



Ministry of Health and
Long-Term Care

Ministère de la Santé et des
Soins de longue durée

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

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

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

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

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 22, 2017	2017_664602_0025	018659-17, 018950-17	Complaint

Licensee/Titulaire de permis

The Corporations of the United Counties of Leeds and Grenville, the City of Brockville,
the Town of Gananoque and the Town of Prescott
c/o St. Lawrence Lodge 1803 County Road 2 BROCKVILLE ON K6V 5T1

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

ST. LAWRENCE LODGE
1803 County Road, #2 East Postal Bag #1130 BROCKVILLE ON K6V 5T1

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

WENDY BROWN (602)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): August 14 and 15, 2017

018659-17 - complaint regarding resident care and need for hospitalization - query possible trend

018950-17 - complaint regarding resident care, poor intake and need for hospitalization - no notification of SDM/POA

During the course of the inspection, the inspector(s) spoke with residents, family members, Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), the Assistant Director of Care (ADOC), the Director of Care (DOC) as well as a Brockville General Hospital admitting physician and a patient flow coordinator.

The following Inspection Protocols were used during this inspection:

Medication

Nutrition and Hydration

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

2 WN(s)

1 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs



Specifically failed to comply with the following:

s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).

(b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).

(c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).

(e) a weight monitoring system to measure and record with respect to each resident,

(i) weight on admission and monthly thereafter, and

(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits saillants :

The licensee has failed to ensure that interventions to mitigate and manage identified risks related to nutrition and hydration for resident #001 as outlined in their nutrition hydration program were implemented.

Resident #001 suffered a significant decline in intake with increased lethargy, weakness, and responsiveness over a specified period was assessed by the home's registered dietitian (RD). The dietitian suggested post assessment that the resident be transferred to hospital where the resident was admitted.

The home's Hydration Policy 0401-03-76 is in place to ensure that resident receive adequate amounts of fluid daily in order to minimize the risk of dehydration. Procedure items 5) - 8) specifically indicate that fluid intake is to be noted on the Resident Care Flow Sheet and that intake of less than 50% is to be reported to the RN for assessment and possible follow up. Fluid intake of less than 50% in excess of 24 hours will necessitate intake/output be recorded and a referral to the Dietitian initiated. A heightened awareness of fluid intake will be noted in those residents at increased risk including Insulin Dependent Diabetics, those with Stage II, III, or IV ulcers, whose weight



is below ideal or who have swallowing problems.

A review of Resident Care Flow Sheets belonging to resident #001, for a specified period identified that food and fluid intake was completed 41% of the time. The Director of Care (DOC) acknowledged that documentation on flow sheets is “not good” and indicated that this was referenced in part of a previous inspection. The DOC advised that since the previous inspection report they have done audits and remain concerned that their documentation, i.e. on flow sheets, continues to require improvement. They have reviewed the problem with staff, however, it was agreed that the poor documentation for resident #001 who was admitted to hospital highlights that "we still need to get better". The DOC indicated that although the documentation was poor, staff, the physician and the RD were involved and monitoring resident #001. The DOC acknowledged that progress notes indicated that it was the family's insistence that stimulated the RD's assessment which was resulted in a transfer to hospital.

A review of progress notes indicate an accelerated decline in intake on a specified date. The Resident Care Flow Sheets intake section was not completed on multiple dates prior to and during the accelerated decline.

There was limited to no documentation specific to communication amongst direct care nursing staff, with the physician, RD or family regarding poor intake.

On a specified date the ADOC confirmed that Daily Care Flow Sheet documents are to be referenced as part of a registered staffs assessment of nutrition /hydration status and as part of the dietitian's assessment of same. Inspector #602's multiple interviews with both registered and unregistered staff specific to the completion and use of flow sheets were reviewed. PSWs shared that they were aware of the need to enter intake amounts on flow sheets and that they try to consistently complete this documentation, however, this is not always possible given high direct care needs of many residents and resulting limited time for documentation. Registered staff indicated they try to note intake themselves and when they are unsure as to amounts they will verbally connect with the PSWs vs. accessing the flow sheets as part of their assessment The ADOC confirmed that flow sheets are not being completed consistently by PSWs and that registered staff aren't yet using this documentation as part of their assessments despite efforts by herself and the DOC to improve in this area.

The home failed to ensure that interventions to mitigate and manage identified risks related to nutrition and hydration for resident #001 as outlined in their nutrition hydration program were implemented despite the home's policy indicating that a “heightened



awareness of fluid intake will be noted in those residents at increased risk including Insulin Dependent Diabetics, those with Stage II, III, or IV ulcers, whose weight is below ideal or who have swallowing problems”.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the “Order(s) of the Inspector”.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions

Specifically failed to comply with the following:

s. 135. (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident and every adverse drug reaction is,
(a) documented, together with a record of the immediate actions taken to assess and maintain the resident’s health; and O. Reg. 79/10, s. 135 (1).
(b) reported to the resident, the resident’s substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the drug, the resident’s attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider. O. Reg. 79/10, s. 135 (1).

Findings/Faits saillants :



1. The licensee failed to ensure that medication incidents occurring on specific dates were documented and that immediate action was taken to assess and maintain the resident's health including notification of the resident's physician and POA.

A review of resident #001's Medication Administration Record (MAR) revealed that medication incidents occurring on three separate dates were not documented together with a record of any immediate actions taken to assess and maintain the resident's health.

MAR documentation indicated that Resident #001 refused four different medications over several dates. There was no documentation of follow-up/action taken specific to the non-administration of these medications on any of the dates. In addition, there is no documentation as to notification of resident #001's physician or Substitute Decision Maker (SDM)/Power of Attorney (POA).

The home's Safe Medication Administration Policy 0401-02-34 indicates registered staff must "ensure resident outcomes are monitored, followed up and documented including the effectiveness of medication administered side effects and adverse reactions." In a review of resident #001's electronic chart, the ADOC acknowledged that medication related documentation was absent and that the home's Safe Medication Administration policy specifically outlines that missed medication should be "flagged for follow up by the registered staff"; the ADOC advised that "follow up" should have included notification of the SDM/POA and/or the physician; neither of which was done/documentated.

Documentation regarding follow up/actions taken post missed medication incidents occurring on several different dates was not completed. There was no documentation found in the resident's electronic record or hard copy chart specific to any immediate actions being taken to assess and maintain the resident's health including notification of the resident's physician and/or SDM/POA. [s. 135. (1)]



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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 medication incidents, including medication refusals are documented with a record of the immediate actions taken to assess and maintain the resident's health including notification of the physician and the SDM/POA as appropriate, to be implemented voluntarily.

Issued on this 22nd day of September, 2017

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

Original report signed by the inspector.



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Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : WENDY BROWN (602)

Inspection No. /

No de l'inspection : 2017_664602_0025

Log No. /

No de registre : 018659-17, 018950-17

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Sep 22, 2017

Licensee /

Titulaire de permis : The Corporations of the United Counties of Leeds and
Grenville, the City of Brockville, the Town of Gananoque
and the Town of Prescott
c/o St. Lawrence Lodge, 1803 County Road 2,
BROCKVILLE, ON, K6V-5T1

LTC Home /

Foyer de SLD : ST. LAWRENCE LODGE
1803 County Road, #2 East, Postal Bag #1130,
BROCKVILLE, ON, K6V-5T1

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :** Tom Harrington



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

To The Corporations of the United Counties of Leeds and Grenville, the City of Brockville, the Town of Gananoque and the Town of Prescott, you are hereby required to comply with the following order(s) by the date(s) set out below:



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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. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration;

(b) the identification of any risks related to nutrition care and dietary services and hydration;

(c) the implementation of interventions to mitigate and manage those risks;

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and

(e) a weight monitoring system to measure and record with respect to each resident,

(i) weight on admission and monthly thereafter, and

(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Order / Ordre :

The licensee is hereby ordered to ensure that nutrition care and hydration program interventions are implemented to mitigate and manage risks including the monitoring and evaluation of the food and fluid intake of residents with identified risks related to nutrition and hydration. The home will:

Ensure all residents assessed as high risk related to nutrition and hydration have this risk included in the plan of care which will include specific direction as to required communication between registered and unregistered front line nursing staff each shift, as well as with the registered dietitian, physician and family as appropriate.

Implement a system to ensure registered and unregistered front line nursing staff complete, access and review daily care flow sheets and intake output worksheets at each shift change for every resident designated as high risk for nutrition and/or hydration.

Develop a written process to regularly audit all residents identified at high risk for nutrition and hydration including the required completion and review of daily care flow sheets: eating and intake sections as part of monitoring, reporting and evaluation of resident nutrition/hydration status outlined in the nutrition care and hydration program specifically Hydration Procedures 0401-03-76 and Intake/Output Procedures 0401-03-22.

Address any failures to complete, report on, and/or use required documentation identified in the Hydration and Intake/Output Procedures found during the regular audits. All corrective action will be documented and follow up completed in a timely manor to ensure compliance with the nutrition care and hydration program.

Grounds / Motifs :

1. The licensee has failed to ensure that interventions to mitigate and manage identified risks related to nutrition and hydration for resident #001 as outlined in their nutrition hydration program were implemented.

Resident #001 suffered a significant decline in intake with increased lethargy, weakness, and responsiveness over a specified period was assessed by the home's registered dietitian (RD). The dietitian suggested post assessment that the resident be transferred to hospital where the resident was admitted.

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A review of Resident Care Flow Sheets belonging to resident #001, for a specified period identified that food and fluid intake was completed 41% of the time. The Director of Care (DOC) acknowledged that documentation on flow sheets is "not good" and indicated that this was referenced in part of a previous inspection. The DOC advised that since the previous inspection report they have done audits and remain concerned that their documentation, i.e. on flow sheets, continues to require improvement. They have reviewed the problem with staff, however, it was agreed that the poor documentation for resident #001 who was admitted to hospital highlights that "we still need to get better". The DOC indicated that although the documentation was poor, staff, the physician and the RD were involved and monitoring resident #001. The DOC acknowledged that progress notes indicated that it was the family's insistence that stimulated the RD's assessment which was resulted in a transfer to hospital.

A review of progress notes indicate an accelerated decline in intake on a specified date. The Resident Care Flow Sheets intake section was not completed on multiple dates prior to and during the accelerated decline. There was limited to no documentation specific to communication amongst direct care nursing staff, with the physician, RD or family regarding poor intake.

On a specified date the ADOC confirmed that Daily Care Flow Sheet documents are to be referenced as part of a registered staffs assessment of nutrition /hydration status and as part of the dietitian's assessment of same. Inspector #602's multiple interviews with both registered and unregistered staff specific to the completion and use of flow sheets were reviewed. PSWs shared that they were aware of the need to enter intake amounts on flow sheets and that they try to consistently complete this documentation, however, this is not always possible given high direct care needs of many residents and resulting limited



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Pursuant to section 153 and/or
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**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

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time for documentation. Registered staff indicated they try to note intake themselves and when they are unsure as to amounts they will verbally connect with the PSWs vs. accessing the flow sheets as part of their assessment. The ADOC confirmed that flow sheets are not being completed consistently by PSWs and that registered staff aren't yet using this documentation as part of their assessments despite efforts by herself and the DOC to improve in this area.

The home failed to ensure that interventions to mitigate and manage identified risks related to nutrition and hydration for resident #001 as outlined in their nutrition hydration program were implemented despite the home's policy indicating that a "heightened awareness of fluid intake will be noted in those residents at increased risk including Insulin Dependent Diabetics, those with Stage II, III, or IV ulcers, whose weight is below ideal or who have swallowing problems".

(602)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 30, 2017



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



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

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

Health Services Appeal and Review Board and the Director

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

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

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



**Ministry of Health and
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*

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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
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e 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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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
Inspection de soins de longue durée
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 22nd day of September, 2017

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

**Name of Inspector /
Nom de l'inspecteur :** Wendy Brown

**Service Area Office /
Bureau régional de services :** Ottawa Service Area Office