



**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**

**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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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 17, 2016	2016_217137_0005	002297-16	Resident Quality Inspection

Licensee/Titulaire de permis

ATK CARE INC.
1386 INDIAN GROVE MISSISSAUGA ON L5H 2S6

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

THE FORDWICH VILLAGE NURSING HOME
3063 Adelaide Street Fordwich ON N0G 1V0

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

MARIAN MACDONALD (137), CAROLEE MILLINER (144), CHRISTINE MCCARTHY
(588)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): February 23 - 26 and February 29 - March 1, 2016.

The Resident Quality Inspection (RQI), was done in conjunction with a Critical Incident System (CIS) inspection, 0995-000008-15, under Log # 036174-15, related to skin and wound care and two Follow Up inspections, under Log # 028426-15 and Log # 028429, regarding compliance orders served during the August 2015 RQI. The compliance orders were related to 24/7 Registered Nurse coverage, food production, hazardous chemicals, maintenance and the complaint process.

During the course of the inspection, the inspector(s) spoke with Administrator/Director of Care, Food Service Manager, Activation/Restorative Care Manager, Environmental Manager, Maintenance Supervisor, Assistant Maintenance Supervisor, Administrative Assistant, Registered Dietitian, three Registered Nurses (RN), three Registered Practical Nurses (RPN), 11 Personal Support Workers/Health Care Aides (PSW/HCA), one Cook, one Dietary Aide, a Family Council Representative, three Family Members and 28 Residents.

The Inspector(s) also toured all resident home areas and common areas, observed residents and care provision, resident-staff interactions, dining service, medication administration, medication storage areas, posting of required information and general maintenance.

Clinical records and plans of care for identified residents were reviewed, as well as staffing schedules, meeting minutes and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Maintenance
Contenance Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Family Council
Food Quality
Infection Prevention and Control
Medication
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing**

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

**5 WN(s)
3 VPC(s)
1 CO(s)
0 DR(s)
0 WAO(s)**

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

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

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 101. (2)	CO #001	2015_182128_0020		137
O.Reg 79/10 s. 72. (2)	CO #002	2015_182128_0020		137
O.Reg 79/10 s. 90. (1)	CO #003	2015_182128_0020		137
O.Reg 79/10 s. 91.	CO #004	2015_182128_0020		588

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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



WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 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 who was an employee of the licensee and a member of the regular nursing staff on duty and present at all times unless there was an allowable exception to this requirement (see definition/description for list of exceptions as stated in section 45).

A review of the registered staff schedule, from December 28, 2015 to February 25, 2016, revealed that four shifts out of one hundred and fifty nine (2.51 per cent) were covered by a Registered Practical Nurse and not a Registered Nurse.

The Administrator/Director of Care #100 confirmed that the four shifts were not covered by a Registered Nurse.

The scope of this issue was isolated as a Registered Nurse was not available less than 33 per cent of the time. There was a history of non-compliance with this regulation. It was issued as a Written Notification and a Compliance Order, during the August 2015 Resident Quality Inspection (RQI), under Log # 019816-15 and Inspection # 2015_182128_0020 and issued as a Written Notification and a Voluntary Plan of Correction, during the August 2014 RQI, under Log # L-000942-14 and Inspection # 2014_259520_0023. The severity was determined to be a level two with the potential to negatively affect the health, safety and well-being of residents in the home. [s. 8. (3)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 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 any plan, policy, protocol, procedure, strategy or system put in place, was complied with.

A review of the home's policy, "Client Service Response Form", Policy # LGM I-105, dated September 2015, indicated the following directives:

" A Client Service Response Form is to be completed by any person receiving a complaint or concern which:

a) after immediate action, remains unresolved
b) deals with an issue that requires action from another discipline or department
It is the responsibility of the person receiving a complaint/concern to document the information on a Client Service Response Form if follow-up is required. All sections on the Form are to be completed."

During an interview with resident #005, it was revealed that the resident's personal assistive device had been missing and it was reported to a nurse.

During an interview, PSW's #113 and #114 confirmed that an identified resident's assistive device had been missing and that a search of other resident rooms was completed, without success. The PSW's further confirmed that when they received information about missing item belonging to the resident, that was not found, they reported it to the charge nurse and, in this instance, the charge nurse was made aware.



During an interview, RN #102 confirmed that he/she was made aware of the missing item, the item was not found and the Client Service Response Form was not completed, as the Activation/Restorative Care Manager was following up the concern.

An interview with RN #125 revealed the RN was not aware of the missing item and was not aware of the home's policy for dealing with complaints.

The Activation/Restorative Care Manager #123 confirmed the assistive device had been missing and that it was the nurses responsibility to initiate the Client Service Response Form.

The Administrator/DOC #100 confirmed that the Client Service Response Form was not completed, the policy was not complied with and that it was the responsibility of the person who received the complaint or concern to complete the Client Service Response Form. [s. 8. (1) (b)]

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 staff receive education related to the Client Service Response Form policy and that the Client Service Response Form and Medication Disposal policies are complied with, to be implemented voluntarily.

WN #3: 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 has failed to ensure that a resident, who exhibited 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 Critical Incident System (CIS) inspection, CI # 0995-000008-15 and Log #036174-15, related to a resident with impaired skin integrity, requiring external treatment, was completed in conjunction with the RQI.

The resident was being monitored regularly for skin integrity issues. A review of the standard assessments in Point Click Care revealed there was no documented evidence that a wound care assessment had been completed for resident # 011.

During an interview, with a Registered Nurse # 103, it was confirmed that registered staff did not complete a wound assessment, for resident # 011, and that the home's expectation was that a skin and wound assessment should have been completed, when the resident exhibited altered skin integrity. [s. 50. (2) (b) (i)]



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 a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, 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, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the resident who was incontinent received an assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and was conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence where the condition or circumstances of the resident required.

A review of the Minimum Data Set (MDS) revealed resident # 002 was frequently incontinent of urine.

A review of the MDS assessment revealed the resident was incontinent of urine.

During an interview with a Registered Nurse #115, it was confirmed the continence status had changed, for resident # 002, that the resident was now incontinent of urine and that an incontinence assessment had not been completed.

Registered Nurse #121 confirmed an incontinence assessment should have been completed with the change in the resident's continence status.

The Administrator/Director of Care #100 confirmed an incontinence assessment was not completed and the expectation was the assessment should have been completed when the resident's continence status changed from frequently incontinent of urine to incontinent of urine. [s. 51. (2) (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 the resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence where the condition or circumstances of the resident requires, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights



Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that every resident had the right to have his or her health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act.

A Point of Care (POC) kiosk, outside the dining room, was observed open, with Personal Health Information (PHI) accessible, for resident #024.

During the six minute interval, three PSW's walked past the kiosk and one RPN walked past twice, without closing the POC program.

Two visitors were present at the nurses desk, approximately ten feet from the kiosk. After six minutes, PSW #127 confirmed that he/she had left the POC program open and should have closed it, prior to walking away.

RPN #126 confirmed the kiosk should not have been left open and the resident's Personal Health Information should have been kept confidential.

The Administrator/Director of Care #100 also confirmed the resident's health information should have been kept confidential and the POC program was to be closed when the PSW had finished documentation. [s. 3. (1) 11. iv.]

Issued on this 18th day of March, 2016

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

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*

**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

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : MARIAN MACDONALD (137), CAROLEE MILLINER
(144), CHRISTINE MCCARTHY (588)

Inspection No. /

No de l'inspection : 2016_217137_0005

Log No. /

Registre no: 002297-16

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Mar 17, 2016

Licensee /

Titulaire de permis : ATK CARE INC.
1386 INDIAN GROVE, MISSISSAUGA, ON, L5H-2S6

LTC Home /

Foyer de SLD : THE FORDWICH VILLAGE NURSING HOME
3063 Adelaide Street, Fordwich, ON, N0G-1V0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : SUSAN JAUNEZMIS

To ATK CARE 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**

**Ministère de la Santé et
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Order(s) of the Inspector

Pursuant to section 153 and/or
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Ordre(s) de l'inspecteur

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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:** 2015_182128_0020, CO #005;

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 must 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.

Grounds / Motifs :



**Ministry of Health and
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**Ministère de la Santé et
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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*

1. The licensee has failed to ensure that there was at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff on duty and present at all times unless there is an allowable exception to this requirement (see definition/description for list of exceptions as stated in section 45.

A review of the registered staff schedule, from December 28, 2015, to February 25, 2016, revealed that four shifts out of one hundred and fifty nine (2.51 per cent) were covered by a Registered Practical Nurse and not a Registered Nurse.

The Administrator/Director of Care #100 confirmed that the four shifts were not covered by a Registered Nurse.

The scope of this issue was isolated as a Registered Nurse was not available less than 33 per cent of the time. There was a history of non-compliance with this regulation.

It was issued as a Written Notification and a Compliance Order, during the August 2015 RQI, under Log # 019816-15 and Inspection # 2015_182128_0020 and issued as a Written Notification and a Voluntary Plan of Correction, during the August 2014 RQI, under Log # L-000942-14 and Inspection # 2014_259520_0023.

The severity was determined to be a level two with the potential to negatively affect the health, safety and well-being of residents in the home. (144)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 01, 2016



**Ministry of Health and
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**Ministère de la Santé et
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Pursuant to section 153 and/or
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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

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
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Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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**Ministère de la Santé et
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Ordre(s) de l'inspecteur

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.



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section 154 of the *Long-Term Care
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Aux termes de l'article 153 et/ou
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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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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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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
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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 17th day of March, 2016

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : MARIAN MACDONALD

Service Area Office /

Bureau régional de services : London Service Area Office