



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
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Bureau régional de services de
Toronto
5700, rue Yonge, 5e étage
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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 3, 2013	2012_168202_0030	T-774-11	Complaint

Licensee/Titulaire de permis

CORPORATION OF THE COUNTY OF SIMCOE
1110 Highway 26, Midhurst, ON, L0L-1X0

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

SIMCOE MANOR HOME FOR THE AGED
1110 Highway 26, Midhurst, ON, L0L-1X0

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

VALERIE JOHNSTON (202)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): December 19, 20, 21, 2012 (LTCH) and December 24, 27, 28, 31, 2012 and January 02, 03, 2013 (Office)

During the course of the inspection, the inspector(s) spoke with Administrator, Environmental Services Supervisor, Program and Support Services Manager, Nurse Manager, Registered Nursing Staff, Activation Aide, Laundry and Housekeeping Aide, Personal Support Workers, Residents

During the course of the inspection, the inspector(s) observed the provision of care to residents, reviewed clinical records, reviewed Resident Council Minutes (January 2010-October 2012), reviewed Programs Calendars (September 2012-December 2012), obtained lighting (Lux level) readings and room air temperature readings throughout the home, observed labelling on resident clothing and reviewed homes policies titled, Lost and Found for Personal Items (June 2006), Labelling of Resident Clothing (June 2006, Pain Management (November 2010)

The following Inspection Protocols were used during this inspection:

Accommodation Services - Laundry

Accommodation Services - Maintenance

Pain

Recreation and Social Activities

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.



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WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.

TABLE

Homes to which the 2009 design manual applies

Location - Lux

Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout

In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux

All other homes

Location - Lux

Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout

In all other areas of the home - Minimum levels of 215.28 lux

Each drug cabinet - Minimum levels of 1,076.39 lux

At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux

O. Reg. 79/10, s. 18, Table.

Findings/Faits saillants :



1. The licensee failed to ensure that the lighting at the bed of each resident when the bed is at the reading position is maintained at minimum levels of 376.73 lux and that all corridors are maintained at a minimum of 215.28 lux continuous consistent lighting throughout. [s.18]

Resident Council meeting minutes for November 29, 2010 and April 20, 2011 indicated that residents requested more lighting in their rooms as it is difficult to read and watch television. Residents were interviewed throughout the home on December 19, 20 and 21, 2012 revealed frustration and concern over the lack of lighting in their rooms and corridors of the home. Resident #001 indicated that since moving into the home 2 years ago has been unable to read or watch TV in bedroom due to insufficient lighting. Resident #007 revealed that electrical changes were made in bedroom for new lighting 8 months ago but has no lighting fixtures installed.

On December 21, 2012, lux readings were conducted throughout to the home which revealed:

-Lighting at the bed of each resident when the bed is at the reading position was 36-48 lux and all corridors in the home ranged from 150-230 lux depending upon location.

An interview with the Environmental Services Supervisor (ESS) indicated that the 'rough in' electrical work for each resident room had been completed and the home is currently in the process of choosing the appropriate lighting fixture for each resident room. The (ESS) revealed in an interview that the lighting in the hallway is not maintained at a continuous 215.28 lux and lux levels vary throughout the home's corridors. An interview with the (ESS) and the Administrator confirmed that the lighting at the bed of each resident when the bed is at the reading position is not maintained at minimum levels of 376.73 lux and that all corridors are maintained at a minimum of 215.28 lux continuous consistent lighting throughout. [s. 18.]

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 LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services



Specifically failed to comply with the following:

- s. 15. (1) Every licensee of a long-term care home shall ensure that,**
- (a) there is an organized program of housekeeping for the home; 2007, c. 8, s. 15 (1).**
 - (b) there is an organized program of laundry services for the home to meet the linen and personal clothing needs of the residents; and 2007, c. 8, s. 15 (1).**
 - (c) there is an organized program of maintenance services for the home. 2007, c. 8, s. 15 (1).**
-

Findings/Faits saillants :

1. The licensee failed to ensure that there is an organized program of laundry service to meet the personal clothing needs of residents. [s.15.(1)(b)]

Resident interviews conducted throughout the home on December 19, 20 and 21, 2012 revealed that personal clothing goes missing repeatedly and the name label on personal clothing falls off. Resident #003 revealed that two pair of pants have been lost in the home and have never been found. Resident #007 indicated that the wheelchair seating cover required for daily use was sent to laundry over a week ago has not returned and pyjama pants continually go missing. Resident #004 indicated that clothing labels fall off clothes all the time and he/she has to continually look for and ask staff for missing clothes.

On December 19 and 21, 2012, observations of resident clothing in rooms and on laundry carts revealed:

-name tags were not completely fixed to personal clothing on laundry carts in the process of being returned

-name tags were partially a fixed to resident clothing and in the process of falling off on clothing located in resident rooms and closets

Direct care staff interviews revealed that name tags fall off resident clothing daily and that residents have expressed concerns regarding lost clothing. An interview with the Laundry and Housekeeping staff revealed that clothing labels fall off regularly and indicated that the name label machine malfunctions frequently. An interview with the Environmental Services Supervisor (ESS) confirmed that the clothing label machine is currently malfunctioning, however is usable and will be repaired in the the New Year.

[s. 15. (1) (b)]



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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 there is an organized program of laundry services for the home to meet the personal clothing needs of the residents, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 65. Recreational and social activities program

Specifically failed to comply with the following:

s. 65. (2) Every licensee of a long-term care home shall ensure that the program includes,

(a) the provision of supplies and appropriate equipment for the program; O. Reg. 79/10, s. 65 (2).

(b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends; O. Reg. 79/10, s. 65 (2).

(c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests; O. Reg. 79/10, s. 65 (2).

(d) opportunities for resident and family input into the development and scheduling of recreation and social activities; O. Reg. 79/10, s. 65 (2).

(e) the provision of information to residents about community activities that may be of interest to them; and O. Reg. 79/10, s. 65 (2).

(f) assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently. O. Reg. 79/10, s. 65 (2).

Findings/Faits saillants :



1. The licensee failed to ensure that the recreation and social activities include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests. [s.65.(2)(c)]

Resident interviews revealed that the recreational programs in the home are seldom available on weekends and there are periods of times that programs are not offered or cancelled. Resident #001 indicated that weekends are boring at the home and weeks will go by with no programs offered. Resident #005 indicated in an interview that there is not much happening with programs in the home and there will be periods of time where there is nothing offered and you never know if the program is cancelled. Resident #007 indicated that weekends are boring at the home and we go through times when we just do not have programs.

Staff interviews revealed that the home provides a planned recreational program for residents that is updated on a monthly basis which includes one activity planned for every Saturday that is shared among 5 resident home areas. Staff interviews revealed that the planned daily programs are not always offered as indicated on the schedule due to planned and unplanned staff vacancies. An interview with the Programs and Support Services Supervisor confirmed in an interview that the recreational programs planned in the home may be cancelled or changed as the home does not replace staff when they are on vacation. [s. 65. (2) (c)]

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 recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests, to be implemented voluntarily.



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Issued on this 3rd day of January, 2013

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

A handwritten signature in black ink, appearing to be the initials "A.H." or similar, written in a cursive style.



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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) : VALERIE JOHNSTON (202)

Inspection No. /

No de l'inspection : 2012_168202_0030

Log No. /

Registre no: T-774-11

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Jan 3, 2013

Licensee /

Titulaire de permis : CORPORATION OF THE COUNTY OF SIMCOE
1110 Highway 26, Midhurst, ON, L0L-1X0

LTC Home /

Foyer de SLD : SIMCOE MANOR HOME FOR THE AGED
1110 Highway 26, Midhurst, ON, L0L-1X0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : ~~HILARY MALLETT~~ SUSAN FAGAN.

To CORPORATION OF THE COUNTY OF SIMCOE, you are hereby required to
comply with the following order(s) by the date(s) set out below:



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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

Order # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.

TABLE

Homes to which the 2009 design manual applies

Location - Lux

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Location - Lux

Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout

In all other areas of the home - Minimum levels of 215.28 lux

Each drug cabinet - Minimum levels of 1,076.39 lux

At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux

O. Reg. 79/10, s. 18, Table.

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that the lighting at the bed of each resident when the bed is at the reading position is maintained at minimum levels of 376.73 lux and that all corridors are maintained at a minimum of 215.28 lux continuous consistent lighting throughout. Plan to be submitted to valerie.johnston@ontario.ca by January 25, 2013.



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Grounds / Motifs :

1. The licensee failed to ensure that the lighting at the bed of each resident when the bed is at the reading position is maintained at minimum levels of 376.73 lux and that all corridors are maintained at a minimum of 215.28 lux continuous consistent lighting throughout. [s.18]

Resident Council meeting minutes for November 29, 2010 and April 20, 2011 indicated that residents requested more lighting in their rooms as it is difficult to read and watch television. Residents were interviewed throughout the home on December 19, 20 and 21, 2012 revealed frustration and concern over the lack of lighting in their rooms and corridors of the home. Resident #001 indicated that since moving into the home 2 years ago has been unable to read or watch TV in bedroom due to insufficient lighting. Resident #007 revealed that electrical changes were made in bedroom for new lighting 8 months ago but has no lighting fixtures installed.

On December 21, 2012, lux readings were conducted throughout to the home which revealed:

-Lighting at the bed of each resident when the bed is at the reading position was 36-48 lux and all corridors in the home ranged from 150-230 lux depending upon location.

An interview with the Environmental Services Supervisor (ESS) indicated that the 'rough in' electrical work for each resident room had been completed and the home is currently in the process of choosing the appropriate lighting fixture for each resident room. The (ESS) revealed in an interview that the lighting in the hallway is not maintained at a continuous 215.28 lux and lux levels vary throughout the home's corridors. An interview with the (ESS) and the Administrator confirmed that the lighting at the bed of each resident when the bed is at the reading position is not maintained at minimum levels of 376.73 lux and that all corridors are maintained at a minimum of 215.28 lux continuous consistent lighting throughout. (202)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 29, 2013



**Ministry of Health and
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Order(s) of the Inspector

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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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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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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 3rd day of January, 2013

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

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

Valerie Johnston

Service Area Office /

Bureau régional de services : Toronto Service Area Office