



**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

Toronto Service Area Office
5700 Yonge Street, 5th Floor
TORONTO, ON, M2M-4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de
Toronto
5700, rue Yonge, 5e étage
TORONTO, ON, M2M-4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

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

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 30, 2013	2012_102116_0042	T876-12	Follow up

Licensee/Titulaire de permis

TORONTO LONG-TERM CARE HOMES AND SERVICES
55 JOHN STREET, METRO HALL, 11th FLOOR, TORONTO, ON, M5V-3C6

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

WESBURN MANOR
400 The West Mall, ETOBICOKE, ON, M9C-5S1

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

SARAN DANIEL-DODD (116)

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): December 10, 11, 12, 13, 19, 21, 24, 2012 & January 8, 9, 2013 (LTCH).

T876-12

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Housekeeping Services, Registered staff, Personal Support Workers(PSW) and residents.

During the course of the inspection, the inspector(s) reviewed health records of residents, in-service education records and the following home policies: Zero Tolerance for Abuse & Neglect, Resident Abuse & Neglect Investigation & Reporting, Urinary Continence Management, Managing & Reporting Complaints.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Continence Care and Bowel Management
Prevention of Abuse, Neglect and Retaliation
Training and Orientation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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



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Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

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

Findings/Faits saillants :



The following requirement was found to be in non compliance on April 4, 2012 and during this inspection.

The licensee did not ensure that the home, furnishings and equipment are kept clean and sanitary s.15.(2)(a).

1. During the inspection the following furnishings and equipment were observed not kept clean and sanitary:

- Several carpet stains were observed in a resident's lounge and corridor on a specified unit.
- Staff members reported to the inspector that the resident's washrooms and bedrooms floors were often not cleaned properly. Identified rooms that were reported to be cleaned were observed with soiled floors in both the bedroom and washrooms.
- During an interview with a staff member from housekeeping it was confirmed that all the resident's bedroom and washroom floors are cleaned and mopped on a daily basis.
- A housekeeper was observed leaving a resident bedroom after cleaning. The inspector entered the room and observed behind the toilet and the floors in both the bedroom and washroom to be soiled. The toilet seat, rim and floors in both the bedroom and washroom floors were soiled in another identified resident bedroom after cleaning.

2. The wheelchairs belonging to seven identified resident's were not kept clean and sanitary.

- An emergency wheelchair stored in an identified resident television lounge was also observed to be soiled and not kept clean and sanitary [s. 15. (2) (a)].

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. 221. Additional training — direct care staff



Specifically failed to comply with the following:

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

2. Skin and wound care. O. Reg. 79/10, s. 221 (1).

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

3. Continence care and bowel management. O. Reg. 79/10, s. 221 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that all staff who provide direct care to residents receive annual training relating to skin and wound care [s. 221. (1) 2.].

- Not all direct care staff members received training on skin and wound care for 2012.

2. The licensee failed to ensure that all staff who provide direct care to residents receive annual training relating to continence care and bowel management [s. 221. (1) 3.].

- Not all direct care staff members received training on continence care and bowel management for 2012.

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management



Specifically failed to comply with the following:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(f) there are a range of continence care products available and accessible to
residents and staff at all times, and in sufficient quantities for all required
changes; O. Reg. 79/10, s. 51 (2).**

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(h) residents are provided with a range of continence care products that,
(i) are based on their individual assessed needs,
(ii) properly fit the residents,
(iii) promote resident comfort, ease of use, dignity and good skin integrity,
(iv) promote continued independence wherever possible, and
(v) are appropriate for the time of day, and for the individual resident's type of
incontinence. O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :



1. The licensee failed to ensure that a range of continence products are available and accessible to residents and staff at all times, and in sufficient quantities for all required changes [s. 51. (2) (f)].

- Through interviews held with various staff members and residents it was confirmed that during a specified two-month period there were shortages in the quantities of incontinent products available for residents. Staff reported that the shortages resulted in resident's not being provided with the correct continent care product to meet the resident's needs.

- An interview held with a direct care staff member confirmed that each unit was provided with less than the required amount of continence care products per shift.

- Direct care staff members reported that resident's who required more frequent continence changes did not receive sufficient changes during the period to keep them dry and comfortable [s. 51. (2) (f)].

2. The licensee failed to ensure that residents are provided with a range of continence care products that properly fit the residents, promote resident comfort, ease of use, dignity and good skin integrity [s. 51. (2) (h) (iii)].

- Interviews held with staff and residents of the home confirm that during a specified two-month period there was not a range of continence care products available within the home.

- A direct care staff member confirmed that due to the lack of range in continence care products it resulted in residents being provided with inaccurate sizes. For example, a resident who would require a large brief would be provided with a medium and vice-versa.

- The plan of care for an identified resident documents that the resident is to have a large pull up brief. Power of Attorney (POA) for the resident reported to the Ministry that on several occasions the resident was observed wearing a medium sized brief [s. 51. (2) (h) (iii)].

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training



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Specifically failed to comply with the following:

s. 76. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).

Findings/Faits saillants :



1. Non compliance identified under inspection# 2012_102116_0045, Log#1640-12 is being issued under this inspection.

The licensee failed to ensure that persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or intervals provided for in the regulations. LTCHA, 2007, c.8, s. 76(4).[O.Reg 79/10 s. 219 (1)].

A staff member did not receive retraining related to fire prevention and safety.

- On a specified date a fire drill was conducted within the home. Interviews held with members of management reported that the fire captain assigned to an identified unit did not react to the fire drill as per the homes policy.
- Interviews held with members of management confirmed that the staff member has not received retraining on fire prevention and safety [s. 76. (4)].

2. The licensee failed to ensure that all staff receive retraining on the home policy to promote zero tolerance of abuse and neglect of residents.

- Interview held with a member of management confirmed that not all staff members were retrained on the home policy to promote zero tolerance of abuse and neglect of residents.
- Identified staff members who worked at the home in 2012 and have upcoming assigned shifts did not receive retraining on abuse [s. 76. (4)].

3. The licensee failed to ensure that staff receive retraining in the area of mandatory reporting prior to performing their responsibilities.

- Interview held with member of management confirmed that not all staff have received retraining on mandatory reporting.
 - Identified staff members have worked scheduled shifts within 2012 without receiving retraining on mandatory reporting [s. 76. (4)].
-



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THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 r. 51.	CO #001	2012_07649_0007	116
LTCHA, 2007 S.O. 2007, c.8 s. 6.	CO #001	2012_07649_0006	116
LTCHA, 2007 S.O. 2007, c.8 s. 6.	CO #002	2012_07649_0006	116
LTCHA, 2007 S.O. 2007, c.8 s. 6.	CO #001	2012_07649_0009	116
LTCHA, 2007 S.O. 2007, c.8 s. 19.	CO #001	2012_07649_0003	116

Issued on this 6th day of February, 2013

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





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) : SARAN DANIEL-DODD (116)

Inspection No. /

No de l'inspection : 2012_102116_0042

Log No. /

Registre no: T876-12

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Jan 30, 2013

Licensee /

Titulaire de permis : TORONTO LONG-TERM CARE HOMES AND
SERVICES
55 JOHN STREET, METRO HALL, 11th FLOOR,
TORONTO, ON, M5V-3C6

LTC Home /

Foyer de SLD : WESBURN MANOR
400 The West Mall, ETOBICOKE, ON, M9C-5S1

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : JUDI JOLLIFFE (ACTING)

To TORONTO LONG-TERM CARE HOMES AND SERVICES, 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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Ministère de la Santé et
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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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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

Order # /

Ordre no : 001

Order Type /

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

Linked to Existing Order /

Lien vers ordre existant: 2012_07649 _0008, CO #001;

Pursuant to / Aux termes de :

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

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

Order / Ordre :

The licensee must prepare, submit and implement a plan outlining how the following furnishings and equipment on the second floor unit will be kept clean and sanitary [s.15.(2)(a)]:

- Carpet in and identified resident lounge and corridors.
- Bedroom and washrooms floors in identified resident rooms.
- Toilet in identified resident rooms.
- Wheelchairs belonging to seven identified residents.

The plan must be submitted to Saran.DanielDodd@ontario.ca on or before February 15, 2013.

Grounds / Motifs :



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

1. The following requirement was found to be in non compliance on April 4, 2012 and during this inspection.

The licensee did not ensure that the home, furnishings and equipment are kept clean and sanitary s.15.(2)(a).

1. During the inspection the following furnishings and equipment were observed not kept clean and sanitary:

- Several carpet stains were observed in the resident's lounge and corridor on a specified unit.
- Staff members reported to the inspector that the resident's washrooms and bedrooms floors were often not cleaned properly. Identified rooms that were reported to be cleaned were observed with soiled floors in both the bedroom and washrooms.
- During an interview with a housekeeper it was confirmed that all the resident's bedroom and washroom floors are cleaned and mopped on a daily basis.
- A housekeeper was observed leaving a resident bedroom after cleaning. The inspector entered the room and observed behind the toilet and the floors in both the bedroom and washroom to be soiled. The toilet seat, rim and floors in both the bedroom and washroom floors were soiled in another identified resident bedroom after cleaning.

2.

- The wheelchairs belonging to seven identified resident's were not kept clean and sanitary.
- An emergency wheelchair stored in a resident television lounge was also observed to be soiled and not kept clean and sanitary [s. 15. (2) (a)]. (116)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 19, 2013



Ministry of Health and
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Ministère de la Santé et
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Order(s) of the Inspector
Pursuant to section 153 and/or
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Homes Act, 2007*, S.O. 2007, c.8

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

Order # /

Ordre no : 002

Order Type /

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

Linked to Existing Order /

Lien vers ordre existant: 2012_07649 _0009, CO #002;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

1. Falls prevention and management.
2. Skin and wound care.
3. Continence care and bowel management.
4. Pain management, including pain recognition of specific and non-specific signs of pain.
5. For staff who apply physical devices or who monitor residents restrained by physical devices, training in the application, use and potential dangers of these physical devices.
6. For staff who apply PASDs or monitor residents with PASDs, training in the application, use and potential dangers of the PASDs. O. Reg. 79/10, s. 221 (1).

Order / Ordre :

The licensee must prepare, submit and implement a plan outlining how the following required training will be provided to all staff who provide direct care to residents: skin and wound care, continence care and bowel management.

The plan must be submitted to Saran.DanielDodd@ontario.ca on or before February 15, 2013.

Grounds / Motifs :



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

1. 1. The licensee failed to ensure that all staff who provide direct care to residents receive annual training relating to skin and wound care [s. 221. (1) (2)].

- Not all direct care staff members received training on skin and wound care for 2012.

(116)

2. 2. The licensee failed to ensure that all staff who provide direct care to residents receive annual training relating to continence care and bowel management [O.Reg 79/10 s. 221 (1) (3)].

- Not all direct care staff members received training on continence care and bowel management for 2012. (116)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 10, 2013



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Ministère de la Santé et
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Order(s) of the Inspector
Pursuant to section 153 and/or
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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

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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Ordre(s) de l'inspecteur
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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^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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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

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 30th day of January, 2013

Signature of Inspector / 
Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : SARAN Daniel-Dodd

Service Area Office /

Bureau régional de services : Toronto Service Area Office