

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

**Rapport d'inspection en vertu
de la Loi de 2007 sur les
foyers de soins de longue
durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159, rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Amended Public Copy/Copie modifiée du rapport public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Mar 26, 2021	2021_679687_0002 (A1)	021665-20	Follow up

Licensee/Titulaire de permis

St. Joseph's Health Centre of Sudbury
1140 South Bay Road Sudbury ON P3E 0B6

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

St. Gabriel's Villa of Sudbury
4690 Municipal Road 15 Chelmsford ON P0M 1L0

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

Amended by SHANNON RUSSELL (692) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

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durée**

This licensee inspection report has been revised to reflect an extension of the compliance due date for CO #001. The Follow Up inspection, #2021_679687_0002 was completed on January 11-15 and 18-19, 2021.

Issued on this 26th day of March, 2021 (A1)

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

Original report signed by the inspector.

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

Amended by SHANNON RUSSELL (692) - (A1)

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): January 11-15 and
January 18-19, 2021.

The following intake was inspected during this Follow-up Inspection.

- A follow-up intake for Compliance Order (CO) #001, issued during inspection report #2020_841679_0013 under s 8 (1) (b) of Ontario Regulation (O. Reg.) 79/10, related to food temperatures not being completed.

A Complaint Inspection #2021_678687_0001 was conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Food Service Manager (FSM), Registered Nurses (RNs), Registered Dietitian (RD), Registered Practical Nurses (RPNs), Scheduling Clerk, Minimum Data Set (MDS) Coder, Personal Care Assistants (PCAs), Food Service Assistants (FSAs), Kitchen Cook, family members and residents.

During the course of the inspection, the inspector(s) also conducted a daily walk through of resident care areas, observed the provision of care towards residents, observed staff to resident interactions, reviewed relevant health records, staffing schedules, and the home's policies and procedures.

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

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

1 WN(s)

0 VPC(s)

1 CO(s)

1 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>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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
 - (b) is complied with. O. Reg. 79/10, s. 8 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's policy titled "Food Service

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Temperatures” was complied with.

Compliance Order (CO) #001 related to Ontario Regulation (O. Reg.) 79/10, s. 8 (1) (b) from Inspection #2020_841679_0013, with a compliance due date of November 24, 2020, is being re-issued as follows:

The Long-Term care Home’s Act, s. 11(1) requires the home to have an organized program of nutrition care and dietary services. O. Reg. 79/10, s. 68 (2) requires that the program includes the development and implementation of policies and procedures related to nutrition care and dietary services and hydration.

Specifically, the staff did not comply with the home’s policy titled “Food Service Temperatures” last reviewed July 15, 2020.

A) Part “a” of CO #001 indicated that the home was to document and maintain an accurate record of the food and fluid temperatures in the dining room servery.

During a meal service observation, the Inspector identified temperatures for fluids, soups and textured modified food items that were not completed by the Food Service Assistant (FSA).

A review of the home’s “Food Temperature Audit Forms”, identified instances where the food or fluid temperatures were either not completed or were partially completed for the meal. The Food Service Manager (FSM) who acknowledged that there were gaps in the completion of the food and fluid temperatures, and stated that the dietary staff members were to obtain the food and fluid temperatures 100 per cent of the time prior to serving meals to residents to ensure food safety.

B) Part “c” of CO #001 indicated that the home was to ensure that if the food and fluid temperatures were not within the safe temperature range, staff were to follow the written directions on the Daily Food/Fluid Temperature Log, which included circling any temperatures that do not meet the food standards, and documenting the actions taken.

In a review of the home’s ‘Daily Food/Fluid Temperature Logs’ for each home area the Inspector identified instances where food and fluid items were outside the recommended temperature range and no corrective actions were completed.

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The Inspector also identified instances where food and fluid items had corrective actions that were completed, but the food and fluid temperatures were not re-tested.

Sources: Review of the Food Temperature Audit Forms and Daily Food/Fluid Temperature Logs; review of the home's policy "Food Service Temperatures" last revised July 2020; observations in the home area dining rooms; and interviews with Food Service Assistants (FSAs) and FSM.

2. The Inspector conducted a record review of the home's Kitchen Daily Food Temperatures. The Inspector identified that food temperatures in the kitchen were not completed by dietary staff members on four separate dates.

In an interview with a Kitchen Cook, they stated that they were required to check the temperatures of all cooked food in the kitchen to ensure that all the food items were within the recommended temperatures and recorded under the Daily Food Temperature (Kitchen) to ensure food safety. During an interview with the FSM, they acknowledged that on four occasions the food temperatures in the kitchen were not completed as per policy.

Sources: Review of kitchen temperatures for the month of December 2020; review of the home's policy titled, "Food Service Temperatures" last reviewed July 15, 2020; interview with the Kitchen Cook #104 and #117, and interview with the FSM. [s. 8. (1) (b)]

Additional Required Actions:

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

(A1)

The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 001

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***DR # 001 – The above written notification is also being referred to the Director
for further action by the Director.***

Issued on this 26th day of March, 2021 (A1)

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

Original report signed by the inspector.

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

Long-Term Care Operations Division
Long-Term Care Inspections Branch
Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée

Amended Public Copy/Copie modifiée du rapport public

**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by SHANNON RUSSELL (692) - (A1)

**Inspection No. /
No de l'inspection :** 2021_679687_0002 (A1)

**Appeal/Dir# /
Appel/Dir#:**

**Log No. /
No de registre :** 021665-20 (A1)

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

**Report Date(s) /
Date(s) du Rapport :** Mar 26, 2021(A1)

**Licensee /
Titulaire de permis :** St. Joseph's Health Centre of Sudbury
1140 South Bay Road, Sudbury, ON, P3E-0B6

**LTC Home /
Foyer de SLD :** St. Gabriel's Villa of Sudbury
4690 Municipal Road 15, Chelmsford, ON,
P0M-1L0

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Ray Ingriselli

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

To St. Joseph's Health Centre of Sudbury, you are hereby required to comply with the following order(s) by the date(s) set out below:

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

Order # /
No d'ordre: 001

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

Linked to Existing Order /
Lien vers ordre existant: 2020_841679_0013, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

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

The licensee must be compliant with LTCHA 2007, s. 8 (1).

The licensee shall prepare, submit and implement a plan in order to be in compliance with LTCHA 2007, s. 8 (1). The plan shall include but is not limited, to the following:

- a) How the licensee will ensure that all temperatures of food and fluid items in every dining room servery will be taken and documented prior to every meal service.
- b) How the licensee will ensure that the food temperature log documentation taken at end-point of cooking time in the kitchen is completed.
- c) How the licensee will ensure that where the food and fluid temperatures are not within the safe temperature range, a corrective action is taken as indicated on the "Daily Food/Fluid Temperature Log".
- d) How the home's management team will be involved in conducting audits to ensure that the food and fluid temperatures are monitored in main food production areas and in all serving areas. A record of the audits must be maintained.

Grounds / Motifs :

1. The licensee has failed to ensure that the home's policy titled "Food Service Temperatures" was complied with.

Compliance Order (CO) #001 related to Ontario Regulation (O. Reg.) 79/10, s. 8 (1) (b) from Inspection #2020_841679_0013, with a compliance due date of November 24, 2020, is being re-issued as follows:

The Long-Term care Home's Act, s. 11(1) requires the home to have an organized program of nutrition care and dietary services. O. Reg. 79/10, s. 68 (2) requires that the program includes the development and implementation of policies and procedures related to nutrition care and dietary services and hydration.

Specifically, the staff did not comply with the home's policy titled "Food Service Temperatures" last reviewed July 15, 2020.

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

A) Part “a” of CO #001 indicated that the home was to document and maintain an accurate record of the food and fluid temperatures in the dining room servery.

During a meal service observation, the Inspector identified temperatures for fluids, soups and textured modified food items that were not completed by the Food Service Assistant (FSA).

A review of the home’s “Food Temperature Audit Forms”, identified instances where the food or fluid temperatures were either not completed or were partially completed for the meal. The Food Service Manager (FSM) acknowledged that there were gaps in the completion of the food and fluid temperatures, and stated that the dietary staff members were to obtain the food and fluid temperatures 100 per cent of the time prior to serving meals to residents to ensure food safety.

B) Part “c” of CO #001 indicated that the home was to ensure that if the food and fluid temperatures were not within the safe temperature range, staff were to follow the written directions on the Daily Food/Fluid Temperature Log, which included circling any temperatures that do not meet the food standards, and documenting the actions taken.

In a review of the home’s ‘Daily Food/Fluid Temperature Logs’ for each home area, the Inspector identified instances where food and fluid items were outside the recommended temperature range and no corrective actions were completed. The Inspector also identified instances where food and fluid items had corrective actions that were completed, but the food and fluid temperatures were not re-tested.

Sources: Review of the Food Temperature Audit Forms and Daily Food/Fluid Temperature Logs; review of the home’s policy “Food Service Temperatures” last revised July 2020; observations in the home area dining rooms; and interviews with Food Service Assistants (FSAs) and FSM. (687)

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

2. The Inspector conducted a record review of the home's Kitchen Daily Food Temperatures. The Inspector identified that food temperatures in the kitchen were not completed by dietary staff members on four separate dates.

In an interview with a Kitchen Cook, they stated that they were required to check the temperatures of all cooked food in the kitchen to ensure that all the food items were within the recommended temperatures and recorded under the Daily Food Temperature (Kitchen) to ensure food safety. During an interview with the FSM, they acknowledged that on four occasions the food temperatures in the kitchen were not completed as per policy.

Sources: Review of kitchen temperatures for the month of December 2020; review of the home's policy titled, "Food Service Temperatures" last reviewed July 15, 2020; interview with the Kitchen Cook #104 and #117, and interview with the FSM.

An order was made by taking the following factors into account:

Severity: The severity of this issue was determined as minimal risk .

Scope: The scope of the non-compliance was widespread as all home area serveries were affected.

Compliance History: A compliance order (CO) is being re-issued for the licensee failing to comply with s. 8 (1) of O. Reg 79/10. This subsection was issued as a CO on July 16, 2020, during inspection #2020_679687_0007 with a compliance due date of August 28, 2020, and was again re-issued as a CO on October 27, 2020, during inspection #2020_841679_0013 with a compliance due date of November 24, 2020. In the past 36 months, five COs were issued to different sections of the legislation, all of which have been complied. (687)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Apr 30, 2021(A1)

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

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 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:

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 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 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.

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

**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 des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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

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 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.

Issued on this 26th day of March, 2021 (A1)

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

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

Amended by SHANNON RUSSELL (692) - (A1)

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

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

Sudbury Service Area Office