

**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

**Public Copy/Copie du rapport public**

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<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>
Sep 29, 2021	2021_824736_0017	013781-21, 013958- 21, 014086-21	Critical Incident System

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**Licensee/Titulaire de permis**

Lakeland Long Term Care Services Corporation  
6 Albert Street Parry Sound ON P2A 3A4

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

Lakeland Long Term Care Services  
6 Albert Street Parry Sound ON P2A 3A4

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

AMANDA BELANGER (736)

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

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): September 20-24, 2021.**

**During the course of the inspection, the following log(s) were inspected:**

- two logs related to allegations of improper care and,**
- one log related to a resident fall that resulted in a significant change in status.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Assistant Director of Care, Registered Practical Nurse(s) (RPNs), Personal Support Worker(s) (PSWs), and COVID-19 Screener.**

**The Inspector(s) also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed relevant health care records, internal investigation notes, as well as licensee policies, procedures and programs.**

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

- Falls Prevention**
- Infection Prevention and Control**
- Personal Support Services**
- Skin and Wound Care**

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

- 5 WN(s)**
- 4 VPC(s)**
- 1 CO(s)**
- 0 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. 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. The licensee has failed to ensure that three resident wounds were assessed weekly by a member of the registered staff.

a) A resident was known to have a wound. During a period of four months, the wound was not assessed weekly on a regular basis using the clinically appropriate tool. During those months, the wound was not assessed a total of seven of the 16 weeks it should have been (44%).

b) A resident was noted to have a wound. The wound was not reassessed again until 25 days later.

c) A resident had two wounds. One wound was not reassessed until 23 days later; and the second wound had not been reassessed at the time of inspection.

The Director of Care (DOC) indicated that resident wounds and skin breakdown were to be assessed at least weekly by the registered staff. The DOC reviewed the residents assessments and noted that the wounds were not being assessed weekly and should have been.

There was actual risk of harm to the residents by their wounds not being assessed weekly by a member of the registered staff.

Sources: Residents progress notes, and assessments; licensee policy titled “Skin and Wound Care” RSL-DOC-061, last reviewed December 2020; interview with the Registered Practical Nurse (RPN), DOC, and other 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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home was a safe and secure environment for its residents, related to staff use of personal protective equipment (PPE).

In accordance with COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7, effective July 16, 2021, it identified that all staff were to wear a surgical mask at all times.

During the inspection, the Inspector noted a staff member with their mask around their chin, not covering their mouth or nose, and serving food to residents.

There was minimal risk of harm to the residents by the staff member not wearing their mask as directed.

Sources: COVID-19 Directive #3 for Long-Term Care Homes under the LTCHA, 2007 and issued under Section 77.7 of the HPPA, R.S.O. 1990, c.H.7, in effective as of July 16, 2021; Inspector observations; licensee policy titled “Enhanced Infection Control Practices COVID-19 Pandemic and Safety Plan”; interviews with the Personal Support Worker (PSW), DOC and other staff. [s. 5.]

***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 home is a safe and secure environment for its residents, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

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

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that care was provided to the resident as per their plan of care.

The resident was noted to have specific directions in their plan of care. The RPN noted two PSWs providing care to the resident, however, they were not utilizing the specific directions.

There was a risk of injury to the resident by staff not providing care as per the plan of care.

Sources: The resident's care plan and progress notes; Critical Incident System (CIS) report; internal investigation notes; interview with the PSW, the RPN, and other staff. [s. 6. (7)]

***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 care is provided to resident #003, and all other residents, as per their plans of care, to be implemented voluntarily.***

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**WN #4: 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 skin and wound care policy that was put into place in the home was complied with.

As per section (s.) 50 of the Long Term Care Regulations 79/10, the licensee was required to have a skin and wound care program.

The licensee's policy titled "Skin and Wound Care", RSL-DOC-061, last reviewed December 2020, directed staff to ensure that treatment and progress of a resident's wound was communicated. The policy also said to chart the progress of the wound by noting an improvement in the characteristics: size, depth, amount of necrotic tissue, amount of exudates, etc.

a) A resident had a wound that was assessed eight times during a 16 week period, however the assessments did not indicate the measurement or size of the wound.

b) A resident had a wound that had been assessed once. The documented wound assessment did not contain any measurements of the wound.

c) A resident had two wound. The documented wound assessments did not contain any measurements of the wounds.

The DOC reviewed the residents' wound assessments, and confirmed that measurements were not included in the assessments of the wounds consistently, and should have been.

There was risk of harm to the resident by the registered staff not complying with the skin and wound policy, as the measurements of the wounds were not recorded and tracked, leading to a risk that the wound may worsen without staff being aware, and treatment may not be adjusted.

Sources: The residents' progress notes and assessments, licensee policy titled "Skin and Wound Care", RSL-DOC-061, last reviewed December 2020; interview with DOC and other staff. [s. 8. (1)]



***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 skin and wound policy is complied with, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

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

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program, related to hand hygiene for staff.

The licensee policy titled "Hand Hygiene", last revised December 2020, indicated that hand hygiene was to be completed before preparing, handling, serving, or eating food, and before feeding residents, as well as before and after contact with a resident, and their environment.

A PSW collected dirty dishes from various residents, and then proceeded to assist a resident with their sandwich without performing hand hygiene. Another PSW collected dirty dishes from various residents, and then proceeded to prepare a food tray for a resident, without performing hand hygiene.

There was minimal risk of harm to the residents by the staff not participating in the implementation of the hand hygiene program, as part of the infection prevention and control program.

Sources: Inspector observations; licensee policy titled "Hand Hygiene", last reviewed December 2020; interview with the PSW, DOC and other staff. [s. 229. (4)]

***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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.***

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**Issued on this 29th day of September, 2021**

**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  
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

**Public Copy/Copie du rapport public**

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

**Nom de l'inspecteur (No) :** AMANDA BELANGER (736)

**Inspection No. /**

**No de l'inspection :** 2021\_824736\_0017

**Log No. /**

**No de registre :** 013781-21, 013958-21, 014086-21

**Type of Inspection /**

**Genre d'inspection:** Critical Incident System

**Report Date(s) /**

**Date(s) du Rapport :** Sep 29, 2021

**Licensee /**

**Titulaire de permis :** Lakeland Long Term Care Services Corporation  
6 Albert Street, Parry Sound, ON, P2A-3A4

**LTC Home /**

**Foyer de SLD :** Lakeland Long Term Care Services  
6 Albert Street, Parry Sound, ON, P2A-3A4

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Steve White

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To Lakeland Long Term Care Services Corporation, 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 Care Homes Act, 2007*, S.O. 2007, c. 8

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) (a)

**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 :**

**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 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 s. 50(b) of the Ontario Regulations 79/10.

Specifically, the licensee shall:

- 1) Develop a process to ensure that the residents' wounds are assessed at least weekly by a member of the registered staff;
- 2) Develop a tracking tool to audit weekly wound assessments to ensure that the required information regarding the wound is captured, such as sizing. The audit should include, but is not limited to, who conducted the audit, the date of the audit and assessment, any deficiencies noted, and the action taken to correct; and,
- 3) Conduct weekly audits for a minimum of 4 weeks, and continue until there are no deficiencies for 4 consecutive weeks.

**Grounds / Motifs :**

1. The licensee has failed to ensure that three resident wounds were assessed weekly by a member of the registered staff.

a) A resident was known to have a wound. During a period of four months, the wound was not assessed weekly on a regular basis using the clinically appropriate tool. During those months, the wound was not assessed a total of seven of the 16 weeks it should have been (44%).

b) A resident was noted to have a wound. The wound was not reassessed again until 25 days later.

c) A resident had two wounds. One wound was not reassessed until 23 days later; and the second wound had not been reassessed at the time of inspection.

The Director of Care (DOC) indicated that resident wounds and skin breakdown were to be assessed at least weekly by the registered staff. The DOC reviewed the residents assessments and noted that the wounds were not being assessed weekly and should have been.

There was actual risk of harm to the residents by their wounds not being assessed weekly by a member of the registered staff.

Sources: Residents progress notes, and assessments; licensee policy titled

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2007, c. 8

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

"Skin and Wound Care" RSL-DOC-061, last reviewed December 2020; interview with the Registered Practical Nurse (RPN), DOC, and other staff.

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

Severity: There was actual risk of harm by not having resident wounds assessed weekly by a member of the registered staff.

Scope: The scope of this non-compliance was widespread as it included three out of three residents reviewed.

Compliance History: In the last 36 months, the licensee was found to be noncompliant with different subsections of the legislation.  
(736)

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

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

Oct 28, 2021

**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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2007, c. 8

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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

**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  
438 University Avenue, 8th Floor  
Toronto, ON M7A 1N3  
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**

**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  
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  
438 University Avenue, 8th Floor  
Toronto, ON M7A 1N3  
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).



**Order(s) of the Inspector**

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

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2007, c. 8

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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

**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  
438, rue University, 8<sup>e</sup> étage  
Toronto ON M7A 1N3  
Télécopieur : 416-327-7603

**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  
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  
438, rue University, 8e étage  
Toronto ON M7A 1N3  
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 29th day of September, 2021**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Amanda Belanger

**Service Area Office /**

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