



**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**

Toronto Service Area Office
5700 Yonge Street, 5th Floor
TORONTO, ON, M2M-4K5
Telephone: (416) 325-9660
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Bureau régional de services de
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5700, rue Yonge, 5e étage
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Téléphone: (416) 325-9660
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 4, 2013	2013_159178_0024	T-522-13/T- 512-13	Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

SHERWOOD COURT LONG TERM CARE CENTRE
300 Ravineview Drive, Maple, ON, L6A-3P8

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

SUSAN LUI (178), SUSAN SEMEREDY (501)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): October 15, 16, 17, 24, 25, 28, November 18, 27, 2013

During the course of the inspection, the inspector(s) spoke with Executive Director, Director of Care, Associate Director of Care, Regional Director for the licensee, registered staff, personal support workers, residents, family of a resident.

During the course of the inspection, the inspector(s) observed resident care, reviewed resident and home records.

The following Inspection Protocols were used during this inspection:

Dining Observation

Falls Prevention

Personal Support Services

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

**WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order**

Legendé

**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. 221. Additional training — direct care staff

Specifically failed to comply with the following:

s. 221. (2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 76 (7) of the Act based on the following:

1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 76 (7) of the Act. O. Reg. 79/10, s. 221 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that direct care staff is provided with training in falls prevention and management annually.

Record review and staff interviews confirm that the majority of direct care staff did not receive training in falls prevention and management in 2012 or in 2013.

Home records and staff interviews confirm the following:

-37 % of direct care staff received training in falls management in 2012

-45 % of direct care staff received training in falls management in 2013.

Staff interviews confirm that the licensee does not assess the individual training needs of

staff. [s. 221. (2) 1.]



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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 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).

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

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

Findings/Faits saillants :



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

Resident # 1 experienced 3 falls between June 16 and July 7, 2013.

The resident's plan of care does not give clear directions to front line staff regarding the resident's risk for falls and interventions to be taken to prevent further falls.

At the time of the inspection, three different versions of the resident's plan of care were available to various front line staff.

The current electronic version of the resident's plan of care is dated September 30, 2013, and is available to registered staff only. This plan of care does not note the fact that the resident is at risk for falls, and does not direct the staff in the use of specific interventions to prevent falls for this resident. Several examples of fall prevention interventions are noted, but with no explanation as to how or when the staff should carry them out for resident # 1.

A paper version of resident # 1's plan of care is available to all staff on the nursing unit. This paper copy of the plan of care, dated June 18, 2013, was amended in pen on June 25 and July 8, 2013 to include the fact that the resident is at high risk for falls and notes several interventions to prevent future falls.

The third version of the resident's plan of care is an electronic kardex available to personal support workers (PSWs) on the home's Point of Care documentation system. This kardex does not note that the resident is at risk for falls, and does not include interventions to prevent future falls. [s. 6. (1) (c)]

2. The licensee has failed to ensure that staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other.

Record review confirms that on October 7, 2013, the physician for resident # 4 ordered that Dementia Observation System (DOS) monitoring, a behavioural tracking tool, be completed for the resident for 14 days. Staff interviews and record review confirm that this monitoring took place less than 6 out of 14 days.

Record review confirms that on July 22, 2013 the physician for Resident # 5 ordered that the behavioural tracking tool be completed for seven days. Resident # 5's behavioural tracking tool was completed for 5 days, and only between 0700h and 1500h daily. [s. 6. (4) (a)]

3. The licensee has failed to ensure that the care set out in the plan of care is



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provided to the resident as specified in the plan.

The plan of care and kardex for resident # 1 states that the resident is to be walked to the dining room daily for lunch and that the resident is to be walked to programs activities. Staff interviews confirm that the staff have not been walking the resident to one meal daily or to programs. [s. 6. (7)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that

-plans of care for residents set out clear directions to staff and others who provide care

-staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other

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

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 9. Restorative care

Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that there is an organized interdisciplinary program with a restorative care philosophy that,
(a) promotes and maximizes independence; and 2007, c. 8, s. 9 (1).
(b) where relevant to the resident's assessed care needs, includes, but is not limited to, physiotherapy and other therapy services which may be either arranged or provided by the licensee. 2007, c. 8, s. 9 (1).

Findings/Faits saillants :



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1. The licensee has failed to ensure that there is an interdisciplinary restorative care program that:

- (a) promotes and maximizes independence, and
- (b) includes, but is not limited to, physiotherapy and other therapy services, where relevant, which may be arranged or provided by the licensee.

Interviews with several staff members, including the Director of Care, confirm that a restorative care program is not currently operational in the home. [s. 9. (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 an there is an interdisciplinary restorative care program that:

- (a) promotes and maximizes independence, and***
- (b) includes, but is not limited to, physiotherapy and other therapy services, where relevant, which may be arranged or provided by the licensee, to be implemented voluntarily.***

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 57. Integrating restorative care into programs

Every licensee of a long-term care home shall ensure that,

- (a) restorative care approaches are integrated into the care that is provided to all residents; and**
- (b) the restorative care approaches are co-ordinated to ensure that each resident is able to maintain or improve his or her functional and cognitive capacities in all aspects of daily living, to the extent of his or her abilities. O. Reg. 79/10, s. 57.**

Findings/Faits saillants :



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1. The licensee has failed to ensure that restorative care approaches are coordinated so that the resident is able to maintain or improve their functional and cognitive capacities in all aspects of daily living, to the extent of their abilities.

Resident # 1 is able to walk, but requires the use of a wheelchair to prevent falls. The resident's plan of care calls for staff to walk the resident to the dining room for lunch and to activities programs daily using a rollator walker. Staff interviews confirm that the resident has not been walked to lunch or to activities programs daily. Staff interviews confirm that the only time the resident is consistently walked is during physiotherapy treatments three times weekly [s. 57. (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 restorative care approaches are coordinated so that the resident is able to maintain or improve their functional and cognitive capacities in all aspects of daily living, to the extent of their abilities, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :



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1. The licensee has failed to ensure that each resident is offered planned menu items at each meal and snack.

Observations and staff interviews confirmed that on October 15, 2013 during the lunch meal in the main floor dining room, diabetic residents were not offered both planned menu items for dessert. Two of the three PSWs serving the residents were unaware of the home's policy that diabetic residents can receive regular puddings or jellos.

This policy was confirmed by the home's Food Service Manager.

Two PSWs stated they normally offer only the fruit option to diabetics for dessert, as they were unaware that the diabetic residents could have the regular pudding option.

[s. 71. (4)]

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 each resident is offered planned menu items at each meal and snack, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

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. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :



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-
1. The licensee has failed to ensure that the 7-day menu is communicated to residents. Observations and staff interview during a lunch observation in Nobles Corner dining room on October 15, 2013, confirmed that a current weekly menu was not displayed where the residents could observe it. The home's registered dietitian confirmed this with the inspector after informing the dietary aide of the wrong menu being posted. The dietary aide posted the correct weekly menu at 1250h. [s. 73. (1) 1.]
 2. The home's Food Service Manager confirmed that weekly menus are communicated to residents via posting outside the dining room and menus for the following week are to be posted on Sundays. [s. 73. (1) 1.]
-

Issued on this 4th day of December, 2013

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

Avaan Liu (178)



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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*

**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) :** SUSAN LUI (178), SUSAN SEMEREDY (501)

**Inspection No. /
No de l'inspection :** 2013_159178_0024

**Log No. /
Registre no:** T-522-13/T-512-13

**Type of Inspection /
Genre d'inspection:** Complaint

**Report Date(s) /
Date(s) du Rapport :** Dec 4, 2013

**Licensee /
Titulaire de permis :** REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA,
ON, L5R-4B2

**LTC Home /
Foyer de SLD :** SHERWOOD COURT LONG TERM CARE CENTRE
300 Ravineview Drive, Maple, ON, L6A-3P8

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** ~~SANDRA CARDILLO~~
Ruth Coleman

To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:



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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

Order # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 221. (2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 76 (7) of the Act based on the following:

1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 76 (7) of the Act.
2. If the licensee assesses the individual training needs of a staff member, the staff member is only required to receive training based on his or her assessed needs. O. Reg. 79/10, s. 221 (2).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that all direct care staff receive training in falls prevention and management annually, or as per their individual training needs based on an assessment conducted by the licensee.

Plan shall be submitted to Inspector #178, Susan Lui, at susan.lui@ontario.ca by December 20, 2013.

Grounds / Motifs :

1. The licensee has failed to ensure that direct care staff are provided with training in falls prevention and management annually.

Record review and staff interviews confirm that the majority of direct care staff did not receive training in falls prevention and management in 2012 or in 2013.

Home records and staff interviews confirm the following:

-37 % of direct care staff received training in falls management in 2012

-45 % of direct care staff received training in falls management in 2013.

Staff interviews confirm that the licensee does not assess the individual training needs of staff. (178)



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de soins de longue durée*, L.O. 2007, chap. 8

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Feb 28, 2014



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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.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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de l'article 154 de la *Loi de 2007 sur les foyers
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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 4th day of December, 2013

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur :

SUSAN LUI

Service Area Office /

Bureau régional de services : Toronto Service Area Office