



**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**

**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**

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
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Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 11, 2016	2016_264609_0002	001138-16	Follow up

Licensee/Titulaire de permis

EXTENDICARE (CANADA) INC.
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

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

EXTENDICARE TIMMINS
15 Hollinger Lane Box 817 Schumacher ON P0N 1G0

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

CHAD CAMPS (609)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 18-21 and 25-29, 2016.

This inspection was completed in order to follow-up orders issued in 2015 related to Registered Nurse (RN) coverage and the home's skin and wound program.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Resident Assessment Instrument (RAI) Coordinator, the Clinical Coordinator, the Office Manager, three Registered Nurses (RN), one Registered Practical Nurse (RPN) and four Personal Support Workers (PSW).

The inspector(s) conducted a daily tour of resident care areas, observed staff and resident interactions as well as the provision of care to residents. Clinical records, plans of care, policies and procedures and training logs were also reviewed.

The following Inspection Protocols were used during this inspection:

**Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care
Sufficient Staffing**

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

**3 WN(s)
1 VPC(s)
2 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 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).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that the staff and others involved in the different aspects of care of the resident collaborated with each other, (a) in the assessment of the resident so that their assessments were integrated and were consistent with and complemented each other; and (b) in the development and implementation of the plan of care so that the different aspects of care were integrated and were consistent with and complemented each other.

During a previous inspection a compliance order was issued whereby the home was to develop and implement a monitoring system to ensure that the home's policy was followed with respect to collaboration and multidisciplinary assessments of residents with altered skin integrity.

An interview with the management staff revealed that the home had developed and implemented a monitoring system whereby all residents experiencing altered skin integrity were to have received a head to toe skin assessment by a member of the registered staff, been referred to the home's Dietitian and been referred to the Clinical Coordinator for tracking, assessment and intervention.

Observations of an identified resident during the course of the inspection revealed

altered skin integrity.

A review of the clinical record for the identified resident revealed staff were aware of the altered skin integrity yet no head to toe skin assessment was completed and no referrals to the Dietitian or Clinical Coordinator were made. The plan of care revealed no mention of the altered skin integrity for the identified resident.

An interview with the management staff confirmed that it was the expectation of the home that staff implement the monitoring system of the home to ensure collaboration and assessments of altered skin integrity, that in the case of no head to toe assessment, no Dietitian referral, no referral to the Clinical Coordinator and no mention of the altered skin integrity within the identified resident's plan of care, the home did not implement the monitoring system to ensure assessment and collaboration and should have. [s. 6. (4)]

2. The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised at any time when the resident's care needs changed or care set out in the plan was no longer necessary.

Observations made during the course of the inspection revealed an identified resident being cared for by a specified worker.

A review of the plan of care for the identified resident revealed the specified worker was not to provide care to the resident.

An interview with the DOC revealed that there was previous time frame identified within the resident's plan of care to restrict a specified worker, however the DOC stated that since then the SDM for the resident was now agreeable to a specified worker providing care to the resident.

The DOC confirmed that it was the expectation of the home that the plan of care was to have been reviewed and revised at any time when the resident's care needs changed or care set out in the plan was no longer necessary, that in the case of restricting a specified worker from providing care to the identified resident, the plan of care should have been revised and that this did not occur. [s. 6. (10) (b)]



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. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that there was at least one registered nurse (RN) who was an employee of the licensee and a member of the regular nursing staff, was on duty and present at all times unless there was an allowable exception to this requirement.

The home is licensed with a bed capacity of 180, did not qualify for any exception to this requirement.

A review of the home's Family Council minutes revealed ongoing concerns with "staff working short".

A review of the RN staffing logs from October 19, 2015, to January 19, 2016, revealed an RPN acted in the role of an RN on night shift alone in the home, November 12, 13, 26, and December 17, 2015.

A review of the legislation was conducted with the Administrator and DOC who confirmed that it was the expectation to have been in compliance with the Regulation, that in the case of not having an RN on duty and present in the home for the four cited night shifts, the home was not in compliance and should have been. [s. 8. (3)]



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Additional Required Actions:

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

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any plan and procedure, the licensee was required to ensure that the plan and procedure was in compliance with and was implemented in accordance with applicable requirements under the Act.

During a previous inspection, a compliance order was issued, whereby the home was to review their process for replacing absent scheduled RNs to ensure that it was in compliance with the requirements under the Act.

The home, licensed with a bed capacity of 180, did not qualify for any exception to the requirement that at least one registered nurse who was both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times.

A review of the home's back-up plan for replacing absent scheduled RNs revealed two areas not in compliance with the requirements under the Regulation:

- a) In the home's back-up plan when there was no RN to replace an absent RN shift an RPN would be offered the shift and an RN would be offered "call duty" (whereby she or he was available by phone to assist the RPN).
- b) An interview with the Administrator and DOC revealed that the home had recently signed a contract with an outside staffing agency to fill absent RN shifts.

A review of the Regulation was conducted with the Administrator and the DOC who confirmed that it was the expectation of the home to be in compliance with the Regulation, that in the case of utilizing RPNs to replace absent RNs, using RNs for "call duty" and the signing of a contract with an outside agency to fill absent RN shifts, the home's back-up plan was not in compliance with the Regulation and should have been.
[s. 8. (1) (a)]



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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 plan and procedure related to the home's staffing plan is in compliance with and is implemented in accordance with applicable requirements under the Act, to be implemented voluntarily.

Issued on this 11th day of March, 2016

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

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

**Health System Accountability and Performance Division
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Direction de l'amélioration de la performance et de la conformité**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : CHAD CAMPS (609)

Inspection No. /

No de l'inspection : 2016_264609_0002

Log No. /

Registre no: 001138-16

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Mar 11, 2016

Licensee /

Titulaire de permis : EXTENDICARE (CANADA) INC.
3000 STEELES AVENUE EAST, SUITE 700,
MARKHAM, ON, L3R-9W2

LTC Home /

Foyer de SLD : EXTENDICARE TIMMINS
15 Hollinger Lane, Box 817, Schumacher, ON, P0N-1G0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Kelly Roy

To EXTENDICARE (CANADA) INC., 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 2015_336620_0008, CO #001;
existant:

Pursuant to / Aux termes de :

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

(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).

Order / Ordre :

The licensee shall ensure that:

- 1) A member of the registered staff is to complete and document a head-to-toe assessment of every resident in the home to ensure that all alterations in skin integrity are identified and all treatments required are implemented.
- 2) For every resident identified as having altered skin integrity, requiring heightened monitoring or treatment, that it is identified within the resident plans of care.
- 3) Every member of the home's direct care staff complete retraining on the home's skin and wound care policies, procedures and responsibilities.
- 4) A record is maintained of all retraining on the home's skin and wound care policies, procedures and responsibilities, when the retraining is completed, who completes the retraining and what the retraining entails.

Grounds / Motifs :

1. The licensee has failed to ensure that the staff and others involved in the different aspects of care of the resident collaborated with each other, (a) in the

assessment of the resident so that their assessments were integrated and were consistent with and complemented each other; and (b) in the development and implementation of the plan of care so that the different aspects of care were integrated and were consistent with and complemented each other.

During a previous inspection a compliance order was issued whereby the home was to develop and implement a monitoring system to ensure that the home's policy was followed with respect to collaboration and multidisciplinary assessments of residents with altered skin integrity.

An interview with the management staff revealed that the home had developed and implemented a monitoring system whereby all residents experiencing altered skin integrity were to have received a head to toe skin assessment by a member of the registered staff, been referred to the home's Dietitian and been referred to the Clinical Coordinator for tracking, assessment and intervention.

Observations of an identified resident during the course of the inspection revealed altered skin integrity.

A review of the clinical record for the identified resident revealed staff were aware of the altered skin integrity yet no head to toe skin assessment was completed and no referrals to the Dietitian or Clinical Coordinator were made. The plan of care revealed no mention of the altered skin integrity for the identified resident.

An interview with the management staff confirmed that it was the expectation of the home that staff implement the monitoring system of the home to ensure collaboration and assessments of altered skin integrity, that in the case of no head to toe assessment, no Dietitian referral, no referral to the Clinical Coordinator and no mention of the altered skin integrity within the identified resident's plan of care, the home did not implement the monitoring system to ensure assessment and collaboration and should have.

The scope of this issue was isolated to this one resident and there was a history of non-compliance with this regulation in the home. The severity is determined to have been level two or potential for harm as the resident's altered skin integrity could have negatively affected their health, safety and well being. (609)



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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
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 11, 2016



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

Linked to Existing Order /
Lien vers ordre 2015_336620_0008, CO #002;
existant:

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Order / Ordre :

The licensee shall:

- 1) Review and revise the staffing plan to ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times.
- 2) Revise the staffing back-up plan to ensure RNs are not utilized for "call-duty" to assist RPNs acting in the capacity of RN to fill absent RN shifts.
- 3) Ensure that no agency RN is on duty in the home without another RN present who is an employee of the licensee and a member of the regular nursing staff.
- 4) Develop and implement creative, consistent and ongoing strategies to recruit and retain direct care staff to ensure the required staffing levels within the home.
- 5) Maintain a record of all recruitment and retention strategies developed and implemented within the home.
- 6) Maintain a record of all attendance management strategies employed by the licensee and outline the effectiveness of the strategies in managing absenteeism.
- 7) Provide training and retraining to all staff involved in the implementation of the staffing plan to ensure staff comply with the home's staffing plan. The home is to maintain a record of who completed the retraining, what the retraining entailed, when the retraining was completed.

Grounds / Motifs :



Order(s) of the Inspector

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Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

1. The licensee has failed to ensure that there was at least one registered nurse (RN) who was an employee of the licensee and a member of the regular nursing staff, was on duty and present at all times unless there was an allowable exception to this requirement.

The home is licensed with a bed capacity of 180, did not qualify for any exception to this requirement.

A review of the home's Family Council minutes revealed ongoing concerns with "staff working short".

A review of the RN staffing logs from October 19, 2015, to January 19, 2016, revealed an RPN acted in the role of an RN on night shift alone in the home, November 12, 13, 26, and December 17, 2015.

A review of the legislation was conducted with the Administrator and DOC who confirmed that it was the expectation to have been in compliance with the Regulation, that in the case of not having an RN on duty and present in the home for the four cited night shifts, the home was not in compliance and should have been.

The scope of this issue was isolated to the four days cited where the home was without an RN present and on duty. There was a previous history of non-compliance with this regulation in the home. The severity was determined to have been level two or potential for harm whereby the residents of the home did not receive at a minimum, 24/7 RN coverage. (609)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 11, 2016



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de l'article 154 de la *Loi de 2007 sur les foyers
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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



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
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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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*

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
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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 11th day of March, 2016

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Chad Camps

Service Area Office /

Bureau régional de services : Sudbury Service Area Office