



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) :** MARGOT BURNS-PROUTY (106), LAUREN  
TENHUNEN (196)

**Inspection No. /**

**No de l'inspection :** 2014\_211106\_0006

**Log No. /**

**Registre no:** S-000050-14

**Type of Inspection /**

**Genre**

**d'inspection:**

Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** Apr 25, 2014

**Licensee /**

**Titulaire de permis :** BOARD OF MANAGEMENT OF THE DISTRICT OF  
KENORA  
1220 Valley Drive, KENORA, ON, P9N-2W7

**LTC Home /**

**Foyer de SLD :** NORTHWOOD LODGE  
51 Highway 105, P.O. Box 420, RED LAKE, ON,  
P0V-2M0

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** DORIS COGHILL

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Long-Term Care**

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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 BOARD OF MANAGEMENT OF THE DISTRICT OF KENORA, you are hereby  
required to comply with the following order(s) by the date(s) set out below:



**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**

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**Order # /**

**Ordre no :** 001

**Order Type /**

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

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, 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).

**Order / Ordre :**

The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan, specifically in regards to ensuring that residents # 7290, 7317, 7292, 7305, 7308, 7317, 7320 receive all dietary supplements as ordered; resident #7290 is monitored while eating and drinking as specified in the the plan; resident #7303 receives a specific juice as specified in the plan and staff ensure that resident #7303's bed is in the lowest position when in bed as specified in the plan.

**Grounds / Motifs :**

1. On February 27, 2014, at 1130hrs, resident #7303 was observed lying in bed with bilateral 3/4 side rails elevated. Staff member #S-107 confirmed to the inspector that the resident's bed was not in the lowest position, but that the bed alarm was working.

The care plan for resident #7303 was reviewed, with last update of Jan. 15, 2014. Under the focus of "risk of injury from falls", it identified, the intervention of "HCA ensures bed in lowest position". The licensee failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan. (196)

2. The health care record for resident #7303 relating to nutrition, was reviewed by the inspector on February 25, 2014. The dietary sheet found in the dining room servery included instructions to offer a specific juice at meals to resident #7303.

On Feb. 25, 2014, at 1845hrs an interview was conducted with dietary staff member #S-105 and this staff member told the inspector that resident #7303

was not provided with the specific juice and instead was given another juice because the ordered juice has texture and pulp and that this was not good for the resident. The staff member also stated there was no way to strain this (the pulp and texture) out of the juice.

An interview was conducted on February 26, 2014, at 1750hrs, with dietary staff member S-106, regarding the beverages given to resident #7303 during dinner service. Staff member #S-106 reported that the specific juice was not provided and another juice was given instead. The dietary list was reviewed with staff member #S-106 and it was determined that they were not aware that a specific juice was to be provided to resident #7303 at each meal. Resident #7303 was not provided on Feb. 25 and 26th, 2014, during dinner service, the specific juice as noted in the resident's plan of care.

The licensee failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan. (196)

3. The health care records for resident #7317 were reviewed by the inspector on February 25, 2014. The "Quarterly Nutrition Review" completed by RD on January 16, 2014, included a "plan of action" to change a supplement to twice daily (BID) from four times daily (QID).

The care plan with the last update of January 16, 2014, included the use of the nutritional supplement BID. The Medication Administration Record (MAR) identifies that the resident has been receiving the supplement QID in February 2014, specifically, Feb. 1 through to 24th. Resident #7317's plan of care identified a change in the frequency of administration of the supplement from four times daily to twice daily, yet this was not provided to the resident.

The licensee failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan. (196)

4. The health care record for resident #7290 was reviewed for information regarding nutritional needs. The care plan with last update of January 22, 2014, including the focus of "nutritional care", identified the resident as high nutritional risk, choke risk and included the interventions of a supplement three times per day (TID) and an additional supplement ordered at pm and hs snack and that the resident "should not be left alone while eating/drinking".

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section 154 of the *Long-Term Care  
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**Ordre(s) de l'inspecteur**

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The afternoon nourishment pass on February 26, 2014, was observed by the inspector and resident #7290 was seen with a glass of thickened juice in their hand, alone in their room. An interview was subsequently conducted with a PSW and it was reported that a snack had not been provided during this afternoon nourishment pass and that resident #7290 could be left alone drinking fluids as they weren't a risk.

The inspector observed the beverages that had been placed in front of resident #7290 for dinner service on Feb. 25, 2014, and no supplement was served to the resident. Beverages observed to be provided to resident #7290, included coffee, cranberry juice and water. An interview was conducted with dietary staff member S-105 and it was reported to the inspector that the nurses are to administer specific supplements to the residents.

At 1845hrs on February 25, 2014, registered staff member confirmed to the inspector that resident #7290 did not receive their supplement as ordered as they thought the dietary staff gave it to the residents.

On February 25, 2014, resident #7290 was not provided with the nutritional supplement and on February 26, 2014, they were left alone in their room drinking fluids and not provided with a snack during the afternoon nourishment pass, specifically the additional supplement.

The licensee failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan. (196)

5. An interview conducted with staff member #S-104 on Feb. 25, 2014, at 1800 hrs, and they identified to the inspector, that the residents listed on the form titled "Residents requiring additional nutritional support - Resource 2.0 at Medication Pass (Updated February 2014)" did not receive their 1700hrs scheduled supplement. This included residents #7292, 7305, 7308, 7317, 7290, 7320. Staff member S-104 told the inspector that the dietary staff provide the Resource 2.0 to the residents and that the registered staff sign that it was given. According to an interview with dietary staff member #S-105, the nurses give the Resource 2.0 not the dietary staff.

On February 25, 2014, registered staff member confirmed to the inspector that residents #7292, 7305, 7308, 7317, 7290, 7320 did not receive their Resource 2.0 as ordered as they thought the dietary staff gave it to the residents. The



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Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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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*

licensee failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan. (196)

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

**Vous devez vous conformer à cet ordre d'ici le :** May 09, 2014

**Order(s) of the Inspector**

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

Aux termes de l'article 153 et/ou  
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**Order # /**

Ordre no : 002

**Order Type /**

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

**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 :**





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

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

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

Aux termes de l'article 153 et/ou  
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The licensee shall 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, specifically in regards to resident #7284's wounds.

**Grounds / Motifs :**

1. On February 24, 2014, resident # 7284's progress notes were reviewed which indicated that the resident was transferred to hospital due to a wound infection, this was later confirmed during an interview with the Administrator/DOC.

The progress notes for January and February 2014 were reviewed and there were multiple entries that indicated that dressing changes to resident #7284 wounds were completed. No wound assessments regarding the wounds were found in the progress notes.

On February 27, 2014, a RPN told the inspector that staff document impaired skin integrity in the progress notes under the focus of skin integrity or in a Progress Note-Wound Assessment (PN-WA). On March 5, 2014 the Administrator/DOC confirmed that the staff had not completed assessments using the PN-WA, which is a clinically appropriate wound assessment instrument that, is specifically designed for skin and wound assessment, used by registered staff.

The licensee failed 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. (106)

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

**Vous devez vous conformer à cet ordre d'ici le : May 09, 2014**



**Order(s) of the Inspector**

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

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

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

**Order # /**

Ordre no : 003

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

**Order / Ordre :**

The licensee shall ensure that the home has a dining and snack service that includes, a process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.

**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  
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1. On February 26, 2014 at 1525hrs, the inspector observed the afternoon nourishment pass and noted a list on the nourishment cart with resident room numbers and names on it and no other information. According to staff member #S-103, staff are aware of the residents and do not need a list on the snack cart to identify residents' diets.

On February 26, 2014, staff member S-103 told the inspector that resident #7313 was given 240mls of fluid and a jug of water during the afternoon nourishment pass. Staff member #S-103 was questioned if they were aware of any residents that were on fluid restrictions and they stated they were unaware of any. The dietary list found in the servery, for the month of February 2014, identified resident #7313 as being on a fluid restriction.

The licensee failed to ensure that the home has a dining and snack service that includes, at a minimum, the following elements: 5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences. (196)

2. On February 27, 2014, at approximately 1530 hrs during the afternoon snack pass the inspector asked the PSW who was giving snacks and beverages to the residents, if there was a document that they refer to which identifies, the type of diet or supplements the residents are to receive. The PSW stated they did not have anything like that.

The inspector asked the same PSW how they determine which residents receive the Boost and Boost puddings that are on the cart. The PSW told the inspector that that they give the Boost to who ever they feel needs one, for example, if the resident did not eat well at lunch they would give them a Boost.

The licensee failed to ensure that the home has a dining and snack service that includes, at a minimum, the following elements: 5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences. (106)

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

**Vous devez vous conformer à cet ordre d'ici le :** May 09, 2014

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

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**Order # /**

Ordre no : 004

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 47. (1) Every licensee of a long-term care home shall ensure that on and after the first anniversary of the coming into force of this section, every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title, has successfully completed a personal support worker program that meets the requirements in subsection (2).  
O. Reg. 79/10, s. 47 (1).

**Order / Ordre :**

The licensee shall ensure that on and after the first anniversary of the coming into force of this section, every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title, has successfully completed a personal support worker program that meets the requirements in subsection (2).

**Grounds / Motifs :**

1. A voluntary Plan of Correction (VPC) was issued in inspection # 2013\_211106\_0042 on January 14, 2014, for non-compliance regarding, O. Reg. 79/10, s. 47 (1) and staff member S-111 was identified in that VPC.

Previous Compliance Orders (CO) were issued regarding LTCHA s. 73: "Every licensee of a long-term care home shall ensure that all the staff of the home, including the persons mentioned in sections 70 to 72, (a) have the proper skills and qualifications to perform their duties; and (b) possess the qualifications provided for in the regulations".

-CO#902 related to LTCHA s. 73, was issued January 27, 2012, in inspection # 2011\_104196\_0011 and staff member #S-111 was identified in the order.

-CO#002 related to LTCHA s. 73, was issued September 17, 2012, in inspection#2012\_051106\_0019 and staff member # S-111 was identified in the order.

-CO#002 was complied, during the follow-up inspection #2013\_211106\_0031. During that inspection, inspector 106 interviewed staff member #S-111 in August



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

**Order(s) of the Inspector**

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Homes Act, 2007, S.O. 2007, c.8*

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

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

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2013 and they reported that they were working in a temporary position in another department and did not intend to return to work in the home as a PSW after the temporary position ended.

The licensee failed to ensure that on or after the first anniversary of the coming into force of this section, every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title, has successfully completed a personal support worker program that meets the requirements in subsection (2). (106)

2. On February 25, 2014, during an interview the Administrator/DOC told the inspector that staff member #S-111, who was hired in 2011, is enrolled in a PSW course, but has not completed the PSW program, nor were they currently enrolled in a nursing program or completing the practical experience requirements of their PSW course.

During this interview the Administrator/DOC also told the inspector that staff member # S-111 had a part time PSW rotation. On February 20, 2014, the Office Manager provided the inspector with the staffing schedules from February 3 to March 2, 2014, during this time staff member #S-111 was scheduled to work as a PSW on 8 shifts.

On February 18, 2014, the inspector observed staff member #S-111, working as a PSW, feed residents during the supper meal service. The licensee failed to ensure that on and after the first anniversary of the coming into force of this section, every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title, has successfully completed a personal support worker program that meets the requirements in subsection (2). (106)

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

**Vous devez vous conformer à cet ordre d'ici le : Jun 30, 2014**



**Ministry of Health and  
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**Ordre(s) de l'inspecteur**

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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 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



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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, 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.



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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*

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 25th day of April, 2014**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** MARGOT BURNS-PROUTY

**Service Area Office /**

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