



**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 prévue  
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**

Central West Service Area Office  
500 Weber Street North  
WATERLOO ON N2L 4E9  
Telephone: (888) 432-7901  
Facsimile: (519) 885-9454

Bureau régional de services du  
Centre-Ouest  
500 rue Weber Nord  
WATERLOO ON N2L 4E9  
Téléphone: (888) 432-7901  
Télécopieur: (519) 885-9454

## **Amended Public Copy/Copie modifiée du public**

<b>Report Date(s)/ Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log #/ No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 23, 2019	2018_610633_0016 (A1) (Appeal\Dir#: DR# 105)	001638-18, 001639-18, 001640-18	Follow up

### **Licensee/Titulaire de permis**

Revera Long Term Care Inc.  
5015 Spectrum Way, Suite 600 MISSISSAUGA ON L4W 0E4

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

The Village Seniors Community  
101-10th Street HANOVER ON N4N 1M9

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

Amended by Wendy Lewis (Director) - (A1)(Appeal\Dir#: DR# 105)

## **Amended Inspection Summary/Résumé de l'inspection modifié**



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**NOTE: This report has been revised to reflect a decision of the Director on a review of the Inspector's order(s): CO#001.  
The Director's review was completed on December 11, 2018.  
Order(s) was/were rescinded and substituted with a Director Order to reflect the Director's review DR# 105.  
A copy of the Director Order is attached.**

**Issued on this 23rd day of January, 2019 (A1)(Appeal\Dir#: DR# 105)**

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

**Original report signed by the inspector.**



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Amended by Wendy Lewis (Director) - (A1)(Appeal/Dir# DR# 105)

**Amended 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): August 13-17, 20-23, 2018.**



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**The following Follow up intakes from inspection 2017\_363659\_0022 were completed during this inspection:**

**Log #001638-18- Follow up to order #001 related to 24/7 nursing.**

**Log #001639-18- Follow up to order #002 related to the home's staffing plan.**

**Log #001640-18- Follow up to order #003 related to DOC staffing.**

**Non-compliance identified from Log #023215-17/2018\_610633\_0017 that was completed concurrently during this inspection related to LTCHA, 2017, s. 8.(3) has been issued in this report.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care, the Nutrition Manager, Registered Nurses, Registered Practical Nurses, a Physiotherapy Assistant, Personal Support Workers, a Health Care Aide, a Ward Clerk and residents.**

**The inspector(s) also observed residents, dining and care. In addition, the clinical records and plans of care for the identified residents and the home's relevant documentation, that included relevant policies and procedures, were reviewed.**

**The following Inspection Protocols were used during this inspection:**

**Continence Care and Bowel Management**

**Dining Observation**

**Personal Support Services**

**Sufficient Staffing**



During the course of the original 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 # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 213. (1)	CO #003	2017_363659_0022	633
O.Reg 79/10 s. 31. (3)	CO #002	2017_363659_0022	633



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>Légende</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 LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff of the home was on duty and present at all times unless there was an allowable exception to this requirement.



A review of the registered staff schedules during a specific time period showed that there was no RN present and working at the home for two partial shifts and two full shifts (4/180 shifts or 2.2%) during this time period.

The homes staffing plan, titled "Revera, The Village Seniors Community LTC Staffing Plan 2018" stated that there was to be at least one Registered Nurse (RN) that did not include the Director of Care (DOC) on duty and present at all times.

The DOC said that they were on-call and agreed that there was no RN present and working in the home for the identified shifts. [s. 8. (3)] (728)

2. Compliance order #001 from inspection 2017\_363659\_0022 related to s. 8. (3) of the LTCHA, 2017, had a compliance due date of February 28, 2018. The following is further evidence to support this order.

A Critical Incident (CI) report was submitted to the Ministry of Health and Long-Term Care. This CI stated that a Registered Practical Nurse (RPN) did not administer a resident's medication after an incident on a specific date.

A review of the home's investigation records, the identified resident's plan of care, that included their paper chart, and staff interviews with Registered Practical Nurses (RPNs) who were present when the incident occurred stated that there was miscommunication between the two RPNs and the order of a specific medication should have been clarified with the Physician and given to the identified resident before the standardized administration times at the home. There was no RN working at the time of this incident for the RPNs to consult with.

The registered staff schedules, RPNs, the DOC and the Executive Director (ED) acknowledged that there was no RN present and working at the home when this incident occurred.

The licensee has failed to ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home on September 29, 2017. [s. 8. (3)] (633)

***Additional Required Actions:***



**(A1)(Appeal/Dir# DR# 105)**

**The following order(s) have been rescinded: CO# 001**

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence**

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

**s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.**

**Findings/Faits saillants :**

1. The licensee has failed to comply with the following requirement of the LTCHA: it is a condition of every licensee that the licensee shall comply with every order made under this Act.

On December 21, 2017, the following compliance order (CO #002) from inspection number 2017\_363659\_0022 was made under O. Reg 79/10, s. 31. (3) was issued:

The licensee will ensure their staffing plan provides for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and Regulation. In addition, the plan will promote continuity of care by minimizing the number of different staff who provide nursing and personal support services to each resident; and include a back-up plan for nursing and personal care staffing that addresses situations when staff cannot come to work.

Additionally, the home will ensure that the staffing mix provides for the care needs of the residents including:

a) Seven identified residents and all residents receive two baths a week per the





residents' assessed care needs;

- b) Three identified residents and all residents receive the appropriate assistance with feeding per the residents' assessed care needs; and
- c) Two identified residents and all residents receive the appropriate assistance with toileting as per the resident's assessed care need.

The compliance date was February 28, 2018.  
The licensee completed steps b) and c) in CO #002.  
The licensee failed to complete step a).

The plan of care for the identified residents in a) of CO #002 were reviewed and stated that four residents were no longer at the home.

The plan of care for three residents was reviewed for a specific period of time related to missed bathing and stated the following:

1. One resident did not receive 2/16 baths (12%). There were no documented bath refusals in their progress notes or Point of Care (POC).
2. Another resident did not receive 3/16 baths (19%). There were no documented refusals in their progress notes or POC.

Personal Support Workers (PSWs) said that residents were to receive two baths per week and bath refusals were documented in POC.

The Ward Clerk reviewed the PSW schedules for a specific period of time and stated that on 36/60 days (60%) the home was short PSWs however many of these days that the home was short PSWs were short shifts. They also said that there were currently seven open PSW lines however staff lines moved around and staffing at the home had improved generally.

The DOC stated that the expectation was that resident's receive two baths per week. The DOC reviewed the POC look back report the resident care plans and progress notes related to the identified residents and the home's Personal Support Worker (PSW) schedules and they agreed that the missed baths were related to staff shortages at the home. The DOC explained that a new staffing plan related to bathing had just been implemented at the home. The Executive Director (ED) confirmed that PSW recruitment efforts were on-going.

The licensee has failed to comply with order #002 from inspection



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2017\_363659\_0022 that was made under the LTCHA, 2007. [s. 101. (3)] (633)

***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 the licensee complies with every order  
made under the LTCHA., to be implemented voluntarily.***

**Issued on this 23rd day of January, 2019 (A1)(Appeal/Dir# DR# 105)**

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

**Original report signed by the inspector.**



**Order(s) of the Inspector**

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

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

Aux termes de l'article 153 et/ou de  
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Inspection de soins de longue durée

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**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** Amended by Wendy Lewis (Director) - (A1)  
(Appeal/Dir# DR# 105)

**Inspection No. /  
No de l'inspection :** 2018\_610633\_0016 (A1)(Appeal/Dir# DR# 105)

**Appeal/Dir# /  
Appel/Dir#:** DR# 105 (A1)

**Log No. /  
No de registre :** 001638-18, 001639-18, 001640-18 (A1)(Appeal/Dir#  
DR# 105)

**Type of Inspection /  
Genre d'inspection :** Follow up

**Report Date(s) /  
Date(s) du Rapport :** Jan 23, 2019(A1)(Appeal/Dir# DR# 105)

**Licensee /  
Titulaire de permis :** Revera Long Term Care Inc.  
5015 Spectrum Way, Suite 600, MISSISSAUGA,  
ON, L4W-0E4

**LTC Home /  
Foyer de SLD :** The Village Seniors Community  
101-10th Street, HANOVER, ON, N4N-1M9

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** Dylan Subject

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*,  
L. O. 2007, chap. 8

To Revera Long Term Care Inc., you are hereby required to comply with the following  
order(s) by the      date(s) set out below:



**Order(s) of the Inspector**

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

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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L. O. 2007, chap. 8

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**(A1)(Appeal/Dir# DR# 105)**

**The following Order(s) have been rescinded:**

**Order # /** 001      **Order Type /** Compliance Orders, s. 153. (1) (a)  
**Ordre no :**      **Genre d'ordre :**

**Linked to Existing Order/** 2017\_363659\_0022, CO #001;  
**Lien vers ordre existant :**

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).



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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, commercial courier 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

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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:



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Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

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](http://www.hsarb.on.ca).



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**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603





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L. O. 2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 23rd day of January, 2019 (A1)(Appeal/Dir# DR# 105)**

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

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

Amended by Wendy Lewis (Director) - (A1)  
(Appeal/Dir# DR# 105)



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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*,  
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Central West Service Area Office