



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

**Ministère de la Santé et des  
Soins de longue durée**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

Sudbury Service Area Office  
159 Cedar Street, Suite 403  
SUDBURY, ON, P3E-6A5  
Telephone: (705) 564-3130  
Facsimile: (705) 564-3133

Bureau régional de services de  
Sudbury  
159, rue Cedar, Bureau 403  
SUDBURY, ON, P3E-6A5  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

### **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 30, 2014	2014_281542_0017	S-000080-14	Follow up

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

F. J. DAVEY HOME  
733 Third Line East, Box 9600, Sault Ste Marie, ON, P6A-7C1

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

F. J. DAVEY HOME  
733 Third Line East, Sault Ste Marie, ON, P6A-7C1

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

JENNIFER LAURICELLA (542)

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



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

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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): July 8, 9, 10, 11, 14,  
2014**

**Log #'s, S-000080-14, S-000094-14, S-000139-14 and S-000047-14 were reviewed  
as part of this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Director (s)  
of Nursing (DON), Assistant Director for Environmental Services, Registered  
Staff, Health Care Aides, Scheduling Staff, Family Members and Residents.**

**During the course of the inspection, the inspector(s) walked through resident  
home areas, reviewed resident health care records, reviewed various policies  
and procedures, and observed staff to resident interactions.**

**The following Inspection Protocols were used during this inspection:**

**Medication**

**Personal Support Services**

**Safe and Secure Home**

**Findings of Non-Compliance were found during this inspection.**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 131.**

**Administration of drugs**

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

**s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).**

**Findings/Faits saillants :**



1. Three previous Compliance Orders (CO) were issued for O.Reg. 79/10,s.131 (2) in November 2012 during inspection #2012\_104196\_0033, August 2013, during a follow-up inspection # 2013\_139163\_0020 and in January, 2014 during a follow-up inspection # 2013\_279540\_0003.

On July 8th and 9th, 2014 Inspector reviewed the Treatment Administration Record (TAR) book and associated physician's order sheets for several residents. Registered staff stated to the inspector that the TAR is the only spot that the nurses document whether a treatment was provided or not to a resident and a missing signature means the treatment was not done.

1) Resident # 1 had an order for a treatment specifically related to urinary interventions that were ordered for 1000 AM & 2000 PM. It was noted that over a 7 day period, three treatments were not administered as specified by the prescriber. Resident # 1 also had an order for a specific wound treatment which was to be completed daily, the treatment was missed for July 6, 2014.

2) Resident # 2 had an order indicating specific treatments to their foot. It was noted that over a period of 1 month, six treatments were not recorded as being provided as specified by the prescriber. Resident # 2 also had a physician's order for another skin treatment and over a period of 1 month, three treatments were not recorded as being provided as specified by the prescriber.

3) Resident # 3 had a physician's order for their foot. It was noted that over a 7 day period, one treatment was not recorded as being provided as specified by the prescriber. Resident # 3 also had an additional physician's order for their scalp. It was noted that over a 7 day period, one treatment was not recorded as being provided as specified by the prescriber.

The licensee failed to ensure that residents # 1, # 2 and # 3 receive drugs that are administered in accordance with the directions for use specified by the prescriber. [s. 131. (2)]

***Additional Required Actions:***

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



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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home**

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

**s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:**

**1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,**

- i. kept closed and locked,**
- ii. equipped with a door access control system that is kept on at all times, and**
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,**

- A. is connected to the resident-staff communication and response system, or**
- B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. O. Reg. 79/10, s. 9. (1).**

**2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.**

**4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

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**Findings/Faits saillants :**



1. A previous Compliance Order (CO) was issued on April 4th, 2014 , as a result of inspection # 2014\_304133\_0008, with a compliance date of July 7, 2014.

On July 8th, 2014, Inspector observed the home's main entrance. The front door (inner door) consists of a key pad with a code, the code must be entered to exit the building. Inspector held the door open for approximately two-three minutes and could not hear any alarm sound. Inspector attempted to slide the inner door open without entering the code, however this was not possible. Inspector met with the Assistant Director of Environmental Services and was informed that the door is equipped with an alarm that is connected to an audio visual enunciator that is connected to the nurses' station closest to the door, however the alarm has an automatic shut off which occurs after the front door is closed. The Assistant Director of Environmental Services confirmed that the licensee has not completed all of the requirements to ensure compliance with the previous CO, and is working on ensuring that the door alarm has a manual reset switch at the front entrance.

The licensee has failed to ensure that the main exit/entrance is equipped with an audible door alarm that allows calls to be cancelled only at the point of activation [s. 9. (1)]

***Additional Required Actions:***

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

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**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/  
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

**COMPLIED NON-COMPLIANCE/ORDER(S)  
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:**



<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / NO DE L'INSPECTION</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
LTCHA, 2007 S.O. 2007, c.8 s. 6. (1)	CO #001	2014_281542_0004	542
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #002	2014_281542_0004	542
O.Reg 79/10 s. 9. (1)	CO #002	2014_304133_0008	542

**Issued on this 31st day of July, 2014**

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



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

**Ministère de la Santé et  
des Soins de longue durée**

**Order(s) of the Inspector**

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

**Ordre(s) de l'inspecteur**

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

**Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch**

**Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité**

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** JENNIFER LAURICELLA (542)

**Inspection No. /**

**No de l'inspection :** 2014\_281542\_0017

**Log No. /**

**Registre no:** S-000080-14

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Jul 30, 2014

**Licensee /**

**Titulaire de permis :**

F. J. DAVEY HOME  
733 Third Line East, Box 9600, Sault Ste Marie, ON,  
P6A-7C1

**LTC Home /**

**Foyer de SLD :**

F. J. DAVEY HOME  
733 Third Line East, Sault Ste Marie, ON, P6A-7C1

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :**

PETER J. MACLEAN

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To F. J. DAVEY HOME, 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**

**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

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**Order # /**

**Ordre no :** 001

**Order Type /**

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

**Linked to Existing Order /**

**Lien vers ordre  
existant:** 2013\_279540\_0003, CO #001;

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

**Order / Ordre :**

The licensee shall ensure that for residents # 1, # 2 and # 3 and any other resident that may apply, that their drugs are administered in accordance with the directions for use specified by the prescriber.

**Grounds / Motifs :**



**Order(s) of the Inspector**

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

**Ordre(s) de l'inspecteur**

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

1. Three previous Compliance Orders (CO) were issued for O.Reg. 79/10,s.131 (2) in November 2012 during inspection #2012\_104196\_0033, August 2013, during a follow-up inspection # 2013\_139163\_0020 and in January, 2014 during a follow-up inspection # 2013\_279540\_0003.

On July 8th and 9th, 2014 Inspector reviewed the Treatment Administration Record (TAR) book and associated physician's order sheets for several residents. Registered staff stated to the inspector that the TAR is the only spot that the nurses document whether a treatment was provided or not to a resident and a missing signature means the treatment was not done.

- 1) Resident # 1 had an order for a treatment specifically related to urinary interventions that were ordered for 1000 AM & 2000 PM. It was noted that over a 7 day period, three treatments were not administered as specified by the prescriber. Resident # 1 also had an order for a specific wound treatment which was to be completed daily, the treatment was missed for July 6, 2014.
- 2) Resident # 2 had an order indicating specific treatments to their foot. It was noted that over a period of 1 month, six treatments were not recorded as being provided as specified by the prescriber. Resident # 2 also had a physician's order for another skin treatment and over a period of 1 month, three treatments were not recorded as being provided as specified by the prescriber.
- 3) Resident # 3 had a physician's order for their foot. It was noted that over a 7 day period, one treatment was not recorded as being provided as specified by the prescriber. Resident # 3 also had an additional physician's order for their scalp. It was noted that over a 7 day period, one treatment was not recorded as being provided as specified by the prescriber.

The licensee failed to ensure that residents # 1, # 2 and # 3 receive drugs that are administered in accordance with the directions for use specified by the prescriber.

(542)

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

**Vous devez vous conformer à cet ordre d'ici le : Aug 22, 2014**

**Order(s) of the Inspector**Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8***Ordre(s) de l'inspecteur**Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8***Order # /****Ordre no :** 002**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre  
existant:** 2014\_304133\_0008, CO #001;**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

- i. kept closed and locked,
- ii. equipped with a door access control system that is kept on at all times, and
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system, or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

**Order / Ordre :**



**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*

The licensee will comply with O. Reg. 79/10, s. 9(1) 1. iii. by equipping the main exit/entrance doors with an audible door alarm that is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

**Grounds / Motifs :**

1. A previous Compliance Order (CO) was issued on April 4th, 2014 , as a result of inspection # 2014\_304133\_0008, with a compliance date of July 7, 2014.

On July 8th, 2014, Inspector observed the home's main entrance. The front door (inner door) consists of a key pad with a code, the code must be entered to exit the building. Inspector held the door open for approximately two-three minutes and could not hear any alarm sound. Inspector attempted to slide the inner door open without entering the code, however this was not possible. Inspector met with the Assistant Director of Environmental Services and was informed that the door is equipped with an alarm that is connected to an audio visual enunciator that is connected to the nurses' station closest to the door, however the alarm has an automatic shut off which occurs after the front door is closed. The Assistant Director of Environmental Services confirmed that the licensee has not completed all of the requirements to ensure compliance with the previous CO and is working on ensuring that the door alarm has a manual reset switch at the front entrance.

The licensee has failed to ensure that the main exit/entrance is equipped with an audible door alarm that allows calls to be canceled only at the point of activation.  
(542)

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

**Vous devez vous conformer à cet ordre d'ici le :** Sep 15, 2014



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

**Ministère de la Santé et  
des Soins de longue durée**

**Order(s) of the Inspector**

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

**Ordre(s) de l'inspecteur**

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

**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

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



**Ministry of Health and  
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  
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*

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

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

Health Services Appeal and Review Board and the Director

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

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

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



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Pursuant to section 153 and/or  
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de l'article 154 de la *Loi de 2007 sur les foyers  
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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<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



**Ministry of Health and  
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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  
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*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 30th day of July, 2014**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Jennifer Lauricella

**Service Area Office /**

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