



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

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119 rue King Ouest 11ième étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
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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

Table with 4 columns: Report Date(s) / Date(s) du rapport, Inspection No / No de l'inspection, Log # / Registre no, Type of Inspection / Genre d'inspection. Includes handwritten corrections and a list of other log numbers.

Licensee/Titulaire de permis

2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT LP
302 Town Centre Blvd., Suite #200 TORONTO ON L3R 0E8

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

LEISUREWORLD CAREGIVING CENTRE - BRANTFORD
389 WEST STREET BRANTFORD ON N3R 3V9

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

LISA VINK (168)

Inspection Summary/Résumé de l'inspection



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

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soins de longue durée**

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

**This inspection was conducted on the following date(s): February 11 and 13, 2015.**

**The purpose of this inspection was to determine compliance with previously served Compliance Orders.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Assistant Director of Care, Resident Assessment Instrument Coordinator, registered nursing staff, personal support workers, Nutrition Manager and residents.**

**During this inspection, the inspector toured of the home, observed the provision of care and services including but not limited to resident and staff interactions and lifting procedures, reviewed relevant records.**

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

**Contenance Care and Bowel Management**

**Dignity, Choice and Privacy**

**Falls Prevention**

**Nutrition and Hydration**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Training and Orientation**

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

**2 WN(s)**

**1 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
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2014_250511_0006		168
LTCHA, 2007 S.O. 2007, c.8 s. 3. (1)	CO #001	2014_214146_0006		168
O.Reg 79/10 s. 69.	CO #002	2014_214146_0006		168
O.Reg 79/10 s. 8. (1)	CO #001	2013_122156_0034		168

**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>



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**WN #1: 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 failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

The home had a procedure "Continence Bowel - Prevention of Constipation Home Specific Procedure, V3-240.1, last revised Aug 16, 2013", which directed registered staff to administer 125 ml of prune juice if the resident did not have a bowel movement (BM) for two days, then administer 30 ml of Milk of Magnesia (MOM) if no BM for 3 days, if no BM for four days administer a Dulcolax suppository and if still no BM for five days administer a Fleet enema and notify the physician.

A. A review of the clinical record for resident #10 identified that staff did not consistently comply with the home's procedure.

i. The resident's last recorded BM was on January 20, 2015, at 2238 hours. The resident did not receive interventions as outlined until January 24, 2015, when prune juice was administered at 1743 hours, followed by an abdominal assessment and the administration of a Dulcolax suppository at 2042 hours.

ii. The resident's last recorded BM was on February 2, 2015, at 1024 hours. The resident did not receive interventions as outlined until February 6, 2015, at 1307 hours, when prune juice was given, followed by MOM at 2140 hours. On February 7, 2015, at 2223 hours, a Dulcolax suppository was administered followed by a Fleet enema on February 8, 2015, at 0716 hours, which was effective.

B. A review of the clinical record for resident #13 identified that staff did not consistently



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comply with the home's program.

- i. The resident had a BM on January 12, 2015, as per staff. They did not receive interventions as outlined until January 15, 2015, when prune juice was administered, followed by MOM on January 16, 2015.
- ii. The resident's last recorded BM was on January 20, 2015. The resident did not receive interventions as outlined until January 22, 2015, when two glasses of prune juice were given. The resident did not have additional interventions prior to their BM on January 24, 2015.

An interview was conducted with registered staff on February 11, 2015, which confirmed that the home's procedure was not complied with for resident #10. During this interview it was identified that staff were to record BM's in Point of Care (POC) and document interventions administered on the electronic Medication Administration Records (eMAR). Occasional delays in the initiation of the procedure were also identified, suggesting a time delay when staff received an electronic "alert" from POC and the time that staff reviewed the "alerts" to initiate the procedure. This concern related to timing, was discussed with the Administrator who identified a plan to resolve this issue, which was being discussed at the corporate level for action. [s. 8. (1) (a),s. 8. (1) (b)]

***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 LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**

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

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**



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

On February 11, 2015, resident #24 was observed being transferred using a sit to stand lift. The two staff explained the procedure, utilized the appropriate safety straps and ensured that the resident was safely positioned on the platform prior to the raising the lift. A review of resident #24's plan of care and bedside logo on February 13, 2015, identified that they were to be transferred with a mechanical hooyer lift. Interview with one of the PSW staff who performed the transfer on February 11, 2015, confirmed that the resident was transferred with a sit to stand lift. The PSW indicated that the resident, over the past month, had physically improved and for this reason thought that the lift status had changed to the sit to stand lift. Registered staff confirmed the change in status; however, indicated that a reassessment regarding lift status had not been completed and that the plan of care and lift logo were accurate to the care needs of the resident. [s. 6. (7)]

***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 care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.***

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Issued on this 20th day of February, 2015

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

LVIK

Original report signed by the inspector.



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

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : LISA VINK (168)

Inspection No. /

No de l'inspection : 2015\_188168\_0004

Log No. /

Registre no: ~~H-000183-14, H-000322-14~~ error LV Feb 24/15

Type of Inspection /

H-00539-14, H-00540-14, H-00541-14, H-00542-14, and H-00543-14

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Feb 17, 2015

Licensee /

Titulaire de permis : 2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT LP 302 Town Centre Blvd., Suite #200, TORONTO, ON, L3R-0E8

LTC Home /

Foyer de SLD : LEISUREWORLD CAREGIVING CENTRE - BRANTFORD 389 WEST STREET, BRANTFORD, ON, N3R-3V9

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur :

Shelly Desgagne Susan Hastings Feb 24/15 LV



**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  
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

To 2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414  
INVESTMENT LP, 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

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**Order # /**  
**Ordre no :** 001      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Linked to Existing Order /**  
**Lien vers ordre**      2014\_250511\_0006, CO #002;  
**existant:**              2014\_214146\_0006, CO #003;

**Pursuant to / Aux termes de :**

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

**Order / Ordre :**

The licensee shall prepare, submit and implement a plan to ensure that the home's procedure "Continence Bowel - Prevention of Constipation Home Specific Procedure, V3-240.1, last revised Aug 16, 2013", or any revisions to this procedure or replacement procedure, approved on or before June 1, 2015, are complied with by staff in the home to prevent constipation.

This plan shall include but not be limited to:

- A. Any revisions to the procedure or the replacement procedure to prevent constipation.
- B. Education to all staff responsible for complying with the procedure, related to the procedure expectations, the importance of compliance and risks related to constipation.
- C. A system to monitor and evaluate compliance with the procedure on an ongoing basis.
- D. A system to evaluate the process staff follow in day to day use of the procedure with nursing and dietary staff.
- E. A system for the residents to evaluate the effectiveness and acceptability of the home's procedures to manage constipation.

The plan shall be submitted to [lisa.vink@ontario.ca](mailto:lisa.vink@ontario.ca) by March 2, 2015.



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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

**Grounds / Motifs :**

1. This area of non compliance was previously served as a Compliance Order (CO) most recently in March 2014.

The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

The home had a procedure "Continence Bowel - Prevention of Constipation Home Specific Procedure, V3-240.1, last revised Aug 16, 2013", which directed registered staff to administer 125 ml of prune juice if the resident did not have a bowel movement (BM) for two days, then administer 30 ml of Milk of Magnesia (MOM) if no BM for 3 days, if no BM for four days administer a Dulcolax suppository and if still no BM for five days administer a Fleet enema and notify the physician.

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B. A review of the clinical record for resident #13 identified that staff did not consistently comply with the home's program.

i. The resident had a BM on January 12, 2015, as per staff. They did not receive interventions as outlined until January 15, 2015, when prune juice was administered, followed by MOM on January 16, 2015.

ii. The resident's last recorded BM was on January 20, 2015. The resident did not receive interventions as outlined until January 22, 2015, when two glasses of prune juice were given. The resident did not have additional interventions prior to their BM on January 24, 2015.



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An interview was conducted with registered staff on February 11, 2015, which confirmed that the home's procedure was not complied with for resident #10. During this interview it was identified that staff were to record BM's in Point of Care (POC) and document interventions administered on the electronic Medication Administration Records (eMAR). Occasional delays in the initiation of the procedure were also identified, suggesting a time delay when staff received an electronic "alert" from POC and the time that staff reviewed the "alerts" to initiate the procedure. This concern related to timing, was discussed with the Administrator who identified a plan to resolve this issue, which was being discussed at the corporate level for action. (168)

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

**Vous devez vous conformer à cet ordre d'ici le : Jun 01, 2015**



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section 154 of the *Long-Term Care  
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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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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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## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### **PRENDRE AVIS**

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
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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de l'article 154 de la *Loi de 2007 sur les foyers  
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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 17th day of February, 2015**

**Signature of Inspector /**

**Signature de l'inspecteur :** *L VINK*

**Name of Inspector /**

**Nom de l'inspecteur :** LISA VINK

**Service Area Office /**

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

<b>Hamilton SAO Routing Sheet For Licensee &amp; Public Reports/Orders</b>		H-539-14	H-542-14
	HSAO Log #	H-540-14 H 541-14	H-543-14
	Inspection #	2015-122168-0004	

## PUBLIC REPORT

Public Reports to:
Home / Resident Council / Family Council
Public Reports Other Copies:
<ul style="list-style-type: none"> <li>• Concerned Friends of Ontario Citizens in Care Facilities</li> <li>• Legislative Library (Yolanda LeForte)</li> <li>• Ont. Assoc. of Non-Profit Homes &amp; Services for Seniors</li> <li>• Ontario Association of Residents' Councils</li> <li>• Ontario Long Term Care Association</li> <li>• Relevant Community Care Access Centre</li> </ul>