



**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**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
May 8, 2015	2015_226192_0028	008329-15	Follow up

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

CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED  
264 NORWICH AVENUE WOODSTOCK ON N4S 3V9

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

CARESSANT CARE FERGUS NURSING HOME  
450 QUEEN STREET EAST FERGUS ON N1M 2Y7

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

DEBORA SAVILLE (192), HELENE DESABRAIS (615)

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

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

**This inspection was conducted on the following date(s): May 4 and 5, 2015**

**This Follow-up inspection was conducted concurrently with Complaint inspection 006840-15.**

**Inspection of Compliance Order #001 (RQI L-001399-14) related to the Head Injury Routine (HIR) policy was completed and the licensee was found to be in compliance with the HIR policy at this time.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director Care, Assistant Director of Care, Resident Care Coordinator, Registered Nurses, Personal Support Workers, Dietary Aides, Nurse Clerk and residents.**

**The inspectors reviewed medical records, policy and procedure and toured the home areas.**

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

**Falls Prevention**

**Pain**

**Skin and Wound Care**

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

**2 WN(s)**

**0 VPC(s)**

**2 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
LTCHA, 2007 S.O. 2007, c.8 s. 15. (2)	CO #005	2014_202165_0029		192
O.Reg 79/10 s. 17. (1)	CO #006	2014_202165_0029		192
O.Reg 79/10 s. 17. (1)	CO #007	2014_202165_0029		192

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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 O.Reg 79/10, s. 50. Skin and wound care**



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

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
    - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
    - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
    - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
    - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**



1. Previously issued as compliance order #002 November 2014.

The licensee has failed to ensure that resident #011 who exhibited altered skin integrity, had been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Record review and interview confirmed that resident #011 had a area of altered skin integrity requiring weekly wound assessments by a member of the registered nursing staff.

Review of the medical record with the Resident Care Coordinator confirmed that no wound assessment was recorded for the resident on specified dates in 2015. No documentation of resident refusal was identified.

The licensee failed to ensure that resident #011 received weekly wound assessment of an area of altered skin integrity. [s. 50. (2) (b) (iv)]

2. The licensee has failed to ensure that resident #014 who was exhibiting multiple areas of altered skin integrity, was reassessed at least weekly be a member of the registered nursing staff, if clinically indicated.

Record review and interview confirmed that resident #014 had areas of altered skin integrity that required weekly wound assessment by a member of the registered nursing staff.

Record review with the Resident Care Coordinator confirmed that no weekly wound assessment was completed on a specified date in 2015 for resident #014.

The licensee failed to ensure that resident #014 received a weekly wound assessment by a member of the registered nursing staff. [s. 50. (2) (b) (iv)]

***Additional Required Actions:***

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

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**WN #2: 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. Previously issued as compliance order #001 November 2014.

The licensee failed to ensure that 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 is complied with.

The licensee's policy titled "Pain Assessment" dated as effective April 2010 stated that the Caressant Care Pain Assessment Tool on Point Click Care would be utilized when a new pain medication is initiated, and when a resident scores two or higher on any Resident Assessment Instrument Minimum Data Set (RAI MDS) assessment under section J2.

The policy also indicated that in consultation with the interdisciplinary team, interventions would be developed both pharmacological and non-pharmacological to address resident's pain and that all interventions would be documented on the Resident's Plan of Care.

Resident #016 was identified in record review and interview to have pain.

Review of the RAI MDS assessment completed on two specified dates indicated that the resident was scored two - daily pain that was at times horrible or excruciating.

Interview with the Resident Care Coordinator confirmed that scoring a two on the RAI MDS assessment would require the completion of the Caressant Care Pain Assessment Tool on Point Click Care and that no pain assessment had been completed for resident



#016.

The licensee failed to ensure that the Pain Assessment policy was complied with when resident #016 did not have pain assessments completed following RAI MDS assessments indicating the resident had scored a two in section J2. [s. 8. (1) (b)]

2. Record review and interview confirmed that resident #017 had analgesic ordered for pain control and RAI MDS assessments completed indicated that the resident had pain.

Review of the plan of care for resident #017 with the Assistant Director of Care confirmed that no plan of care related to pain was in effect for resident #017.

Record review and interview confirmed that resident #017 had been receiving a regular dose of analgesic; that a new analgesic was ordered for the resident's pain management and that the Caressant Care Pain Assessment Tool on Point Click Care had not been completed for the resident.

Interview with the Resident Care Coordinator confirmed that when an analgesic is ordered it would be the expectation that the pain flow sheet be initiated immediately and the Pain Assessment Tool be completed within days of the analgesic being ordered.

The licensee failed to comply with the Pain Assessment policy when resident #017 was not assessed with the initiation of a new analgesic and when pain interventions were not included in the resident's plan of care. [s. 8. (1) (b)]

***Additional Required Actions:***

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

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**Ministry of Health and  
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the Long-Term Care  
Homes Act, 2007**

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

**Issued on this 8th day of May, 2015**

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

**Original report signed by the inspector.**



Ministry of Health and  
Long-Term Care

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**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** DEBORA SAVILLE (192), HELENE DESABRAIS (615)

**Inspection No. /**

**No de l'inspection :** 2015\_226192\_0028

**Log No. /**

**Registre no:** 008329-15

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** May 8, 2015

**Licensee /**

**Titulaire de permis :**

CARESSANT-CARE NURSING AND RETIREMENT  
HOMES LIMITED  
264 NORWICH AVENUE, WOODSTOCK, ON, N4S-3V9

**LTC Home /**

**Foyer de SLD :**

CARESSANT CARE FERGUS NURSING HOME  
450 QUEEN STREET EAST, FERGUS, ON, N1M-2Y7

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** CATHY COOK

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To CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:



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

**Linked to Existing Order /**  
**Lien vers ordre**      2014\_202165\_0029, CO #002;  
**existant:**

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

**Order / Ordre :**



**Ministry of Health and  
Long-Term Care**

**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*

**Ministère de la Santé et  
des Soins de longue durée**

**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 shall ensure that residents #011 and #014 and all other residents exhibiting altered skin integrity are reassessed at least weekly by a member of the registered nursing staff.

**Grounds / Motifs :**



**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*

1. Previously issued as compliance order #002 November 2014.

The licensee has failed to ensure that resident #014 who was exhibiting two areas of altered skin integrity, was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Record review and interview confirmed that resident #014 had multiple areas of altered skin integrity that required weekly wound assessment by a member of the registered nursing staff.

Record review with the Resident Care Coordinator confirmed that no weekly wound assessment was completed on a specified date for resident #014.

The licensee failed to ensure that resident #014 received a weekly wound assessment by a member of the registered nursing staff. (192)

2. The licensee has failed to ensure that resident #011 who exhibited altered skin integrity, had been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Record review and interview confirmed that resident #011 had a area of altered skin integrity requiring weekly wound assessments by a member of the registered nursing staff.

Review of the medical record with the Resident Care Coordinator confirmed that no wound assessment was recorded for the resident on two specified occasions in 2015. No documentation of resident refusal was identified.

The licensee failed to ensure that resident #011 received weekly wound assessment of an area of altered skin integrity.  
(192)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Jul 03, 2015



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**Order # /**                      **Order Type /**  
**Ordre no :** 002              **Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**  
**Lien vers ordre**              2014\_202165\_0029, CO #001;  
**existant:**

**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 :**

The licensee shall ensure that the Pain Assessment policy is complied with.

**Grounds / Motifs :**

1. Previously issued as compliance order #001 November 2014.

The licensee failed to ensure that 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 is complied with.

The licensee's policy titled "Pain Assessment" dated as effective April 2010 stated that the Caressant Care Pain Assessment Tool on Point Click Care would be utilized when a new pain medication is initiated, when a resident complains of pain of four or greater and when a resident scores two or higher on any Resident Assessment Instrument Minimum Data Set (RAI MDS) assessment under section J2.

Resident #016 was identified in record review and interview to have pain.

Review of the RAI MDS assessment completed on specified dates indicated that

the resident scored two - daily pain that was at times horrible or excruciating.

Interview with the Resident Care Coordinator confirmed that scoring a two on the RAI MDS assessment would require the completion of the Caressant Care Pain Assessment Tool on Point Click Care and that no pain assessment had been completed for resident #016.

The licensee failed to ensure that the Pain Assessment policy was complied with when resident #016 did not have pain assessments completed following RAI MDS assessments indicating the resident had scored a two in section J2. (192)

2. The licensee's policy titled "Pain Assessment" dated as effective April 2010 indicated that in consultation with the interdisciplinary team, interventions would be developed both pharmacological and non-pharmacological to address resident's pain and that all interventions would be documented on the Resident's Plan of Care.

The policy also indicated that when a new pain medication was initiated the Caressant Care Pain Assessment Tool on Point Click Care would be completed.

Record review and interview confirmed that resident #017 had analgesic ordered for pain control and RAI MDS assessments completed indicated that the resident had pain.

Review of the plan of care for resident #017 with the Assistant Director of Care confirmed that no plan of care related to pain was in effect for resident #017.

Record review and interview confirmed that resident #017 had been receiving a regular dose of analgesic; that a new analgesic was ordered for the resident's pain management and that the Caressant Care Pain Assessment Tool on Point Click Care had not been completed for the resident at that time.

Interview with the Resident Care Coordinator confirmed that when an analgesic is ordered it would be the expectation that the pain flow sheet be initiated immediately and the Pain Assessment Tool be completed within days of the analgesic being ordered.

The licensee failed to comply with the Pain Assessment policy when resident #017 was not assessed with the initiation of a new analgesic and when pain



**Ministry of Health and  
Long-Term Care**

**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*

**Ministère de la Santé et  
des Soins de longue durée**

**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*

interventions were not included in the resident's plan of care. (192)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Jul 03, 2015



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et  
des Soins de longue durée**

**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

### **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



**Ministry of Health and  
Long-Term Care**

**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*

**Ministère de la Santé et  
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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*

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](http://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<sup>e</sup> 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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**Ministère de la Santé et  
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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](http://www.hsarb.on.ca).

**Issued on this 8th day of May, 2015**

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

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

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