



**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**

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

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
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Bureau régional de services de
Hamilton
119 rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
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Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 8, 2016	2016_189120_0002	010950, 010952, 010953, 010956-15	Follow up

Licensee/Titulaire de permis

TYNDALL NURSING HOME LIMITED
1060 EGLINTON AVENUE EAST MISSISSAUGA ON L4W 1K3

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

TYNDALL NURSING HOME
1060 EGLINTON AVENUE EAST MISSISSAUGA ON L4W 1K3

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 21, 22, 2016

An inspection (2015-338147-0009) was previously conducted April 20-May 4, 2015 at which time 9 Orders were issued. For this follow-up inspection, compliance with respect to Orders #003 (Staff training on Abuse), #005 (Staff training on use of lifts and wheelchairs), #006 (Communication strategies), #007 (Written procedures for dealing with complaints) and #009 (Maintenance Services) was determined. All Orders were closed with the exception of #006. See below for details.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Associate Director of Care (ADOC), Activation Manager, Resident Services Co-ordinator, residents and non-registered staff.

During the course of the inspection, the inspector toured the home, including the majority of resident rooms, washrooms, tub and shower rooms and common areas, reviewed in-home staff education attendance records for lift and transfer training, prevention of abuse training, reviewed the home's complaint log and complaint response policy and procedure, communication policy, maintenance procedures, schedules and maintenance audits.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Personal Support Services

Reporting and Complaints

Training and Orientation

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)



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 100.	CO #007	2015_338147_0009		120
O.Reg 79/10 s. 36.	CO #005	2015_338147_0009		120
LTCHA, 2007 S.O. 2007, c.8 s. 76. (7)	CO #003	2015_338147_0009		120
O.Reg 79/10 s. 90. (1)	CO #009	2015_338147_0009		120

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. 43. Every licensee of a long-term care home shall ensure that strategies are developed and implemented to meet the needs of residents with compromised communication and verbalization skills, of residents with cognitive impairment and of residents who cannot communicate in the language or languages used in the home. O. Reg. 79/10, s. 43.

Findings/Faits saillants :

1. The licensee failed to ensure that strategies were developed and implemented to meet the needs of residents who could not communicate in the language or languages used in



the home.

The languages spoken by staff in the home was primarily in English, with one staff member who spoke in an identified language. One activation staff member, who worked during the days reported that she was able to speak the identified language and had interacted with residents in the home who spoke the identified language. Confirmation was made with the Activation Manager and Associate Director of Care (ADOC) that no direct care staff spoke in this identified language in the home and no staff were available in the home prior to 8:30 a.m. or after 6 p.m.

A) A review of the plan of care for resident #101 and interview with the resident and staff confirmed that the resident's primary language for communication was an identified language and that some English words were "usually understood but that they may miss some part or intent of the message." The care plan (available to direct care staff) confirmed that the resident had impaired visual function and could only see large print while wearing glasses. The care plan directed staff to use gestures, facial expressions and words to communicate with the resident.

During a previous inspection conducted on April 29, 2015, the inspector issued non compliance as the resident reported to an independent interpreter that they were unable to understand the staff when the gestures, words or facial expressions were employed as instructed by the care plan. No other interventions were available and a policy had not been developed at the time.

During this inspection, the ADOC reported that since the last inspection, they have incorporated black and white drawings with the resident to assist in communications. However, the date this intervention was added to the residents' plan of care or care plan was not included. The drawings were observed to be hung on the wall above the head of the resident's bed at the time of inspection. The drawings were in black and white and were of activities such as drinking, eating, grooming, objects such as the telephone, bed, grooming supplies, clock, television, feelings and comfort. When the resident was interviewed with the assistance of an independent interpreter, they stated that they could not see out of their right eye and the sight out of their left eye was partial and that the drawings were of no assistance because they could not see them well. They also reported that they did occasionally speak to the activation staff member during the day and were grateful for their assistance. However, no one else spoke to them in the identified language and efforts to use gestures, facial expressions, words and the black



and white drawings did not help them understand in most cases what was being asked. The Associate Director of Care was not aware that the drawings were not helpful and she had not re-evaluated the intervention after it was instituted to determine if the resident's needs were met. No other communication options were available to the resident between 8:30 a.m. and 6 p.m. and on most weekends when the activation staff member was not present.

B) A review of the plan of care for resident #102 and interview with the resident and staff confirmed that the resident's primary language for communication was an identified language and that some English words. The care plan (available to direct care staff) dated December 2015 directed staff to use "non-verbal communication" and to ask staff, family or volunteer to translate when necessary and to "use pictures/ communication card posted on the wall to help staff and resident have better communication".

During a previous inspection conducted on April 29, 2015, the inspector issued non compliance as the resident reported to an independent interpreter that they were unable to understand the staff when "non verbal communication methods were employed". No other interventions were available and a policy had not been developed at the time.

During this inspection, the ADOC reported that since the last inspection, they have incorporated black and white drawings with the resident to assist in communications. The drawings were observed to be hung on the wall above the head of the resident's bed at the time of inspection. The drawings were of activities such as drinking, eating, grooming, objects such as the telephone, bed, grooming supplies, clock, television, feelings and comfort. When the resident was interviewed with the assistance of an independent interpreter, they stated that the drawings did not help as they were small, and posted behind the head of their bed. They also reported that they did occasionally speak to the activation staff member during the day and were grateful for their assistance. However, no one else spoke to them in the identified language and efforts to use non-verbal communication methods and the black and white drawings did not help them understand in most cases what was being asked. The Associate Director of Care was not aware that the drawings were not helpful and she had not re-evaluated the intervention after it was instituted to determine if the resident's needs were met. No other communication options were available to the resident unless their family was present or between 8:30 a.m. and 6 p.m. and on most weekends when the activation staff member



was not present.

The licensee did not develop and implement (and subsequently evaluate) strategies to meet the needs of residents who could not communicate in the language or languages used in the home. [s. 43]

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. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. As part of the organized program of maintenance services under clause 15(1)(c) of the Act, the licensee did not ensure that procedures and schedules were in place for routine, preventive and remedial maintenance.

The licensee's maintenance procedures were reviewed with the Administrator who confirmed that no additions or amendments were made to the maintenance policies and procedures since the last inspection conducted in April 2015. At that time, a condition that was included in Order #009 was to establish procedures as to how and how often vanities, walls, doors and door casings (and other interior surfaces) would be maintained. The procedures that were reviewed and were available at the time of inspection did not give any detailed guidance to the reader (maintenance person) as to the condition expectations for interior surfaces and furnishings, frequency of auditing, course of action (whether addressed by in home staff or contracted out for repair) or possible time frames for repair.

During the inspection, a tour of the home was completed and the following areas of disrepair were identified without a schedule for repair:

1. The flooring material in the shower area on the 2nd floor (room with tub) was observed to be cracked (approximately 4 inches long) along the cove where the floor and wall joined. This area was identified during an inspection in April 2015 and was incorrectly identified on the inspection report as the shower on the 3rd floor. However, according to the Administrator, audits were completed of all of the common areas in the home since April 2015, yet none of the audits included the cracked flooring material.
2. No vent covers were provided for the holes cut out into the walls supplying fresh air to showers on both the 2nd and 3rd floors. The lack of covers was previously identified on the inspection report from April 2015.
3. Holes were made in the walls just above the vanity near the ceiling in 221, 212, 214, and under the under the vanity in 217. The holes were made several months prior to access pipes and had not been sealed.
4. Three to four floor tiles were raised and lumpy in rooms #311 and #414. The Administrator was aware of some of the tiles identified and stated that they had been replaced in the past, but she did not have a schedule established to address them. [s. 90(1)(b)]



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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 that procedures are in place for routine, preventive and remedial maintenance, to be implemented voluntarily.

Issued on this 8th day of February, 2016

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

Original report signed by the inspector.



Ministry of Health and
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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

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : BERNADETTE SUSNIK (120)

Inspection No. /

No de l'inspection : 2016_189120_0002

Log No. /

Registre no: 010950, 010952, 010953, 010956-15

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Feb 8, 2016

Licensee /

Titulaire de permis : TYNDALL NURSING HOME LIMITED
1060 EGLINTON AVENUE EAST, MISSISSAUGA, ON,
L4W-1K3

LTC Home /

Foyer de SLD : TYNDALL NURSING HOME
1060 EGLINTON AVENUE EAST, MISSISSAUGA, ON,
L4W-1K3

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Patricia Bedord

To TYNDALL NURSING HOME LIMITED, 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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Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Order # /
Ordre no : 001 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /
Lien vers ordre 2015_338147_0009, CO #006;
existant:

Pursuant to / Aux termes de :

O.Reg 79/10, s. 43. Every licensee of a long-term care home shall ensure that strategies are developed and implemented to meet the needs of residents with compromised communication and verbalization skills, of residents with cognitive impairment and of residents who cannot communicate in the language or languages used in the home. O. Reg. 79/10, s. 43.

Order / Ordre :

The licensee shall:

1. Provide English speaking staff who care for residents #101 and #102 with training on the use of available communication tools, strategies or interventions to meet the needs of residents #101 and #102 and other residents who do not communicate in the language or languages used in the home.
2. Develop a policy and procedures which clearly identifies how residents with different communication barriers such as verbal & auditory impairments, cognitive impairments and language barriers will be accommodated to meet their individual needs.
3. Include in the policy, a time frame in which to re-assess the intervention or strategy that was implemented to ensure that the strategy or intervention met the needs of the residents.

Grounds / Motifs :

1. The licensee failed to ensure that strategies were developed and implemented to meet the needs of residents who could not communicate in the language or languages used in the home.

The languages spoken by staff in the home was primarily in English, with one staff member who spoke in an identified language. One activation staff member, who worked during the days reported that she was able to speak in the identified language and had interacted with residents in the home who spoke the language.

Confirmation was made with the Activation Manager and Associate Director of Care (ADOC) that no direct care staff spoke in the identified language and no staff were available in the home prior to 8:30 a.m. or after 6 p.m.

A) A review of the plan of care for resident #101 and interview with the resident and staff confirmed that the resident's primary language for communication was an identified language and that some English words were "usually understood but that they may miss some part or intent of the message." The care plan (available to direct care staff) confirmed that the resident had impaired visual function and could only see large print while wearing glasses. The care plan directed staff to use gestures, facial expressions and words to communicate with the resident.

During a previous inspection conducted on April 29, 2015, the inspector issued non compliance as the resident reported to an independent interpreter that they were unable to understand the staff when the gestures, words or facial expressions were employed as instructed by the care plan. No other interventions were available and a policy had not been developed at the time.

During this inspection, the ADOC reported that since the last inspection, they have incorporated black and white drawings with the resident to assist in communications. However, the date this intervention was added to the residents' plan of care or care plan was not included. The drawings were observed to be hung on the wall above the head of the resident's bed at the time of inspection. The drawings were in black and white and were of activities such as drinking, eating, grooming, objects such as the telephone, bed, grooming supplies, clock, television, feelings and comfort. When the resident was interviewed with the assistance of an independent interpreter, they stated that they could not see out of their right eye and the sight out of their left eye was partial and that the drawings were of no assistance because they could not see them well. They also reported that they did occasionally speak to the activation staff member during the day and were grateful for their assistance. However, no one else spoke to them in the identified language and efforts to use gestures, facial expressions, words and the black and white drawings did not help them understand in most cases what was being asked. The Associate Director of Care was not aware that the drawings were not helpful and she had not re-evaluated the intervention after it was instituted to determine if the resident's needs were met. No other communication options were available to the resident between 8:30 a.m. and 6 p.m. and on most weekends when the activation staff



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

member was not present.

B) A review of the plan of care (included MDS assessment dated October 11, 2015) for resident #102 and interview with the resident and staff confirmed that the resident's primary language for communication was an identified language and that some English words were "usually understood but that they may miss some part or intent of the message." The care plan (available to direct care staff) directed staff to use "non-verbal communication" and to ask staff, family or volunteer to translate when necessary and to "use pictures/communication card posted on the wall to help staff and resident have better communication".

During a previous inspection conducted on April 29, 2015, the inspector issued non compliance as the resident reported to an independent interpreter that they were unable to understand the staff when "non verbal communication methods were employed". No other interventions were available and a policy had not been developed at the time.

During this inspection, the ADOC reported that since the last inspection, they have incorporated black and white drawings with the resident to assist in communications. The drawings were observed to be hung on the wall above the head of the resident's bed at the time of inspection. The drawings were of activities such as drinking, eating, grooming, objects such as the telephone, bed, grooming supplies, clock, television, feelings and comfort. When the resident was interviewed with the assistance of an independent interpreter, they stated that the drawings did not help as they were small, and posted behind the head of their bed. They also reported that they did occasionally speak to the activation staff member during the day and were grateful for their assistance. However, no one else spoke to them in the identified language and efforts to use non-verbal communication methods and the black and white drawings did not help them understand in most cases what was being asked. The Associate Director of Care was not aware that the drawings were not helpful and she had not re-evaluated the intervention after it was instituted to determine if the resident's needs were met. No other communication options were available to the resident unless their family was present or between 8:30 a.m. and 6 p.m. and on most weekends when the activation staff member was not present.



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Ordre(s) de l'inspecteur

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The licensee did not develop and implement (and subsequently evaluate) strategies to meet the needs of residents who could not communicate in the language or languages used in the home. (120)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 31, 2016



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**Ministère de la Santé et
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de l'article 154 de la *Loi de 2007 sur les foyers
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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, 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
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 8th day of February, 2016

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

**Name of Inspector /
Nom de l'inspecteur :** BERNADETTE SUSNIK

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