



**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**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
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Bureau régional de services de
Hamilton
119 rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
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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 7, 2017	2017_570528_0009	020233-16, 024920-16	Complaint

Licensee/Titulaire de permis

DEVONSHIRE ERIN MILLS INC.
195 DUFFERIN AVENUE SUITE 800 LONDON ON N6A 1K7

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

ERIN MILLS LODGE NURSING HOME
2132 DUNDAS STREET WEST MISSISSAUGA ON L5K 2K7

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

CYNTHIA DITOMASSO (528)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): March 1, 2, 3, 2017

This inspection included Complaint Inspection Log #'s 020233-16 and 024920-16 related to falls management, skin and wound care and nutrition and hydration; and was completed concurrently with Follow Up Inspection # 2017_570528_0010

During the course of the inspection, the inspector(s) spoke with the Administrators, Director of Care, Assistant Director of Care, Food Service Manager, Business Services Manager, Resident Assessment Instrument (RAI) Coordinator, registered nurse (RN), registered practical nurses (RPN), personal support workers (PSW), residents and families.

During the course of the inspection, the inspector also observed the provision of care and services, reviewed documents including but not limited to: clinical health records, policies and procedures, education records, and resident charges statements.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Nutrition and Hydration
Skin and Wound Care**

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

**3 WN(s)
2 VPC(s)
1 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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
- (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
- (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
- (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
- (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

A. Review of the progress notes from resident #186 revealed that in June 2016, registered staff documented that the resident had altered area of skin integrity. The plan of care did not include an assessment of the wound using a clinically appropriate assessment tool. Interview with the ADOC confirmed that registered staff were to complete wound assessments in electronic records Mede-Care, known as the "Wound Tracker", however, the staff did not assess the area of altered skin integrity using a clinically appropriate assessment tool, as required. (528)

B. In January 2017, the plan of care for resident #121 identified that the resident had a new area of altered skin integrity. Review of the plan of care did not include an assessment of the area using a clinically appropriate assessment tool. Interview with the ADOC confirmed that registered staff were to complete wound assessments in electronic records Mede-Care, known as the "Wound Tracker", however, the staff did not assess the area of altered skin integrity using a clinically appropriate assessment tool, as required. (528) [s. 50. (2) (b) (i)]



2. The licensee failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds had been assessed by a registered dietitian who was a member of the staff of the home, and had any changes made to the plan of care related to nutrition and hydration had been implemented.

The homes "Skin and Wound Care Program, 04-78", undated, identified that the RD was to assess the resident's nutritional risk within seven days of referral by registered staff.

A. The plan of care for resident #186 identified that in June 2016, registered staff documented that the resident had an altered area of skin integrity and less than a month later the resident was sent to the hospital for treatment. The RD did not assess the resident related to altered skin integrity until several days after the resident returned from the hospital, over a month after the resident had a documented open area of altered skin integrity; at which time, nutritional interventions were initiated. Interview with the ADOC confirmed that a referral was not sent to the RD when the resident was first noted to have an area of altered skin integrity, therefore, the resident was not assessed until after the resident returned from the hospital. (528)

B. In January 2017, the plan of care for resident #121 identified that the resident had a new area of altered skin integrity. Review of the plan of care did not include an RD assessment related to the area of altered skin integrity. Interview with the ADOC confirmed that a referral was not sent to the RD to notify them of the area of altered skin integrity when staff documented the alteration and therefore, the RD did not assess the resident related to the altered area of skin integrity. (528) [s. 50. (2) (b) (iii)]

3. The licensee failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, had been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

A. In June 2016, the plan of care for resident #186's identified that the resident had an altered skin integrity. Review of the plan of care did not include weekly wound assessments of the area of altered skin integrity until approximately a month later. Interview with ADOC confirmed that weekly wound assessments were not completed (528)

B. In January 2017, the plan of care for resident #121 identified that the resident had a new area of altered skin integrity. Review of the plan of care did not include weekly



wound assessments after the progress note. Interview with the ADOC confirmed that the area had since healed but could not identify when, as there were no weekly wound assessments completed. (528) [s. 50. (2) (b) (iv)]

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 LTCHA, 2007 S.O. 2007, c.8, 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).**

Findings/Faits saillants :



1. The licensee failed to ensure that staff and others involved in the different aspects of care collaborated with each other in the assessment of the resident so that their assessments were integrated, consistent with and complemented each other.

A. In June 2016, resident #186's plan of care identified that the resident had areas of altered skin integrity. Review of the Minimum Data Set (MDS) Assessment for the same time period did not include any coding to reflect that the resident had any areas of altered skin integrity. Interview with ADOC confirmed that the progress notes and MDS assessment from June 2016 were not consistent with each other, related to altered skin integrity. (528)

B. In January 2017, the plan of care for resident #121 indicated that the resident had an area of altered skin integrity. Review of the MDS assessment from the same time period, did not specify that the resident had any areas of altered skin integrity. Interview with the ADOC confirmed that the progress notes and MDS assessment from January 2017, were not consistent with each other, within relation to skin and wound. (528) [s. 6. (4) (a)]

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 staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).



Findings/Faits saillants :

1. The licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

Review of the plan of care for resident #186 identified that registered staff were not always documenting treatment applied under the skin and wound program as follows:

i. On an identified day in June 2016, the physician ordered a topical ointment to be applied as needed. On four occasions in June and July 2016, registered staff documented using the treatment, but it was not consistently documented in the electronic treatment administration record (eTARS) for the months of June and July 2016.

Interview with the ADOC confirmed that the eTARS did not reflect the treatment being applied to residents #186's ongoing areas of altered skin integrity, as required. (528) [s. 30. (2)]

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 any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

Issued on this 17th 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
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**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) : CYNTHIA DITOMASSO (528)

Inspection No. /

No de l'inspection : 2017_570528_0009

Log No. /

Registre no: 020233-16, 024920-16

Type of Inspection /

Genre

Complaint

d'inspection:

Report Date(s) /

Date(s) du Rapport : Mar 7, 2017

Licensee /

Titulaire de permis : DEVONSHIRE ERIN MILLS INC.
195 DUFFERIN AVENUE, SUITE 800, LONDON, ON,
N6A-1K7

LTC Home /

Foyer de SLD : ERIN MILLS LODGE NURSING HOME
2132 DUNDAS STREET WEST, MISSISSAUGA, ON,
L5K-2K7

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Mary Whalen

To DEVONSHIRE ERIN MILLS INC., you are hereby required to comply with the following order(s) by the date(s) set out below:



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

Order(s) of the Inspector

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

**Ministère de la Santé et
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de soins de longue durée*, L.O. 2007, chap. 8

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Pursuant to section 153 and/or
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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*

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. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Order / Ordre :

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

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de l'article 154 de la *Loi de 2007 sur les foyers
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The licensee shall ensure that:

- i. All residents who have altered skin integrity are assessed by registered staff using a clinically appropriate assessment tool
- ii. All residents who have altered skin integrity are assessed by the RD related to skin and wound
- iii. All residents who have altered skin integrity are reassessed at least weekly, if clinically indicated
- iv. All registered staff are provided education on the home's Skin and Wound Care Program, including but not limited to, how skin and wound assessments will be conducted using a clinically appropriate assessment tool and where the assessments will be documented.

Grounds / Motifs :

1. A. This order is based upon three factors where there has been a finding non-compliance in keeping with section 299(1) of Ontario Regulation 79/10, scope, severity and a history of non-compliance. The scope of the noncompliance is pattern (2), with two out of three residents in the sample who were not assessed related to skin and wound, the severity of the non-compliance is actual harm (3) and the history of noncompliance under s. 69 of Ontario Regulation 79/10 is ongoing (3) with a WN issued in February 2015.

B. Review of the progress notes from resident #186 revealed that in June 2016, registered staff documented that the resident had altered area of skin integrity. The plan of care did not include an assessment of the wound using a clinically appropriate assessment tool. Interview with the ADOC confirmed that registered staff were to complete wound assessments in electronic records Mede-Care, known as the "Wound Tracker", however, the staff did not assess the area of altered skin integrity using a clinically appropriate assessment tool, as required. (528)

C. In January 2017, the plan of care for resident #121 identified that the resident had a new area of altered skin integrity. Review of the plan of care did not include an assessment of the area using a clinically appropriate assessment tool. Interview with the ADOC confirmed that registered staff were to complete wound assessments in electronic records Mede-Care, known as the "Wound Tracker", however, the staff did not assess the area of altered skin integrity using a clinically appropriate assessment tool, as required. (528) [s. 50. (2) (b) (i)]

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D. The homes "Skin and Wound Care Program, 04-78", undated, identified that the RD was to assess the resident's nutritional risk within seven days of referral by registered staff, which was not completed as follows:

- i. The plan of care for resident #186 identified that in June 2016, registered staff documented that the resident had an altered area of skin integrity and less than a month later the resident was sent to the hospital for treatment. The RD did not assess the resident related to altered skin integrity until several days after the resident returned from the hospital, over a month after the resident had a documented open area of altered skin integrity; at which time, nutritional interventions were initiated. Interview with the ADOC confirmed that a referral was not sent to the RD when the resident was first noted to have an area of altered skin integrity, therefore, the resident was not assessed until after the resident returned from the hospital. (528)
- ii. In January 2017, the plan of care for resident #121 identified that the resident had a new area of altered skin integrity. Review of the plan of care did not include an RD assessment related to the area of altered skin integrity. Interview with the ADOC confirmed that a referral was not sent to the RD to notify them of the area of altered skin integrity when staff documented the alteration and therefore, the RD did not assess the resident related to the altered area of skin integrity. (528) [s. 50. (2) (b) (iii)]

E. In June 2016, the plan of care for resident #186's identified that the resident had an altered skin integrity. Review of the plan of care did not include weekly wound assessments of the area of altered skin integrity until approximately a month later. Interview with ADOC confirmed that weekly wound assessments were not completed (528)

F. In January 2017, the plan of care for resident #121 identified that the resident had a new area of altered skin integrity. Review of the plan of care did not include weekly wound assessments after the progress note. Interview with the ADOC confirmed that the area had since healed but could not identify when, as there were no weekly wound assessments completed. (528) (528)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 28, 2017



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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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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 7th day of March, 2017

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Cynthia DiTomasso

Service Area Office /

Bureau régional de services : Hamilton Service Area Office