



**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**

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

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
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Bureau régional de services de
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130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
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Public Copy/Copie du public

| Report Date(s) / Date(s) du rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|--|---|-----------------------------------|--|
| Aug 16, 2017 | 2017_610633_0005 | 008498-17 | Resident Quality Inspection |

Licensee/Titulaire de permis

MACGOWAN NURSING HOMES LTD
719 Josephine Street P.O. Box 1060 WINGHAM ON N0G 2W0

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

BRAEMAR RETIREMENT CENTRE
719 Josephine Street North, R.R. #1 P.O. Box 1060 WINGHAM ON N0G 2W0

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

SHERRI COOK (633), DOROTHY GINTHER (568), JENNA BAYSAROWICH (667)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): May 8-12, 15-17, 2017.

The following Critical Incident and Follow-up inspections were conducted concurrently during this inspection:

006486-16 / 2636-000038-16- Critical Incident related to a resident fall.

014790-16- Follow-up to Compliance Order #001 from Inspection #

2016_277538_0008 log #007194-16 related to furnishings and equipment.

014794-16- Follow-up to Compliance Orders #002 and #003 from Inspection #

2016_277538_0008 log #007194-16 related to bathing and the staffing plan evaluation.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Director of Activation, the Maintenance Manager, Registered Nurses, an Occupational Therapist, a Resident Assessment Instrument Coordinator, Registered Practical Nurses, Personal Support Workers, a Housekeeper, a Residents' Council member, a Family Council member, family members and residents.

The inspector(s) also conducted a tour of the home and made observations of residents, activities and care. Relevant policies and procedures, as well as clinical records and plans of care for identified residents were reviewed. Additionally, the inspector(s) observed medication administration and drug storage areas, resident/staff interactions, infection prevention and control practices, the posting of Ministry information and inspection reports and the general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Maintenance
Contenance Care and Bowel Management
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Skin and Wound Care
Sufficient Staffing**

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

**4 WN(s)
3 VPC(s)
1 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 #001 | 2016_277538_0008 | | 667 |
| O.Reg 79/10 s. 33. (1) | CO #002 | 2016_277538_0008 | | 633 |

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. 31. Nursing and personal support services

Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).

(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the staffing plan:

(a) provided for a staffing mix that was consistent with the residents' assessed care and safety needs.

(e) was evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practice.

Order #003 dated May 10, 2016, from Resident Quality Inspection (RQI)

2016_277538_0008 Log # 007194-16 stated that the licensee shall evaluate the current staffing plan to ensure that it provided a staffing mix that was consistent with resident care and safety needs and this evaluation was to be documented. The licensee was to also ensure that the staffing plan was evaluated at least annually and at times before and after reducing staff hours to ensure that resident care and safety were not affected by the changes.

The home's policy related to staffing stated that specific resident care was required and



must be done by staff. The home's policy also stated that the staffing plan was to be evaluated and updated annually and when staffing adjustments were made and this was not included.

The Administrator and DOC agreed that resident care was changed to a specific time and this care was missed when the home was short staffed. In addition, the residents that received this care were unable to consent and it was not included in their plan of care. The DOC and Administrator agreed that they had made changes to their nursing and personal care staffing program during the last year and this was not evaluated and documented.

The licensee has failed to ensure that the staffing plan provided for a staffing mix that was consistent with the resident's needs. The licensee has also failed to ensure that the staffing plan was evaluated in accordance with evidence-based practices and, if there was none, in accordance with prevailing practice and updated at least annually and at times before and after reducing staff hours to ensure that resident care and safety were not affected by the changes.

The severity of the issue was minimal harm or potential for harm and the scope of this issue was determined to be a pattern. The home had a history of related non-compliance that was previously issued on March 15, 2016, as a Compliance Order (CO) during the Resident Quality Inspection (RQI) #2016_277538_0008 and a Voluntary Plan of Correction (VPC) was issued on September 28, 2015, during complaint inspection #2015_355588_0026. [s. 31. (3)]

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. 8.
Nursing and personal support services**



Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that there was at least one Registered Nurse who was an employee of the licensee and a member of the regular nursing staff on duty and present at all times unless there is an allowable exception.

The Registered staff schedules for a specific period of time documented that there was no Registered Nurse on duty and present in the home at all times.

The Administrator and Director of Care agreed that they have used a Registered Practical Nurse as the Charge Nurse.

The licensee has failed to ensure that there was at least one Registered Nurse who was an employee of the licensee and a member of the regular nursing staff on duty and present at all times unless there was an allowable exception.

The severity of the issue was potential for harm, the scope of the issue was determined to be isolated and the home had a history of multiple unrelated non-compliance. [s. 8. (3)]

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 there is at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff on duty and present at all times unless there is an allowable exception, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 41. Every licensee of a long-term care home shall ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep. O. Reg. 79/10, s. 41.

Findings/Faits saillants :

1. The licensee of a long-term care home has failed to ensure that each resident of the home had his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep.

During a specific period of time, identified residents were observed and they had received specific care at a specific time.

Personal Support Worker's (PSW's) were interviewed and they said that they had been told to provide this care at this specific time. The PSW's agreed that the resident's were woken up to provide this care.

The plan of care for the identified residents did not include the resident's preference for their sleep routine.

The plan of care was reviewed for specific residents and these identified residents were interviewed and they were unable to consent to this care.

There was specific documentation that stated that PSW staff had been directed to complete this care at this specific time. The DOC and Administrator agreed that they had asked staff to complete this care and that resident consent to this care was not completed.

The licensee failed to ensure that each resident of the home had his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep.

The severity of the issue was potential for harm, the scope of the issue was determined to be isolated and the home had a history of multiple unrelated non-compliance. [s. 41.]



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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 that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep, to be implemented voluntarily.

WN #4: 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. (10) The licensee shall ensure that the following immunization and screening measures are in place:

3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :



1. The licensee has failed to ensure that residents were offered immunizations against Pneumococcus, Tetanus and Diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.

The Long-Term Care Home Licensee Confirmation Checklist for Infection Prevention and Control (IPAC) which was completed and signed by the Director of Care (DOC) on a specific date stated "no" to a specific question related to immunizations.

The DOC acknowledged that a specific number of residents were not up-to-date with their immunizations and the home did not have a policy related to immunizations.

The licensee has failed to ensure that residents were offered immunizations against Pneumococcus, Tetanus and Diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.

The severity of the issue was potential for harm and the scope of the issue was widespread. The home had a history of related non-compliance that was previously issued as a Voluntary Plan of Correction (VPC) on March 15, 2016, and August 29, 2014, during Resident Quality Inspections #2016_277538_0008 and #2014_259520_0026. [s. 229. (10) 3.]

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 residents were offered immunizations against Pneumococcus, tetanus and Diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website, to be implemented voluntarily.



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Issued on this 27th day of September, 2017

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

Original report signed by the inspector.



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**Ministère de la Santé et
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Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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 Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée
Inspection de soins de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : SHERRI COOK (633), DOROTHY GINTHER (568),
JENNA BAYSAROWICH (667)

Inspection No. /

No de l'inspection : 2017_610633_0005

Log No. /

No de registre : 008498-17

Type of Inspection /

Genre d'inspection: Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Aug 16, 2017

Licensee /

Titulaire de permis : MACGOWAN NURSING HOMES LTD
719 Josephine Street, P.O. Box 1060, WINGHAM, ON,
N0G-2W0

LTC Home /

Foyer de SLD : BRAEMAR RETIREMENT CENTRE
719 Josephine Street North, R.R. #1, P.O. Box 1060,
WINGHAM, ON, N0G-2W0

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :** Archie MacGowan

To MACGOWAN NURSING HOMES LTD, you are hereby required to comply with the following order(s) by the date(s) set out below:



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

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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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

Order(s) of the InspectorPursuant 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 # /****Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre
existant:** 2016_277538_0008, CO #003;**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 31. (3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;

(b) set out the organization and scheduling of staff shifts;

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

O. Reg. 79/10, s. 31 (3).

Order / Ordre :

The licensee shall ensure that the staffing plan provides for a staffing mix that is consistent with all residents' assessed needs and preferences. Specifically, the licensee shall ensure that the identified residents, and all residents, receive specific care according to their needs and preferences at a minimum of twice weekly on their scheduled day.

The licensee shall also ensure that the written staffing plan is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practice.

Grounds / Motifs :

1. 1. The licensee has failed to ensure that the staffing plan:

(a) provided for a staffing mix that was consistent with the residents' assessed care and safety needs.

(e) was evaluated and updated at least annually in accordance with evidence-

based practices and, if there were none, in accordance with prevailing practice.

Order #003 dated May 10, 2016, from Resident Quality Inspection (RQI) 2016_277538_0008 Log # 007194-16 stated that the licensee shall evaluate the current staffing plan to ensure that it provided a staffing mix that was consistent with resident care and safety needs and this evaluation was to be documented. The licensee was to also ensure that the staffing plan was evaluated at least annually and at times before and after reducing staff hours to ensure that resident care and safety were not affected by the changes.

The home's policy related to staffing stated that specific resident care was required and must be done by staff. The home's policy also stated that the staffing plan was to be evaluated and updated annually and when staffing adjustments were made and this was not included.

The Administrator and DOC agreed that resident care was changed to a specific time and this care was missed when the home was short staffed. In addition, the residents that received this care were unable to consent and it was not included in their plan of care. The DOC and Administrator agreed that they had made changes to their nursing and personal care staffing program during the last year and this was not evaluated and documented.

The licensee has failed to ensure that the staffing plan provided for a staffing mix that was consistent with the resident's needs. The licensee has also failed to ensure that the staffing plan was evaluated in accordance with evidence-based practices and, if there was none, in accordance with prevailing practice and updated at least annually and at times before and after reducing staff hours to ensure that resident care and safety were not affected by the changes.

The severity of the issue was minimal harm or potential for harm and the scope of this issue was determined to be a pattern. The home had a history of related non-compliance that was previously issued on March 15, 2016, as a Compliance Order (CO) during the Resident Quality Inspection (RQI) #2016_277538_0008 and a Voluntary Plan of Correction (VPC) was issued on September 28, 2015, during complaint inspection #2015_355588_0026. [s. 31. (3)] (568)



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**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Nov 02, 2017



**Ministry of Health and
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**Ministère de la Santé et
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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, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections 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, 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:

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
Long-Term Care Inspections 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 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 de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603



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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)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et 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 16th day of August, 2017

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



**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*

Name of Inspector /

Sherri Cook

Nom de l'inspecteur :

Service Area Office /

Bureau régional de services : London Service Area Office