



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

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

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ième</sup> étage  
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Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

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**

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 9, 2013	2012_122156_0028	H-002229- 12	Other

**Licensee/Titulaire de permis**

THE THOMAS HEALTH CARE CORPORATION  
490 Highway #8, STONEY CREEK, ON, L8G-1G6

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

PINE VILLA NURSING HOME  
490 HIGHWAY #8, STONEY CREEK, ON, L8G-1G6

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

CAROL POLCZ (156)

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



Ministry of Health and Long-Term Care

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The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): December 5, 6, 2012

During the course of the inspection, the inspector(s) spoke with Administrator/Director of Care (DOC), registered staff, Personal Support Workers (PSW's), Food Service Supervisor (FSS), Dietary Aides, residents and family.

During the course of the inspection, the inspector(s) conducted a tour/walk through of the home including resident rooms and home areas as well as the kitchen, reviewed resident plans of care, home policies and procedures, and observed resident in restraints

The following Inspection Protocols were used during this inspection:

Dining Observation

Minimizing of Restraining

Residents' Council

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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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 LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**

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

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
  - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
  - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

**Findings/Faits saillants :**



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1. The licensee of the long term care home did not ensure that the home, furnishings and equipment were kept clean and sanitary. The kitchen area was found to be very dirty. There were cob webs coming from the ceiling in the dry storage area. Floors, corners and areas especially in resident rooms and bathrooms were found to be very dirty. Many resident wheelchairs were found to be dirty. [s. 15. (2) (a)]

2. The licensee of the long term care home did not ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair. Resident rooms and common areas had floors and walls with large gashes out of them. Many baseboards throughout the home, including resident rooms and the kitchen area were found to be falling off of the walls. The main kitchen area had paint peeling off of the vent system on the ceiling, gaps in the flooring, and the floor was peeling away from the wall by the sink area which would not allow for adequate cleaning. The dry storage area had a black substance on a pipe coming from the ceiling and the Food Services Supervisor was unsure if it was mildew. Paint was peeling from the walls of the walk-in refrigerator and there was a one inch gap between the cement floor and walls where gravel and debris was found. There was also a black substance on top of the walk-in freezer door (located in the walk-in fridge) and the FSS was unsure if it was mildew. [s. 15. (2) (c)]

***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 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).**

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**Findings/Faits saillants :**



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1. The licensee failed to ensure that the home policy RC-04-08-04 Documentation Procedures was complied with. The policy outlines the rules for documentation including: Record immediately or as soon as possible after an event. Do not chart before an event occurs.

Upon review, on December 6, 2012, the Restraint positioning and check flow-sheets for 6/11 residents were completed prior to the care being provided.

Resident 008, 002, 009, 010, 011, and 012, all had flow-sheets documented as care being provided prior to the time actually occurring. This was confirmed by the Administrator. [s. 8. (1) (b)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that home policies are complied with, 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. 30. Protection from certain restraining**

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

**s. 30. (1) Every licensee of a long-term care home shall ensure that no resident of the home is:**

- 1. Restrained, in any way, for the convenience of the licensee or staff. 2007, c. 8, s. 30. (1).**
- 2. Restrained, in any way, as a disciplinary measure. 2007, c. 8, s. 30. (1).**
- 3. Restrained by the use of a physical device, other than in accordance with section 31 or under the common law duty described in section 36. 2007, c. 8, s. 30. (1).**
- 4. Restrained by the administration of a drug to control the resident, other than under the common law duty described in section 36. 2007, c. 8, s. 30. (1).**
- 5. Restrained, by the use of barriers, locks or other devices or controls, from leaving a room or any part of a home, including the grounds of the home, or entering parts of the home generally accessible to other residents, other than in accordance with section 32 or under the common law duty described in section 36. 2007, c. 8, s. 30. (1).**



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**Findings/Faits saillants :**

1. The licensee of the long-term care home did not ensure that no resident of the home was restrained by the use of a physical device, other than in accordance with section 31 or under the common law duty described in section 36.

Not all residents with front or side fastening seatbelts that were unable to open them on their own were assessed to receive the restraint.

Resident 001 was unable to open the seatbelt when asked on two separate days. This was confirmed by the administrator and a PSW. The resident was not assessed to receive the restraint.

Resident 007 was unable to open the seatbelt when asked by both the administrator, inspector and PSW. The resident was not assessed to receive the restraint.

Resident 004 was unable to open the seatbelt when asked by the administrator and the inspector. The resident was not assessed to receive the restraint. [s. 30. (1) 3.]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that residents are assessed prior to the use of a restraint, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 110.**

**Requirements relating to restraining by a physical device**

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

**s. 110. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:**

**1. Staff apply the physical device in accordance with any manufacturer's instructions. O. Reg. 79/10, s. 110 (1).**

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**Findings/Faits saillants :**



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1. The licensee of the long term care home failed to ensure that the the following requirements were met with respect to the restraining of a resident by a physical device: staff apply the physical device in accordance with any manufacturer's instructions.

During the inspection, it was observed that many residents with front or side fastening seat belts had the seat belts very loosely applied. The Administrator confirmed that the staff were trained to tighten seat belts to two finger widths.

On December 5, 2012, resident 013 was observed wearing a seat belt that was very loosely applied. Residents 006 and 007 were observed on December 6th, 2012 in the dining room around 11:45am with their seat belts loosely applied. The PSW tightened the seat belts when this fact was pointed out by the inspector. The PSW confirmed that the belts were not applied properly. Resident 004 were observed in the hallway by the inspector and the Administrator on December 6th, 2012 around 1:00pm with a seat belt loosely applied. The Administrator confirmed that many residents in the home did not have their seat belts applied properly. [s. 110. (1) 1.]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that staff apply the physical device in accordance with any manufacturer's instructions with respect to the restraining of a resident by a physical device, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey**



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Specifically failed to comply with the following:

- s. 85. (4) The licensee shall ensure that,
- (a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).
  - (b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).
  - (c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).
  - (d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

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**Findings/Faits saillants :**

1. The licensee failed to ensure that the results of the resident satisfaction survey are made available to the Residents' Council and the Family Council, if any, to seek their advice. The president of Resident Council indicated that the home conducts a satisfaction survey, however, the results are not shared with the council to seek advice about the survey. This was also confirmed by the Administrator. [s. 85. (4) (a)]

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Issued on this 30th day of January, 2013

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





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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*

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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

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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : CAROL POLCZ (156)

Inspection No. /

No de l'inspection : 2012\_122156\_0028

Log No. /

Registre no: H-002229-12

Type of Inspection /

Genre d'inspection: Other

Report Date(s) /

Date(s) du Rapport : Jan 9, 2013

Licensee /

Titulaire de permis : THE THOMAS HEALTH CARE CORPORATION  
490 Highway #8, STONEY CREEK, ON, L8G-1G6

LTC Home /

Foyer de SLD : PINE VILLA NURSING HOME  
490 HIGHWAY #8, STONEY CREEK, ON, L8G-1G6

Name of Administrator /

Nom de l'administratrice  
ou de l'administrateur : LISA PALADINO

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To THE THOMAS HEALTH CARE CORPORATION, you are hereby required to  
comply with the following order(s) by the date(s) set out below:



Ministry of Health and  
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Pursuant to section 153 and/or  
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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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<b>Order # /</b> <b>Ordre no :</b> 001	<b>Order Type /</b> <b>Genre d'ordre :</b> Compliance Orders, s. 153. (1) (b)
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**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,

- (a) the home, furnishings and equipment are kept clean and sanitary;
- (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
- (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

**Order / Ordre :**

The licensee shall prepare, submit and implement a plan to ensure that the home, furnishings and equipment are kept clean and sanitary and maintained in a safe condition and in a good state of repair. The plan shall include but not be limited to a) assessment of the current methods including cleaning schedules used for home sanitation and home maintenance b) staff education to be completed, including dates of education and the persons targeted for the education c) quality management activities (including the type of activities and frequency) that will be implemented to target the specific area of non-compliance. The plan should be submitted via email by January 15, 2013 to Carol Polcz at the Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 119 King Street West, 11th Floor, Hamilton, ON L8P 4Y7 [hamiltonsao.moh@ontario.ca](mailto:hamiltonsao.moh@ontario.ca)

**Grounds / Motifs :**



**Ministry of Health and  
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**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

1. The licensee of the long term care home did not ensure that the home, furnishings and equipment were kept clean and sanitary and maintained in a safe condition and in a good state of repair.

Many floors and walls in resident rooms and common areas had large gashes out of them. Several baseboards throughout the home, including resident rooms and the kitchen area were found to be falling off of the walls. The main kitchen area had paint peeling off of the vent system on the ceiling, gaps in the flooring, and the floor was peeling away from the wall by the sink area. The dry storage area had a black substance on a pipe coming from the ceiling and there was also a black substance on top of the walk-in freezer door (located in the walk-in fridge). Paint was peeling from the walls of the walk-in refrigerator and there was a one inch gap between the cement floor and walls where gravel and debris was found. The kitchen area was found to be very dirty. There were cob webs coming from the ceiling in the dry storage area. Floors, corners and areas especially in resident rooms and bathrooms were found to be very dirty. Many resident wheelchairs were found to be dirty.

(156)

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

**Vous devez vous conformer à cet ordre d'ici le :** Feb 28, 2013



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Ministère de la Santé et  
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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



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**Ordre(s) de l'inspecteur**  
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de l'article 154 de la *Loi de 2007 sur les foyers  
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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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Ordre(s) de l'inspecteur  
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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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Ordre(s) de l'inspecteur  
Aux termes de l'article 153 et/ou  
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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 9th day of January, 2013**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** CAROL POLCZ

**Service Area Office /**

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