



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**

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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**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 6, 2013	2013_186171_0023	L-000264-13	Complaint

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

ELISA WILSON (171)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): May 23 and June 3, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Registered Staff, Personal Support Workers, Physiotherapist and Program Manager.

During the course of the inspection, the inspector(s) reviewed staff schedules and the plans of care for identified residents.

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



Personal Support Services

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

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>Legendé</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>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>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</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 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).



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

Findings/Faits saillants :

1. The licensee had not ensured there was at least one registered nurse who was an employee of the licensee and a member of the regular nursing staff of the home on duty and present at all times.

A review of the Registered Nurses' (RNs) schedules revealed from February 2013 to April 2013 the home was fully staffed with three RNs per day less than 20% of the time. When the home did not have an RN available a Registered Practical Nurse (RPN) would cover the shift with an RN available by telephone.

Between April 29 and May 23, 2013 the home was fully staffed 40% of the time. An agency RN came in for 14 shifts and two RNs were hired and started work during this time period.

The two RNs hired are scheduled for day and evening shifts on future schedules. An RPN is scheduled to cover 14 night RN shifts in each four week period on future schedules.

The Administrator and Director of Care confirm there has not been 24-hour RN coverage every day and that the home is scheduling an RPN in advance to cover RN shifts on the current schedules. [s. 8. (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 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 had not ensured there was a written staffing plan for the nursing and personal support services program.

A review of the staff schedules revealed the home did not provide 24-hour RN coverage. There was no documented staffing plan regarding steps that have been or are being taken to attain compliance with this legislation nor an evaluation of the plan.

There was also no written plan or evaluation of current practice regarding days when the home was short Personal Support Workers (PSWs) to ensure resident care was being provided. In the month of March 2013 and April 2013 the home was fully staffed with PSWs less than 50% of the time.

The Administrator and Director of Care confirmed there was no written staffing plan to address the above concerns to ensure the residents' assessed care and safety needs were being met and that the staffing plan met the requirements set out in the Act. [s. 31. (3)]



Additional Required Actions:

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

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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident; 2007, c. 8, s. 6 (1).

(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

s. 6. (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).

2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).

3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).

Findings/Faits saillants :



1. The licensee had not ensured the written plan of care provided clear direction to staff and others who provide direct care to the resident.

The plan of care for an identified resident was reviewed.

a) There was a Physician's order for Treatment #1 to be applied for a specified period of time. Five days before the end of this order the Physiotherapist recommended this treatment be continued. It is unclear if the treatment should still be applied and whether it needed another Physician's order. It was no longer documented on the Treatment Administration Record after the Physician's order stopped. This intervention was still included on the resident's care plan, although the instructions were inconsistent with the order.

b) The resident's care plan indicated the need for Treatment #2, however it was unclear what staff person should be applying the treatment. This treatment was not added to the Treatment Assessment Record (TAR) or the daily Physiotherapy flowsheets as an intervention for tracking and documentation.

The Physiotherapist and Director of Care confirmed the instructions were not clear. [s. 6. (1) (c)]

2. The licensee had not ensured that the staff and others involved in the different aspects of care of the resident collaborated with each other in the development and implementation of the plan of care so that the different aspects of care were integrated and were consistent and complement each other.

A review of the plan of care for an identified resident revealed inconsistencies in direction and documentation:

a) The Physiotherapist's recommendations and Physician's orders were not consistent with dates to start and stop Treatment #1. The Director of Care confirmed the orders should be consistent and that regular application of this treatment would require a Physician's order.

b) A staff person provided Treatment #3 on six occasions, however this intervention was not part of the plan of care and was not done in collaboration with the home's Physiotherapist.



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

The Director of Care confirmed this intervention should be monitored by the Physiotherapist and should be noted in the plan of care. [s. 6. (4) (b)]

3. The licensee had not ensured the provision of care as set out in the plan of care was documented.

An identified resident had an order for Treatment #4. A review of the electronic Treatment Administration Record (TAR) for one month revealed no documentation for nine of the treatment times. A review of the TAR for the following month revealed no documentation for 17 treatment times. The lack of documentation makes it difficult to assess if treatment was provided.

Staff confirmed there should be a code entered for every treatment time as there were codes available to indicate if the resident refused or was unavailable for treatment. [s. 6. (9) 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 the plan of care provides clear direction to staff and to ensure staff collaborate in the development and implementation of the plan of care, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :



1. The licensee had not ensured that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

A Physiotherapy note in the progress notes indicated an identified resident was to have a Treatment #2 at regular times of day and to be monitored for signs of discomfort. There was a Physician's order for the use of the treatment. There were progress notes on two days that the treatment was used, however there was no further documentation. It is unclear how often it was used, when its use was reassessed and what the resident's response was to this intervention. Staff indicated that the treatment was no longer being used, however the Physician's order had not been discontinued and this intervention was still on the care plan.

Staff indicated this intervention should have been included on the Treatment Administration Record or the daily Physiotherapy flowsheets for tracking documentation, however it was confirmed it was not included on either of these records. [s. 30. (2)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 61. Therapy services staff qualifications

Specifically failed to comply with the following:

s. 61. (2) Therapy services provided by the licensee may be provided by support personnel who are members of the staff of the home who work under the direction of a member of the appropriate regulated health profession and the supervision of the designated lead required under section 64 and who,

- (a) subject to subsection (3), have successfully completed a training program in restorative care, or are enrolled in such a program; or O. Reg. 79/10, s. 61 (2).**
- (b) have successfully completed a relevant training course provided by the licensee that is designed and supervised by a qualified therapist who is a member of the appropriate college of a regulated health profession. O. Reg. 79/10, s. 61 (2).**

Findings/Faits saillants :



1. The licensee had not ensured that therapy services provided by support personnel worked under the direction of a member of the appropriate regulated health professional or that the support personnel had appropriate training.

The Resident Monthly Participation Report indicated an identified resident received six Treatment #3's by a specific staff person. This intervention was not included on the resident's plan of care and there was no documentation from the Physiotherapist regarding when, how often, and for how long this treatment should be provided.

The Director of Care confirmed the staff person was not working under the direction of the Physiotherapist and that this treatment should be included in the Physiotherapist's care plan. [s. 61. (2)]

**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 131.
Administration of drugs**

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

1. The licensee had not ensured that all drugs were administered to the resident in accordance with the directions for use specified by the prescriber.

The quarterly medication review for an identified resident was signed by the physician. At that time a specific medication which was previously on hold was stopped. According to the Medication Administration Record (MAR) the hold order was not removed until two days after the signed order and the stop order did not take effect until four days after the signed order. This resulted in the resident receiving four doses of the medication on day three.

The Director of Care confirmed the stop order was not processed in a timely manner and the process to be followed for hold orders needed to be reviewed by the home to prevent errors. [s. 131. (2)]



Ministry of Health and
Long-Term Care

Ministère de la Santé et des
Soins de longue durée

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Loi de 2007 sur les foyers de
soins de longue durée

Issued on this 6th day of June, 2013

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

Elisa Wilson



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

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : ELISA WILSON (171)

Inspection No. /

No de l'inspection : 2013_186171_0023

Log No. /

Registre no: L-000264-13

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Jun 6, 2013

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
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

Order # / Ordre no : 001	Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)
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Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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).

Order / Ordre :

The licensee shall ensure at least one registered nurse is on duty and present in the home at all times.

Grounds / Motifs :



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

Ordre(s) de l'inspecteur
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de l'article 154 de la *Loi de 2007 sur les foyers
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1. The licensee had not ensured there was at least one registered nurse who was an employee of the licensee and a member of the regular nursing staff of the home on duty and present at all times.

Non-compliance to this legislation was issued in January 2012 as a written notification and in July 2012 as a voluntary plan of correction.

A review of the Registered Nurses' (RNs) schedules revealed from February 2013 to April 2013 the home was fully staffed with three RNs per day less than 20% of the time. When the home did not have an RN available a Registered Practical Nurse (RPN) would cover the shift with an RN available by telephone.

Between April 29 and May 23, 2013 the home was fully staffed 40% of the time. An agency RN came in for 14 shifts and two RNs were hired and started work during this time period.

The two RNs hired are scheduled for day and evening shifts on future schedules. An RPN is scheduled to cover 14 night RN shifts in each four week period on future schedules.

The Administrator and Director of Care confirm there has not been 24-hour RN coverage every day and that the home is scheduling an RPN in advance to cover RN shifts on the current schedules. (171)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 06, 2013



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

**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
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de soins de longue durée*, L.O. 2007, chap. 8

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

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 a staffing plan is developed and implemented that meets the requirements of the Regulations.

The plan must include but is not limited to:

1. steps taken to ensure twenty-four hour nursing on site each day
2. plan to ensure resident care is provided when the home is unable to fill all regular nursing and/or personal support worker shifts in the day
3. plan for auditing and evaluating the program to ensure care and safety needs of the residents are being met, including who will do the audits and how often they will be done.

The licensee must prepare and submit a preliminary outline of the staffing plan to Elisa Wilson, LTC Homes Inspector, by email at elisa.wilson@ontario.ca by June 21, 2013.

Grounds / Motifs :



**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
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1. The licensee had not ensured there was a written staffing plan for the nursing and personal support services program.

Non-compliance to this regulation was issued in January 2012 as a written notification and July 2012 as a voluntary plan of correction.

A review of the staff schedules revealed the home did not provide 24-hour RN coverage. There was no documented staffing plan regarding steps that have been or are being taken to attain compliance with this legislation nor an evaluation of the plan.

There was also no written plan or evaluation of current practice regarding days when the home was short Personal Support Workers (PSWs) to ensure resident care was being provided. In the month of March 2013 and April 2013 the home was fully staffed with PSWs less than 50% of the time.

The Administrator and Director of Care confirmed there was no written staffing plan to address the above concerns to ensure the residents' assessed care and safety needs were being met and that the staffing plan met the requirements set out in the Act. (171)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 06, 2013



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

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
des Soins de longue durée**

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
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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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Order(s) of the Inspector
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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.



**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

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 6th day of June, 2013

Signature of Inspector /

Signature de l'inspecteur : *Elisa Wilson*

Name of Inspector /

Nom de l'inspecteur : ELISA WILSON

Service Area Office /

Bureau régional de services : London Service Area Office