



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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

Bureau régional de services de
Hamilton
119 rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 8, 2018	2018_555506_0007	028455-17	Follow up

Licensee/Titulaire de permis

City of Hamilton
77 James Street North Suite 400 HAMILTON ON L8R 2K3

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

Macassa Lodge
701 Upper Sherman Avenue HAMILTON ON L8V 3M7

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

LESLEY EDWARDS (506)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
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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): February 27, 28 and March 1, 2018.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Nursing (DON), Nurse Manager, Minimum Data Set Resident Assessment Instrument Co-ordinator (RAI), registered staff and residents.

During the course of the inspection, the inspector (s): toured the home, reviewed the provision of care, reviewed clinical records, policies and procedures and conducted interviews.

**The following Inspection Protocols were used during this inspection:
Skin and Wound Care**

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)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

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



Specifically failed to comply with the following:

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

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

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

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

(iii) upon any return of the resident from an absence of greater than 24 hours; O. Reg. 79/10, s. 50 (2).

(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).

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and O. Reg. 79/10, s. 50 (2).

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

Findings/Faits saillants :

1. The licensee failed to ensure that the 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.

Upon arrival to the home on an identified date in 2018, to conduct the follow-up inspection the Director of Nursing (DON) and Nurse Manager #101 confirmed that the



home had not met the compliance date for the compliance order that was issued in 2017, related to the home's skin and wound care program as they were still in the process of working on the compliance order at the time of this inspection.

Nurse Manager #101 verified that the expectation was that all areas of altered skin integrity would be recorded in the resident's clinical record in Point Click Care (PCC), assessment tab, as a Wound Assessment Flow Sheet (WAFS).

A. A review of the clinical record for resident #004 confirmed the resident had sustained identified areas of altered skin integrity. The first area of altered skin integrity were identified in the progress notes on an identified date in 2018 and another area of altered skin integrity on another date in 2018. The resident did not have an initial WAFS assessment completed for the identified areas of altered skin integrity. Nurse Manager #101 confirmed on an identified date in 2018, that the resident did not have an assessment of these areas of altered skin integrity completed, as required when first identified, using a clinically appropriate assessment instrument.

B. A review of the clinical record for resident #003 confirmed the resident had sustained an identified area of altered skin integrity. This area was identified in the progress notes on an identified date in 2018. The resident did not have an initial WAFS completed related to the identified area of altered skin integrity. Nurse Manager #101 confirmed on an identified date in 2018, that the resident did not have an assessment of the identified area completed, as required when first identified using a clinically appropriate assessment instrument.

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

Nurse Manager #101 verified that residents with areas of altered skin integrity would be referred to the RD for assessment and that an electronic referral would be submitted to the RD in PCC.

A. A review of the clinical record identified that resident #004 had areas of altered skin integrity identified in 2018. There was no documentation in the clinical record of a referral to the RD or of any assessments completed by the RD as a result of the changes in the resident's skin integrity, which was confirmed by Nurse Manager #101 following a review of the clinical record.



B. A review of the clinical record identified that resident #003 had an area of altered skin integrity identified in 2018. There was no documentation in the clinical record of a referral to the RD or of any assessments completed by the RD as a result of the changes in skin integrity, which was confirmed by Nurse Manager #101 following a review of the clinical record.

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

Interview with Nurse Manager #101 verified the expectation that areas of altered skin integrity were assessed and documented weekly in the clinical record.

A. Resident #001 was identified with altered skin integrity. A review of the clinical record did not include a reassessment of areas altered skin integrity on a weekly basis.

B. Resident #004 was identified with altered skin integrity. A review of the clinical record did not include a reassessment of all areas of altered skin integrity on a weekly basis.

C. Resident #003 was identified with altered skin integrity. A review of the clinical record did not include a reassessment of all areas of altered skin integrity on a weekly basis.

The Nurse Manager #101 confirmed that the weekly skin assessments had not been completed. [s. 50. (2)]

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. 26. Plan of care
Specifically failed to comply with the following:**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary
assessment of the following with respect to the resident:**

**15. Skin condition, including altered skin integrity and foot conditions. O. Reg.
79/10, s. 26 (3).**

Findings/Faits saillants :



1. The licensee failed to ensure every resident's plan of care was based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: 15. Skin condition, including altered skin integrity and foot conditions.

Resident #004 was admitted to the home with altered skin integrity in 2018. Review of their documented plan of care, which front line staff use to direct care, did not include any mention of the area of altered skin integrity, including identification of the issue or goals and interventions put into place. This was confirmed by the Nurse Manager #101 on an identified date in 2018, following a review of the clinical record. [s. 26. (3) 15.]

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 residents plan of care are based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: Skin condition, including altered skin integrity and foot conditions, to be implemented voluntarily.

Issued on this 20th day of March, 2018

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*

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée
Inspection de soins de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : LESLEY EDWARDS (506)

Inspection No. /

No de l'inspection : 2018_555506_0007

Log No. /

No de registre : 028455-17

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Mar 8, 2018

Licensee /

Titulaire de permis : City of Hamilton
77 James Street North, Suite 400, HAMILTON, ON,
L8R-2K3

LTC Home /

Foyer de SLD : Macassa Lodge
701 Upper Sherman Avenue, HAMILTON, ON, L8V-3M7

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Shawn Gadsby

To City of Hamilton, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the InspectorPursuant 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 :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre
existant:** 2017_689586_0010, CO #001;**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,

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

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

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

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

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

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

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

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

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

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

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

Order / Ordre :



Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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 must be compliant with O. Reg 79/10, s. 50 (2).

The licensee shall:

The licensee shall ensure that resident #001, #003 and #004, and any other resident with altered skin integrity have clinically appropriate assessments completed for any areas of altered skin integrity, referral's made to the dietitian and weekly skin assessments completed.

1. Audit the clinical record of all remaining residents in the home who exhibit altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, ensuring;
 - a) Skin assessments were conducted by a member of the registered nursing staff using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment, and ensure assessments are completed as necessary;
 - b) Residents with altered skin integrity were assessed at least weekly by a member of the registered nursing staff; and,
 - c) Residents with altered skin integrity were referred to and assessed by the RD, and where necessary referrals and assessments are completed by the RD.
2. Ensure that the plan of care for each resident with altered skin integrity is updated and includes the current status of each area of altered skin integrity, as well as goals and interventions currently in place.
3. Continue to conduct audits to ensure ongoing compliance.

Grounds / Motifs :

1. The Order is made based upon the application of the factors of severity of this issue was determined to be a level 2 as there was a minimal harm or a potential for actual harm. The scope of the issue was a level 3 as it related to three of three residents reviewed. The home had a level 4 compliance history as they had on-going non-compliance with this section of the LTCHA that included:
 - compliance order (CO) issued November 2017 (2017_689586_0010)
 - voluntary plan of corrective action (VPC) issued March 2016 (2016_267528_0006).

The licensee has failed to comply with compliance order #001 from inspection number 2017_689586_0010 with a compliance date of February 2, 2018.

The licensee was ordered to:

1. Review the clinical record of all residents in the home who exhibit altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, to determine;
 - a) if skin assessments were conducted by a member of the registered nursing staff using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment, and ensure that for those who have not been assessed receive assessments;
 - b) if they were assessed at least weekly by a member of the registered nursing staff; and,
 - c) if they were referred to and assessed by the RD, ensure that for those who have not been receive referrals and assessments.
2. Review each of the residents' plans of care and update it to include the current status of each area of altered skin integrity, as well as goals and interventions currently in place.
3. Establish an auditing process to ensure ongoing compliance.

The licensee did not complete steps 1 to 3 in the compliance order.

The licensee failed to ensure that the 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.

Upon arrival to the home on an identified date in 2018, to conduct the follow-up inspection the Director of Nursing (DON) and Nurse Manager #101 confirmed that the home had not met the compliance date for the compliance order that was issued in 2017, related to the home's skin and wound care program as they were still in the process of working on the compliance order at the time of this inspection.

Nurse Manager #101 verified that the expectation was that all areas of altered skin integrity would be recorded in the resident's clinical record in Point Click Care (PCC), assessment tab, as a Wound Assessment Flow Sheet (WAFS).

A. A review of the clinical record for resident #004 confirmed the resident had sustained identified areas of altered skin integrity. The first area of altered skin integrity were identified in the progress notes on an identified date in 2018 and

another area of altered skin integrity on another date in 2018. The resident did not have an initial WAFS assessment completed for the identified areas of altered skin integrity. Nurse Manager #101 confirmed on an identified date in 2018, that the resident did not have an assessment of these areas of altered skin integrity completed, as required when first identified, using a clinically appropriate assessment instrument.

B. A review of the clinical record for resident #003 confirmed the resident had sustained an identified area of altered skin integrity. This area was identified in the progress notes on an identified date in 2018. The resident did not have an initial WAFS completed related to the identified area of altered skin integrity. Nurse Manager #101 confirmed on an identified date in 2018, that the resident did not have an assessment of the identified area completed, as required when first identified using a clinically appropriate assessment instrument.

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

Nurse Manager #101 verified that residents with areas of altered skin integrity would be referred to the RD for assessment and that an electronic referral would be submitted to the RD in PCC.

A. A review of the clinical record identified that resident #004 had areas of altered skin integrity identified in 2018. There was no documentation in the clinical record of a referral to the RD or of any assessments completed by the RD as a result of the changes in the resident's skin integrity, which was confirmed by Nurse Manager #101 following a review of the clinical record.

B. A review of the clinical record identified that resident #003 had an area of altered skin integrity identified in 2018. There was no documentation in the clinical record of a referral to the RD or of any assessments completed by the RD as a result of the changes in skin integrity, which was confirmed by Nurse Manager #101 following a review of the clinical record.

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



**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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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*

Interview with Nurse Manager #101 verified the expectation that areas of altered skin integrity were assessed and documented weekly in the clinical record.

A. Resident #001 was identified with altered skin integrity. A review of the clinical record did not include a reassessment of areas altered skin integrity on a weekly basis.

B. Resident #004 was identified with altered skin integrity. A review of the clinical record did not include a reassessment of all areas of altered skin integrity on a weekly basis.

C. Resident #003 was identified with altered skin integrity. A review of the clinical record did not include a reassessment of all areas of altered skin integrity on a weekly basis.

The Nurse Manager #101 confirmed that the weekly skin assessments had not been completed. (506)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 11, 2018



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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, commercial courier or by fax upon:

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



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

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

Health Services Appeal and Review Board and the Director

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

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

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



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RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603



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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*

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 8th day of March, 2018

**Signature of Inspector /
Signature de l'inspecteur :**



**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*

Name of Inspector /

Nom de l'inspecteur :

Lesley Edwards

Service Area Office /

Bureau régional de services : Hamilton Service Area Office