



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

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

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

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

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

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

Sudbury Service Area Office  
159 Cedar Street Suite 403  
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Bureau régional de services de  
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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 23, 2015	2015_380593_0003	S-000518-14, 658-15, 517-14, 570-14	Follow up

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

NORTH CENTENNIAL MANOR INC.  
2 Kimberly Drive KAPUSKASING ON P5N 1L5

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

NORTH CENTENNIAL MANOR  
2 KIMBERLY DRIVE KAPUSKASING ON P5N 1L5

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

GILLIAN CHAMBERLIN (593)

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

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

**This inspection was conducted on the following date(s): February 3 - 5, 2015**

**This inspection encompassed one complaint, one Critical Incident and follow-up to two compliance orders.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Acting Director of Care (DOC), Nutrition Manager, Registered Nursing Staff, Registered Dietitian, Dietary Staff, Personal Support Workers (PSW), Residents and family members.**

**The inspector also observed the provision of care and services to residents, observed staff to resident interactions, observed resident to resident interactions, observed residents environment, reviewed resident health care records, reviewed staff training records and reviewed home policies.**

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

**Dining Observation**

**Falls Prevention**

**Hospitalization and Change in Condition**

**Nutrition and Hydration**

**Trust Accounts**

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

**4 WN(s)**

**2 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. 11. (1)	CO #001	2014_395151_0007		593

### 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).  The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.  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. 241. Trust accounts**



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

**s. 241. (6) The licensee shall provide a copy of the written policy and procedures to every resident and person acting on behalf of a resident who asks to have money deposited into a trust account. O. Reg. 79/10, s. 241 (6).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the policy and procedures for the management of trust accounts and petty cash trust money are provided to every resident and person acting on behalf of a resident who asks to have money deposited into a trust account.

The licensee submitted a compliance plan as a result of a compliance order served related to the home's Trust Fund Policy. The compliance plan submitted, outlined that the licensee had implemented and adopted a Trust Fund Policy, dated October 24, 2014, and a copy would be distributed to each resident with the next quarterly statement and to residents / persons acting on behalf of residents upon admission. The next quarterly statement due was December 31, 2014.

During an interview with Inspector #593 on February 05, 2015, the Administrator confirmed that statements were sent to all resident or financial POA's (Power of Attorney) December 31, 2014. The newly implemented Trust Fund Policy had not been sent to residents or POA's who have a trust fund within the home. They further reported that only newly admitted residents have received the policy since implementation and their plan going forward is to send it to all residents and / or POA's with the 2015 first quarterly trust fund statements due March 31, 2015.

Non-compliance was previously identified under inspection 2014\_391151\_0007, a compliance order was issued pursuant to O.Reg. 79/10, s. 241 (6) The licensee shall provide a copy of the written policy and procedures to every resident and person acting on behalf of a resident who asks to have money deposited in a trust account. [s. 241. (6)]

***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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**

**(a) the planned care for the resident; 2007, c. 8, s. 6 (1).**

**(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**

**(c) clear directions to staff and others who provide direct care to the resident.  
2007, c. 8, s. 6 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the plan of care sets out clear directions to staff and others who provided direct care to the resident.

A Critical Incident was submitted to the Ministry of Health and Long-Term Care in relation to a fall that resulted during a transfer of resident #002 occurring in 2014. Resident #002 required assistance to transfer using a specific method and transfer device, fell during transfer and sustained bruising.

A review of resident #002's progress notes found that as a result of the fall, the resident sustained bruising. A 2014, entry in the resident progress notes by a staff member identified that the transfer was done using an incorrect transfer device and resulted in a fall.

During an interview with Inspector #593 on February 04, 2015, #s-106 reported that they were one of the staff members assisting in the transfer of resident #002 during the fall. They also confirmed the manner in which the resident was transferred. After the transfer that resulted in the fall, #s-106 reported that another staff member informed them that they used an incorrect transfer device. They reported that they were unsure of what was specified in the resident's plan of care at the time of the fall. They added that prior to this incident they were to use whatever transfer device was left on the resident's chair.

During an interview with Inspector #593 on February 05, 2015, #s-108 reported that during the transfer that resulted in the fall, staff were supposed to be using a specific transfer device however they actually used the wrong transfer device. They further added



that they believed this direction to be in the resident's plan of care.

During an interview with Inspector #593 on February 04, 2015, #s-103 reported that they were using a specific transfer device. They added that they had been successfully transferring this resident using this method until this incident. Since this incident, they now use a different transfer device. #S-103 reported that the staff members involved in the transfer were using the correct device for this resident at the time, they are unsure as to why it was documented that the incorrect device was used.

Resident #002's plan of care at the time of the incident was reviewed and there was no mention of the type of transfer device to be used or the method of transferring to be used.

A review of resident #002's current plan of care found that for transferring, a note has been added identifying the device to be used, however the plan of care does not mention the new method of transfer that was put into place for this resident since the incident.

Non-compliance was previously identified under inspection 2014\_395151\_0007 and 2013\_140158\_0024, pursuant to LTCHA, 2007 S.O. 2007, c.8, s. 6 (1) (c) Every licensee of a long-term care home shall ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident.

As evidenced by documented progress notes and staff interviews, staff members displayed confusion over the correct transfer device to use for this resident during transfers which was not specifically documented in the resident's plan of care. [s. 6. (1) (c)]

2. The licensee has failed to ensure that the plan of care sets out clear direction to staff and others who provide direct care to the resident.

A review of resident #003's plan of care found that the resident was to receive a specific diet texture. A review of the physician's orders in Point Click Care for this resident, found an order for a different diet texture.

A review of resident #003's dietetic assessment, found that the resident was on a specific diet texture with a note that in the medical chart, the resident is still on another diet texture and that this needed to be changed. However, this had yet to be changed eight days later as confirmed during review of resident records.



During an interview with Inspector #593 on February 04, 2015, resident #003 confirmed that they receive a diet different to what was in the physician's orders.

A review of resident diet records located in dining room kitchenettes found the following:

- Resident #002 required a specific diet texture however in the resident's plan of care, it is documented that the resident is to receive a therapeutic diet: enriched; however no mention of a requirement for a specific diet texture. The physicians order, for this resident documented one diet texture for meat and another for everything else.
- Resident #006 required a specific diet texture which is also confirmed in the physician's orders, however the resident's current plan of care documents that the resident is to receive a different type of textured diet.

During an interview with Inspector #593 on February 05, 2015, #s-105 stated that dietary staff refer to the diet records located in dining room kitchenettes to advise the diet types required for residents.

A review of the Nutrition and Fluid Policy: Dietary Orders (review date November 2014) found that physician's orders for diet orders should be reviewed quarterly and all permanent changes to a residents diet or changes beyond 48 hours must be approved by the physician.

Non-compliance was previously identified under inspection 2014\_391151\_0007 and 2013\_140158\_0024, pursuant to LTCHA, 2007 S.O. 2007, c.8, s. 6 (1) (c) Every licensee of a long-term care home shall ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident.

Inconsistencies in documentation were found for three residents with regards to diet texture between the physician's orders, care plan and dietary records. This does not provide clear direction for staff members accessing this information. [s. 6. (1) (c)]



***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 ensuring that all aspects of resident #002's transfers and diet order, and resident #003 and #006's diet orders are documented consistently in the plan of care and accessible to all staff members providing care to the residents, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 11. Dietary services and hydration**

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

**s. 11. (2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied. 2007, c. 8, s. 11. (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied.

Observations by Inspector #593 on February 4, 2015, in one of the home's dining rooms during the dinner meal service found that the two dessert options were either a butter tart or fruit salad. During an interview with Inspector #593, #s-109 stated that they do not have minced options for the desserts as they only have a small number of residents on a minced diet and they usually have pudding or yogurt. They further added that if any resident on a minced diet wants one of the other dessert options, they will pour milk over the butter tart to serve or they can have the regular textured fruit salad.

Observations by Inspector #593 on February 4, 2015, in one of the home's dining rooms during the lunch meal service found that the two dessert options were either a chocolate chip cookie or apple sauce. During an interview with Inspector #593, #s-105 stated that the apple sauce was suitable for all textured diets, the cookie was pureed for the pureed diets, however the cookie as is, was also suitable for residents requiring a minced diet.



Observations by Inspector #593 on February 3, 2015, in one of the home's dining rooms during the dinner meal service found the two main meals options being served were either spaghetti and meat sauce or baked pollock. During an interview with Inspector #593, #s-104 stated that there was only a small number of residents in the dining room requiring a minced diet, therefore they offer both choices to these residents and then modify the texture right before serving. They further added that with the two options available that evening, they would either cut up the spaghetti or remove the battered coating from the pollock and flake it with a fork before serving.

During an interview with Inspector #593 on February 04, 2015, the home's Food Services Manager advised that both choices at each meal should be provided for all diet textures.

During an interview with Inspector #593 on February 05, 2015, the home's Registered Dietitian was made aware of the safety concerns with foods being served to residents requiring a minced textured diet. They agreed also that this was a concern and that they were going to look into the home's provision of a minced diet.

A review of the home's Diet Order Glossary from the Nutrition and Fluid Program (review date November, 2014) found:

"Minced- Meat, vegetables and fruits shall be ground in kitchen or prepared. Bread, toast, muffins, pasta and other soft foods may be served to residents who can manage them."

As observed by Inspector #593 and confirmed by staff members in the home, the minced textured diet served to residents requiring a minced textured diet was inconsistent and often not prepared as per the home's Nutrition and Fluid Program. [s. 11. (2)]

***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 ensuring consistency with minced textured diets provided to residents and that all staff members are aware of the homes policy related to texture modified diets and the specific components of providing a safe minced textured diet to residents who require this, to be implemented voluntarily.***

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**WN #4: 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 the home's policy Nutrition and Fluid: Referral to Dietary Department and Dietitian, is complied with.

A review of resident #009's health care record found charted progress notes for altered skin integrity on three dates in 2015.

A review of resident #009's health care record found a dietetic assessment entry for 2015. The resident developed altered skin integrity four days later; however a referral was not made for the dietitian.

A review of resident #008's health care record found a history of altered skin integrity over the past 18 months.

A review of resident #007's health care record found charted progress notes on three days in 2015, for altered skin integrity.

A review of resident #007 and #008's health care records found no dietetic assessment undertaken for resident #008 and a previous dietetic assessment undertaken for resident #007 did not mention skin status.

During an interview with Inspector #593 on February 05, 2015, the home's Registered Dietitian (RD) reported that they received a dietetic referral for residents #007 and #009, however no referral was received for resident #008. A referral was made to the RD in



2014, for altered skin integrity however at this time, the home did not have an RD and since the RD started in the home, a new referral was not made for altered skin integrity which were still a problem for this resident, six months after the initial referral. Resident #007 was referred for other reasons with no mention of altered skin integrity or skin status and resident #009 was referred for other reasons, also no mention of altered skin integrity or skin status. The RD further added that they have received no referrals related to altered skin integrity since commencing employment in the home on January 12, 2015.

A review of the home's policy Nutrition and Fluid: Referral to Dietary Department and Dietitian (review date November 2014), found that the RN will refer to the dietitian using the "request for referral to Dietitian" form and "referral shall be sent for any of the following: altered skin integrity".

Non-compliance was previously identified under inspection 2014\_395151\_0007, pursuant to O.Reg. 79/10, r. 8 (1) (b), the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, is complied with.

On three occasions, the home has failed to refer residents with altered skin integrity to the Registered Dietitian as per the home's Policy Nutrition and Fluid: Referral to Dietary Department and Dietitian. [s. 8. (1) (a),s. 8. (1) (b)]

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**Issued on this 24th day of March, 2015**

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

**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**

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

**Nom de l'inspecteur (No) :** GILLIAN CHAMBERLIN (593)

**Inspection No. /**

**No de l'inspection :** 2015\_380593\_0003

**Log No. /**

**Registre no:** S-000518-14, 658-15, 517-14, 570-14

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Mar 23, 2015

**Licensee /**

**Titulaire de permis :** NORTH CENTENNIAL MANOR INC.  
2 Kimberly Drive, KAPUSKASING, ON, P5N-1L5

**LTC Home /**

**Foyer de SLD :** NORTH CENTENNIAL MANOR  
2 KIMBERLY DRIVE, KAPUSKASING, ON, P5N-1L5

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Claude Tremblay

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To NORTH CENTENNIAL MANOR 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  
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:** 2014\_395151\_0007, CO #002;

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 241. (6) The licensee shall provide a copy of the written policy and procedures to every resident and person acting on behalf of a resident who asks to have money deposited into a trust account. O. Reg. 79/10, s. 241 (6).

**Order / Ordre :**

The licensee is hereby ordered to ensure that all residents and / or Power of Attorney's are provided a copy of the home's Trust Fund Policy dated October 24, 2014, and that going forward all newly admitted residents, a copy of the policy is included in the admission package for the home.

**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. The licensee has failed to ensure that the policy and procedures for the management of trust accounts and petty cash trust money are provided to every resident and person acting on behalf of a resident who asks to have money deposited into a trust account.

The licensee submitted a compliance plan as a result of a compliance order served related to the home's Trust Fund Policy. The compliance plan submitted, outlined that the licensee had implemented and adopted a Trust Fund Policy, dated October 24, 2014, and a copy would be distributed to each resident with the next quarterly statement and to residents / persons acting on behalf of residents upon admission. The next quarterly statement due was December 31, 2014.

During an interview with Inspector #593 on February 05, 2015, the Administrator confirmed that statements were sent to all resident or financial POA's (Power of Attorney) December 31, 2014. The newly implemented Trust Fund Policy had not been sent to residents or POA's who have a trust fund within the home. They further reported that only newly admitted residents have received the policy since implementation and their plan going forward is to send it to all residents and / or POA's with the 2015 first quarterly trust fund statements due March 31, 2015.

Non-compliance was previously identified under inspection 2014\_391151\_0007, a compliance order was issued pursuant to O.Reg. 79/10, s. 241 (6) The licensee shall provide a copy of the written policy and procedures to every resident and person acting on behalf of a resident who asks to have money deposited in a trust account. (593)

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

**Vous devez vous conformer à cet ordre d'ici le :** Apr 30, 2015



**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**

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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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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**

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

## **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  
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*

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 23rd day of March, 2015**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Gillian Chamberlin

**Service Area Office /**

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