with dried sticky fluid
- front of bathroom door stained with dried brown fluid along lower edge extending approximately 12 inches
- dust, dirt and debris behind door to resident rooms and around door frames
- perimeters of rooms dusty at baseboards with debris, hair and dust

In 17 resident bathrooms one or more of the following was observed on November 19, 2014:

- build up of dark brown residue along base of toilet
- where baseboards meet the floor, build up of dark brown residue
- build up of brown-black residue along perimeter of sink
- small brown streaks on bathroom walls
- wall caulking peeling due to build up of dirt, floor grout discoloured
- brown dried debris on door frame

Interview with Administrator on November 18, 2014 confirmed that floors are cleaned daily, but recognized that along the floor perimeter there was a build up of dirt. The Administrator shared that the floor perimeters were in need of cleaning and discussed with the Environmental Manager to revise the schedule to thoroughly clean the floors.

A tour of resident rooms was completed with the Administrator, the Environmental Manager and the Director of Care and all three inspectors on November 19, 2014. The Environmental Manager and Administrator confirmed several areas where the home was not clean and required housekeeping services.

Observations of resident rooms on November 21, 2014 revealed 16 privacy curtains



were either stained and/or soiled.

Observations of the front dining room and activity lounge on November 25, 2014 revealed the front dining room was not clean and sanitary; floors were stained with old food, dried fluid and debris along perimeter of floor, black brown specks of dried substance on walls and corner trim, dried fluid and food splattered on all lower walls along entire perimeter, ceiling ventilation build up of dust and debris with streamer string hanging from the vents, old physiotherapy table in dining room splattered with dried fluids and blue plastic bin holding clean dining aprons was coated with old dried white substance in handles with splatters of dried fluid on outside of bin. The Activity Lounge had ceiling ventilation build up of dust and debris with streamer string hanging from the vents, multiple cobwebs hanging from ceiling, and build up of dust and debris along perimeter of room.

Interview and tour of front dining room with the Director of Care on November 25, 2014 confirmed the dining room was not kept clean and sanitary. [s. 15. (2) (a)]

2. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Observations during the initial tour of the home on November 18, 2014 revealed a grab bar in a shower area was corroded and a white storage basket corroded in the tub room, one hallway was noted to have cracked ceiling tiles, flooring missing behind nurses' station and baseboard heaters were heavily scraped with areas of wall damage.

A tour of resident rooms was completed with the Administrator, the Environmental Manager and the Director of Care and all three inspectors on November 19, 2014. The Environmental Manager confirmed several areas of disrepair that required immediate maintenance service.

Observation of the resident rooms and bathrooms on November 21, 2014 revealed one or more of the following:

Floors in 39 resident rooms / bathrooms:

- dirt and wax build up on floor around door frames at entrance to resident rooms and bathrooms
- dark brown-yellow drip stains at entrance
- discoloured and stained floors in the bathroom



- caulking in bathroom peeling along perimeter of floor and around toilet
- floor tile separating and lifting
- duct tape placed at seam of bathroom / bedroom door

Baseboards in 20 resident rooms:

- peeling from the wall
- dry wall missing around baseboards
- missing in bathroom, leaving dark brown streaks along the wall perimeter
- cord channeling above baseboards hanging on the floor, peeled from the wall
- baseboard corners peeling from wall
- green masking tape holding baseboards to wall

Paint/Wall Condition in 17 resident rooms:

- two different paint colours for repairs
- paint peeling and flaking
- 7 areas in one bathroom where drywall not sanded or painted
- wall under sink damaged with 2 holes
- wall cracked at baseboard
- Acrovyn loose from bathroom door frames
- door frames chipped, scraped and marked

Ceilings in 3 resident rooms:

- stained, poorly repaired
- old screw holes not repaired when privacy curtain track moved

Bathrooms and fixtures in 19 resident rooms:

- toilet bolt caps missing
- counters stained, discoloured, laminate chipped and faded
- sink chipped
- counter coming away from the wall, caulking cracked
- missing caulking around sink
- wire rack above toilet rusted and peeling
- wood board used as toilet tank cover

Windows in 15 resident rooms:

- sills are cracked with peeling paint
- sill is loose and coming away from window

Bureaus in 12 resident rooms:



- chipped and worn along the bottom

Observations of the front dining room on November 25, 2014 revealed 6 chairs absent of arm rest padding; other arm rests are loose and in disrepair.

The Administrator, the Environmental Manager and the Director of Care confirmed on November 21, 2014 that there are several areas of disrepair in the residents' rooms, bathrooms, hallways and dining rooms. [s. 15. (2) (c)]

Additional Required Actions:

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

(A1)The following order(s) have been amended:CO# 001

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 87.
Housekeeping**



Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that procedures are implemented for cleaning of the home including resident bedrooms, floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces.

Record review of "Housekeeping Routines" revealed the 11 am - 7 pm shift is responsible to "sweep and scrub" front and back dining room, ensuring "no debris on walls and that tables and chairs are clean" and housekeeping staff are to "dust, mop and scrub floors" in resident rooms, and to "sweep and scrub" resident bathrooms... clean "base of toilet and wall beside the toilet." The 6 am - 2 pm housekeeping shift is responsible to clean front "lounge, sitting room, front entrance, nurses station, hallway, and "dust, mop, scrub" floors and to "wipe the base of the toilet seat and wall" in resident bathrooms. This shift is also to "wash tub rooms", "sweep and scrub front dining room, make sure there is no debris on wall" and "handrails must be done as you do hallways."

Interview with the Administrator and the Environmental Manager on November 19, 2014 confirmed the housekeeping routine was not implemented for the cleaning of the hallway floors, resident floors and resident bathrooms.

Interview with the Corporate Environmental Services Consultant (ESC) on November 25, 2014 confirmed it is the home's expectation to set expectations for housekeeping



staff and to follow up to ensure expectations are being met. [s. 87. (2) (a)]

2. The licensee has failed to ensure that procedures are developed and implemented for addressing incidents of lingering offensive odours.

Observation during the initial tour on November 18, 2014 and upon daily entrance into the home revealed a lingering odour of urine in the hallways and predominantly in the front lounge area.

Record review of an anonymous complaint on November 24, 2014 identified "the smell of urine was horrible" and needed "some serious TLC and cleaning." Observations of the front dining room on November 25, 2014 revealed resident chairs smelled like urine and 8 of 8 front lounge area chairs were sunken and smelled of urine, and when pads removed the chair lining was stained with brown yellow substance.

Interview with the Director of Care on November 25, 2014 confirmed 6 of 8 lounge chairs were stained with a brown yellow substance. [s. 87. (2) (d)]

Additional Required Actions:

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

(A1)The following order(s) have been amended:CO# 002

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services



Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that as part of the organized program of maintenance services there are schedules and procedures in place for routine, preventive and remedial maintenance.

Staff interview with the Administrator on November 24, 2014 revealed there is no action plan with strategies in place to address areas of disrepair. The Administrator shared that she completes random audits and sends the information to the ESC at Head Office. The ESC will visit monthly to do a walk about looking at needed repairs and prioritizes according to risk and the Administrator and the EM discuss the repairs by priority.

Record review of the "Preventative Maintenance program for Resident's Rooms / Common Areas" Policy effective date February 2013 revealed, "On a quarterly basis the Administrator and/or maintenance staff will inspect every room" and the following areas will be inspected: "foot & headboards, bedside table (interior/exterior), over bed tables, bed cranks, easy chairs, toilets, raised toilet seats, grab bars, bathroom vanities, sinks, faucets, towel dispenser, walls, name plate, room numbers, electrical cords in use, light fixture cords, light bulbs, call bell cords, window curtains and track, privacy curtains and track, closet door and interior, door closures, mirrors / windows, floor tiles, caulking around toilet, baseboards." "Any items found faulty will be recorded for repair using the Action Plan form. Administrator and maintenance staff will prioritize the Action Plan and review on an on-going basis."

Staff interview with the Environmental Manager on November 25, 2014 at 1000 hrs. confirmed room audits are not being conducted quarterly as stated in "Preventative Maintenance Program for Resident's Rooms / Common Areas" Policy and confirmed there is not a routine preventative maintenance plan in place to address areas of disrepair. The EM shared that maintenance services are provided in priority sequence as they occur.



Staff interview with Corporate ESC on November 25, 2014 confirmed that other homes he supervises use a resident room audit form to track work that has been done and work that is still due. The ESC has given this form to the Administrator and the Environmental Manager to implement immediately.

Record review of "Preventative Maintenance - Program for Resident's Rooms" Policy with an effective date: February 2003 revealed, "Once each month the Housekeeping personnel will check the following items in the Resident's rooms" and "Any items found faulty will be recorded immediately for repair in the Maintenance Log Book. Any item which cannot be repaired immediately will be reported to the Administrator...The Administrator will maintain a record of the monthly checks and any repairs or replacement made." Interview with the Administrator on November 26, 2014 confirmed records of monthly checks are not maintained.

Interview with the Environmental Manager confirmed quarterly preventative maintenance checks are not happening and acknowledged that each room needs to be audited for repairs as outlined in the policy.

The Administrator could not provide documented evidence of quarterly audits of resident rooms and common areas and could not produce the Action Plan as stated in the policy. [s. 90. (1) (b)]

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A1)The following order(s) have been amended:CO# 003

WN #4: The Licensee has failed to comply with LTCHA, 2007, s. 33. PASDs that limit or inhibit movement



Specifically failed to comply with the following:

s. 33. (4) The use of a PASD under subsection (3) to assist a resident with a routine activity of living may be included in a resident's plan of care only if all of the following are satisfied:

- 1. Alternatives to the use of a PASD have been considered, and tried where appropriate, but would not be, or have not been, effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).**
- 2. The use of the PASD is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable PASDs that would be effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).**
- 3. The use of the PASD has been approved by,**
 - i. a physician,**
 - ii. a registered nurse,**
 - iii. a registered practical nurse,**
 - iv. a member of the College of Occupational Therapists of Ontario,**
 - v. a member of the College of Physiotherapists of Ontario, or**
 - vi. any other person provided for in the regulations. 2007, c. 8, s. 33 (4).**
- 4. The use of the PASD has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. 2007, c. 8, s. 33 (4).**
- 5. The plan of care provides for everything required under subsection (5). 2007, c. 8, s. 33 (4).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the use of a PASD under subsection (3) to assist a resident with a routine activity of daily living may be included in a resident's plan of care only if all of the following are satisfied: the use of the PASD has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent.

Record review on November 24, 2014 of the current plan of care in Point of Care for Resident # 6 revealed the resident uses a Personal Assistive Service Device (PASD). In addition, the review revealed that there was no documented evidence the use of the PASD was consented to by the resident or the substitute decision-maker.

Observation of Resident # 6 on November 25, 2014 revealed the resident was using PASDs.

Interview with the Personal Support Worker confirmed that these devices are being applied to the resident. Interview with the Director of Nursing confirmed there was no documented evidence that consent was obtained for all residents using a PASD. [s. 33. (4) 4.]

2. Observation of Resident # 55 on November 20, 2014 revealed this resident was using a PASD.

Record review on November 24, 2014 of the current care plan in Point Click Care for Resident # 55 revealed the resident uses a PASD and that there was no documented evidence the use of the PASD was consented to by the resident or the substitute decision-maker.

Interview with the Personal Support Worker confirmed that a PASD is being used for Resident # 55.

Staff interview with the Director of Nursing on November 24, 2014 confirmed there was no documented evidence that consent was obtained for all residents using a PASD. [s. 33. (4) 4.]

Additional Required Actions:



VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the use of a PASD under subsection (3) to assist a resident with a routine activity of daily living may be included in a resident's plan of care only if all of the following are satisfied: the use of the PASD has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007, s. 6. Plan of care Specifically failed to comply with the following:

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other, (a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4). (b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

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 staff and others involved in different aspects of care collaborate with each other in the assessment of Resident # 28's use of a PASD, so that the assessments are integrated, consistent and complement one another.

Observation of Resident # 28 on three different occasions confirmed the resident uses a PASD.

A Personal Support Worker confirmed that Resident # 28 uses a PASD for positioning and safety.

Chart review did not reveal an assessment, consent or care plan interventions for the use of a PASD for Resident # 28.

The Assistant Director of Nursing and a Registered Practical Nurse confirmed that the resident has not been assessed for the use of a PASD.

It is the home's expectation that all residents be assessed so that assessments related to the use of safety devices are integrated, consistent and complement one another. [s. 6. (4) (a)]

2. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Record review on November 24, 2014 of the current plan of care in Point of Care for Resident # 6 revealed the resident had interventions in place related to risk of falls.

Resident observation on November 24, 2014 revealed interventions in the plan of care related to risk of falls were not in place. This was confirmed by the Personal Support Worker.

Interview with the Director of Nursing revealed that the home's expectation is that the care set out in the plan of care is provided to the resident as specified in the plan as related to falls. [s. 6. (7)]



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Issued on this 12 day of February 2015 (A1)

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

Ordre(s) de l'inspecteur

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

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

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Amended Public Copy/Copie modifiée du public de permis

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : MELANIE NORTHEY (563) - (A1)

Inspection No. /

No de l'inspection : 2014_303563_0055 (A1)

Appeal/Dir# /

Appel/Dir#:

Log No. /

Registre no. : L-004867-14 (A1)

Type of Inspection /

Genre d'inspection: Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Feb 12, 2015;(A1)

Licensee /

Titulaire de permis : CARESSANT-CARE NURSING AND RETIREMENT
HOMES LIMITED
264 NORWICH AVENUE, WOODSTOCK, ON, N4S-
3V9

LTC Home /

Foyer de SLD : CAMBRIDGE COUNTRY MANOR
3680 SPEEDSVILLE ROAD, R R 31, CAMBRIDGE,
ON, N3H-4R6



Order(s) of the Inspector

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l'article 154 de la Loi de 2007 sur les
foyers de soins de longue durée, L.
O. 2007, chap. 8

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :**

HEATHER RICHARDSON

To CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED, 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)

Pursuant to / Aux termes de :

LTCHA, 2007, s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Order / Ordre :

The licensee must achieve compliance to ensure that the home, furnishings and equipment are kept clean and sanitary and maintained in a safe condition and in a good state of repair. LTCHA, 2007, c.8, s.15 (2) (a)(c).

Grounds / Motifs :

1. The licensee has failed to ensure that the home, furnishings and equipment are kept clean and sanitary.

During the initial tour on November 18, 2014 the following was observed:

- Tub room / shower area floor had a buildup of dirt in the grout of the floor and caulking at base of shower with brown stains around perimeter, a cooler beside the tub very soiled and labeled "For towel bathing program" and numerous small dead bugs noted on window sill and in curtains
- Dining rooms had a build-up of dirt/dust along the perimeter, base of chairs, feeding



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stools and tables very soiled and kitchenette areas had spills on cupboards

In 21 resident rooms one or more of the following was observed on November 19, 2014:

- fall mats soiled with dried sticky fluid
- front of bathroom door stained with dried brown fluid along lower edge extending approximately 12 inches
- dust, dirt and debris behind door to resident rooms and around door frames
- perimeters of rooms dusty at baseboards with debris, hair and dust

In 17 resident bathrooms one or more of the following was observed on November 19, 2014:

- build up of dark brown residue along base of toilet
- where baseboards meet the floor, build up of dark brown residue
- build up of brown-black residue along perimeter of sink
- small brown streaks on bathroom walls
- wall caulking peeling due to build up of dirt, floor grout discoloured
- brown dried debris on door frame

Interview with Administrator on November 18, 2014 confirmed that floors are cleaned daily, but recognized that along the floor perimeter there was a build up of dirt. The Administrator shared that the floor perimeters were in need of cleaning and discussed with the Environmental Manager to revise the schedule to thoroughly clean the floors.

A tour of resident rooms was completed with the Administrator, the Environmental Manager and the Director of Care and all three inspectors on November 19, 2014. The Environmental Manager and Administrator confirmed several areas where the home was not clean and required housekeeping services.

Observations of resident rooms on November 21, 2014 revealed 16 privacy curtains were either stained and/or soiled.

Observations of the front dining room and activity lounge on November 25, 2014 revealed the front dining room was not clean and sanitary; floors were stained with old food, dried fluid and debris along perimeter of floor, black brown specks of dried substance on walls and corner trim, dried fluid and food splattered on all lower walls along entire perimeter, ceiling ventilation build up of dust and debris with streamer



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string hanging from the vents, old physiotherapy table in dining room splattered with dried fluids and blue plastic bin holding clean dining aprons was coated with old dried white substance in handles with splatters of dried fluid on outside of bin. The Activity Lounge had ceiling ventilation build up of dust and debris with streamer string hanging from the vents, multiple cobwebs hanging from ceiling, and build up of dust and debris along perimeter of room.

Interview and tour of front dining room with the Director of Care on November 25, 2014 confirmed the dining room was not kept clean and sanitary. (563)

2. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Observations during the initial tour of the home on November 18, 2014 revealed a grab bar in a shower area was corroded and a white storage basket corroded in the tub room, one hallway was noted to have cracked ceiling tiles, flooring missing behind nurses' station and baseboard heaters were heavily scraped with areas of wall damage.

A tour of resident rooms was completed with the Administrator, the Environmental Manager and the Director of Care and all three inspectors on November 19, 2014. The Environmental Manager confirmed several areas of disrepair that required immediate maintenance service.

Observation of the resident rooms and bathrooms on November 21, 2014 revealed one or more of the following:

Floors in 39 resident rooms / bathrooms:

- dirt and wax build up on floor around door frames at entrance to resident rooms and bathrooms
- dark brown-yellow drip stains at entrance
- discoloured and stained floors in the bathroom
- caulking in bathroom peeling along perimeter of floor and around toilet
- floor tile separating and lifting
- duct tape placed at seam of bathroom / bedroom door



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Baseboards in 20 resident rooms:

- peeling from the wall
- dry wall missing around baseboards
- missing in bathroom, leaving dark brown streaks along the wall perimeter
- cord channeling above baseboards hanging on the floor, peeled from the wall
- baseboard corners peeling from wall
- green masking tape holding baseboards to wall

Paint/Wall Condition in 17 resident rooms:

- two different paint colours for repairs
- paint peeling and flaking
- 7 areas in one bathroom where drywall not sanded or painted
- wall under sink damaged with 2 holes
- wall cracked at baseboard
- Acrovyn loose from bathroom door frames
- door frames chipped, scraped and marked

Ceilings in 3 resident rooms:

- stained, poorly repaired
- old screw holes not repaired when privacy curtain track moved

Bathrooms and fixtures in 19 resident rooms:

- toilet bolt caps missing
- counters stained, discoloured, laminate chipped and faded
- sink chipped
- counter coming away from the wall, caulking cracked
- missing caulking around sink
- wire rack above toilet rusted and peeling
- wood board used as toilet tank cover

Windows in 15 resident rooms:

- sills are cracked with peeling paint
- sill is loose and coming away from window

Bureaus in 12 resident rooms:

- chipped and worn along the bottom

Observations of the front dining room on November 25, 2014 revealed 6 chairs



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absent of arm rest padding; other arm rests are loose and in disrepair.

The Administrator, the Environmental Manager and the Director of Care confirmed on November 21, 2014 that there are several areas of disrepair in the residents' rooms, bathrooms, hallways and dining rooms. (563)

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

Apr 23, 2015(A1)

Order # / Ordre no : 002	Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)
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Pursuant to / Aux termes de :



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O.Reg 79/10, s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

(iii) contact surfaces;

(c) removal and safe disposal of dry and wet garbage; and

(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Order / Ordre :



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The licensee must achieve compliance to ensure that procedures are implemented for cleaning of the home including resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces. O. Reg. 79 10, s. 87 (2)(a).

The licensee must prepare, submit and implement a plan for achieving compliance with O.Reg. 79 10, r. 87. (2)(a).

The plan must include procedures developed to ensure the program of housekeeping is implemented for cleaning of the home.

Please submit the plan, in writing, to Melanie Northey, Long Term Care Homes Inspector, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 130 Dufferin Avenue, 4th Floor, London, Ontario, N6A 5R2, be email to melanie.northey@ontario.ca by January 19, 2015.



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Grounds / Motifs :

1. The licensee has failed to ensure that procedures are implemented for cleaning of the home including resident bedrooms, floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces.

Record review of "Housekeeping Routines" revealed the 11 am - 7 pm shift is responsible to "sweep and scrub" front and back dining room, ensuring "no debris on walls and that tables and chairs are clean" and housekeeping staff are to "dust, mop and scrub floors" in resident rooms, and to "sweep and scrub" resident bathrooms... clean "base of toilet and wall beside the toilet." The 6 am - 2 pm housekeeping shift is responsible to clean front "lounge, sitting room, front entrance, nurses station, hallway, and "dust, mop, scrub" floors and to "wipe the base of the toilet seat and wall" in resident bathrooms. This shift is also to "wash tub rooms", "sweep and scrub front dining room, make sure there is no debris on wall" and "handrails must be done as you do hallways."

Interview with the Administrator and the Environmental Manager on November 19, 2014 confirmed the housekeeping routine was not implemented for the cleaning of the hallway floors, resident floors and resident bathrooms.

Interview with the Corporate Environmental Services Consultant (ESC) on November 25, 2014 confirmed it is the home's expectation to set expectations for housekeeping staff and to follow up to ensure expectations are being met. (563)

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

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Order # /

Ordre no : 003

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Order / Ordre :

(A1)

The licensee must achieve compliance to ensure there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79 10, s. 90 (1)(b).

The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79 10, s. 90 (1)(b).

The plan must include schedules and procedures in place for routine, preventive and remedial maintenance and time lines for completion.

Please submit the plan, in writing, to Melanie Northey, Long Term Care Homes Inspector, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 130 Dufferin Avenue, 4th Floor, London, Ontario, N6A 5R2, be email to melanie.northey@ontario.ca by January 19, 2015.

Grounds / Motifs :

1. The licensee has failed to ensure that as part of the organized program of maintenance services there are schedules and procedures in place for routine,



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preventive and remedial maintenance.

Staff interview with the Administrator on November 24, 2014 revealed there is no action plan with strategies in place to address areas of disrepair. The Administrator shared that she completes random audits and sends the information to the ESC at Head Office. The ESC will visit monthly to do a walk about looking at needed repairs and prioritizes according to risk and the Administrator and the EM discuss the repairs by priority.

Record review of the "Preventative Maintenance program for Resident's Rooms / Common Areas" Policy effective date February 2013 revealed, "On a quarterly basis the Administrator and/or maintenance staff will inspect every room" and the following areas will be inspected: "foot & headboards, bedside table (interior/exterior), over bed tables, bed cranks, easy chairs, toilets, raised toilet seats, grab bars, bathroom vanities, sinks, faucets, towel dispenser, walls, name plate, room numbers, electrical cords in use, light fixture cords, light bulbs, call bell cords, window curtains and track, privacy curtains and track, closet door and interior, door closures, mirrors / windows, floor tiles, caulking around toilet, baseboards." "Any items found faulty will be recorded for repair using the Action Plan form. Administrator and maintenance staff will prioritize the Action Plan and review on an on-going basis."

Staff interview with the Environmental Manager on November 25, 2014 at 1000 hrs. confirmed room audits are not being conducted quarterly as stated in "Preventative Maintenance program for Resident's Rooms / Common Areas" Policy and confirmed there is not a routine preventative maintenance plan in place to address areas of disrepair. The EM shared that maintenance services are provided in priority sequence as they occur.

Staff interview with Corporate ESC on November 25, 2014 confirmed that other homes he supervises use a resident room audit form to track work that has been done and work that is still due. The ESC has given this form to the Administrator and the Environmental Manager to implement immediately.

Record review of "Preventative Maintenance - Program for Resident's Rooms" Policy with an effective date: February 2003 revealed, "Once each month the Housekeeping personnel will check the following items in the Resident's rooms" and "Any items found faulty will be recorded immediately for repair in the Maintenance Log Book. Any item which cannot be repaired immediately will be reported to the



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Administrator...The Administrator will maintain a record of the monthly checks and any repairs or replacement made." Interview with the Administrator on November 26, 2014 confirmed records of monthly checks are not maintained.

Interview with the Environmental Manager confirmed quarterly preventative maintenance checks are not happening and acknowledged that each room needs to be audited for repairs as outlined in the policy.

The Administrator could not provide documented evidence of quarterly audits of resident rooms and common areas and could not produce the Action Plan as stated in the policy. (563)

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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

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



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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

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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.

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, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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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
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
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 12 day of February 2015 (A1)

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

**Name of Inspector /
Nom de l'inspecteur :** MELANIE NORTHEY - (A1)

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