

**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**

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de
Toronto
5700, rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 9, 2020	2020_659189_0006	018910-19, 019753-19	Complaint

Licensee/Titulaire de permis

Vigour Limited Partnership on behalf of Vigour General Partner Inc.
302 Town Centre Blvd Suite 300 MARKHAM ON L3R 0E8

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

Camilla Care Community
2250 Hurontario Street MISSISSAUGA ON L5B 1M8

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

NICOLE RANGER (189)

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): February 12, 13, 14, 18, 19, 20, 2020.

During the course of the inspection, the following Complaint intake logs were inspected:

Log #018910-19 related to pest control

Log #019753-19 related to pest control, maintenance service in the home.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Associate Director of Care (ADOC), Director of Environmental Services (DES), Director of Resident Programs and Admissions (DRPA), Resident and Family Experience Coordinator, registered nurse (RN), registered practical nurse (RPN), housekeeping staff, maintenance staff, personal support workers (PSWs), residents and family members.

During the course of the inspection, the inspector conducted tour of floors in the home including random resident rooms, common areas and shower/tub rooms, reviewed residents' health records, staffing schedules, job routines, housekeeping and maintenance policies and procedures, and Abell service logs.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

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

4 WN(s)

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

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The Ministry of Long Term Care (MLTC) received a complaint related to pest control and general maintenance of the home. According to the complainant, the home has a long-standing history of pest control issues, and the complainant has observed wall damage, unpainted walls and unclean residents' room.

During the tour of the home, the following was observed by the inspector. These concerns were brought to the Director of Environmental Services (DES) attention during a brief tour on an identified date:

- A) Wall damage and damage to wall cap in an identified room
- B) Ceiling damage to multiple residents' room
- C) Heavy black scuff marks on wall surface inside the washroom in an identified room
- D) Loose baseboard coming off and baseboard radiator heavily scuffed and damaged in an identified room
- E) Missing ceiling exhaust fan cover in an identified shower room
- F) Missing electrical outlet cover in an identified area
- G) Cracked floor tile in an identified shower room
- H) The cabinet doors located in an identified room were noted to be in poor condition, had exposed board along bottom drawer that was very rough.

In an interview with maintenance staff #120 , they reported that they relied on housekeeping and nursing staff to report when there is damage to the walls or any maintenance issues. The maintenance logs were reviewed between December 1, 2019 and date of inspection, and did not include any entries by staff regarding the maintenance issues identified during this inspection.

During a tour of the home with the DES and the Director of Care (DOC), the DES acknowledged the above mentioned concerns. In an interview with the DES, the inspector requested schedules and procedures for routine, preventive and remedial maintenance for the home. The DES acknowledged that these schedules were not available and they were unable to provide them to the inspector. [s. 15. (2) (c)]

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. 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 the care set out in the plan of care was provided to the resident as specified in the plan.

The Ministry of Long Term Care (MLTC) received a complaint related to pest control and wheelchair cleaning. According to the complainant resident #001's family member was informed by staff at an off site day program the resident attended, that they had sighted pests inside the resident's wheelchair. According to the complainant, this was the second incident of this nature.

Resident #001's wheelchair was scheduled to receive cleaning every 13 days. The wheelchair cleaning schedule was reviewed for a period of six months, and identified that resident #001's wheelchair was not cleaned on four occasions.

As a result of the pest sighting on the identified date, additional cleaning was scheduled for two identified dates. Review of the cleaning schedule identified that the resident's wheelchair were assigned to be cleaned on these dates, however they were not signed off by the PSWs indicating that the wheelchair had been cleaned.

Interviews with PSW #115 and RPN #116, identified the process is for the staff completing the cleaning task to sign it off as completed. The absence of the sign off would indicate that the task had not been completed and the plan of care had not been followed. [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 the care set out in the plan of care is provided to the resident and specified in the plan, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping
Specifically failed to comply with the following:**

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that procedures were developed and implemented for cleaning of the home, including floors, furnishings, privacy curtains, contact surfaces and wall surfaces.

During a tour of the home, the inspector found the following housekeeping issues. These concerns were brought to the attention of the DES during a brief tour on an identified date:

A) Sanitation levels were poor in the shower rooms on an identified floor. There was heavy build up of black substance resembling mould on the baseboard . There were large cracks to the floor at the wall joint along the baseboard where the mould was. Active pest sighting was found in the shower room on an identified date.

B) Build up of mildew along the flooring in the corner of an identified shower room.

Interview with PSWs #118 and #119 reported that the mould and the cracked floor tile in the shower room have been like that for two months.

In an interview with housekeeping staff #112 , they acknowledged that they are assigned to clean all shower/tub rooms on each floor daily. Housekeeping staff #112 reported they were unaware of the mould in the shower room, and stated that they cleaned the shower room earlier that day. The inspector requested to review the documentation of the cleaning completed for the shower room for the current week, however the housekeeper was unable to provide the inspector the documentation.

In an interview with the DES, they identified that the assigned housekeeper is responsible to clean all of the shower rooms in the home on each floor and to sign off once completed. The inspector requested to review the task list of the completed cleaning of the shower rooms and the DES was unable to provide the inspector with documentation to review. The DES further reported that routine sanitation audits were conducted of all areas in the building, including all tub rooms. However, the audit form had not been completed for three months. During a tour of the home with the DES and DOC, they acknowledged the maintenance issues mentioned above observed throughout the home, and that it was unacceptable. [s. 87. (2) (a)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**Specifically failed to comply with the following:****s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,****(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).****(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).****(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).****(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).****(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).****(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).****Findings/Faits saillants :**

1. The Ministry of Long Term Care (MLTC) received a complaint related to pest control and wheelchair cleaning. In response to the previously identified pest issue involving resident #001's wheelchair, resident #001's family complained to the Director of Resident Programs and Admission (DRPA) on an identified date.

A review of the home's policy titled, Complaints Management Program, XXII-A-10.40, revised on August 2016, indicated that for verbal complaints, staff are to conduct and document an internal investigation utilizing the Complaint Record Form.

A review of the home's complaints binder did not locate a complaint form completed for the above issue.

During interview with the DRPA they acknowledged that the concern was received from the family member, and that the complaints record was not completed as per policy. [s. 101. (2)]

Issued on this 19th day of March, 2020

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

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : NICOLE RANGER (189)

Inspection No. /

No de l'inspection : 2020_659189_0006

Log No. /

No de registre : 018910-19, 019753-19

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Mar 9, 2020

Licensee /

Titulaire de permis : Vigour Limited Partnership on behalf of Vigour General
Partner Inc.
302 Town Centre Blvd, Suite 300, MARKHAM, ON,
L3R-0E8

LTC Home /

Foyer de SLD : Camilla Care Community
2250 Hurontario Street, MISSISSAUGA, ON, L5B-1M8

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Lilibeth Medina

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

To Vigour Limited Partnership on behalf of Vigour General Partner Inc., 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 :**

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,

- (a) the home, furnishings and equipment are kept clean and sanitary;
- (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
- (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (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. 15. (2) (c).

Specifically, the licensee must:

1. Ensure all areas of the home are kept in a good state of repair including residents' furnishings, residents' washrooms, residents' room entrances, and hallways.
2. Repair wall damage identified in A, C, D, in the grounds below and any other resident rooms required.
3. Repair ceiling damage identified in B in the grounds and any other resident rooms required.
4. Repair floor damage identified in G in the grounds and any other shower rooms required.
5. Replace missing ceiling fan and electrical outlet cover identified in E, F, in the grounds and any other areas in the home required
6. Develop room specific audits that includes resident bedrooms, resident ensuite washrooms, tub/shower rooms, dining rooms, activity rooms, so that all furnishings, surfaces, devices and equipment in that area are checked for condition. Include the auditor's name, date audit completed, specific area being audited, the details of the unsatisfactory condition identified, an area to complete the follow up action and the follow up completion date on the audit form.
7. Conduct an audit of all resident bedrooms, resident ensuite washrooms, dining rooms, tub/shower rooms, activity rooms, and document the findings on the audit form developed above. The audit and documentation of follow up action(s) shall be made available for review for future follow up inspections. Thereafter, each of the areas in the home shall be audited on a routine basis established by the management team of the home.

Grounds / Motifs :

1. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The Ministry of Long Term Care (MLTC) received a complaint related to pest control and general maintenance of the home. According to the complainant, the home has a long-standing history of pest control issues, and the complainant has observed wall damage, unpainted walls and unclean residents' room.

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

During the tour of the home, the following was observed by the inspector. These concerns were brought to the Director of Environmental Services (DES) attention during a brief tour on an identified date:

- A) Wall damage and damage to wall cap in an identified room
- B) Ceiling damage to multiple residents' room
- C) Heavy black scuff marks on wall surface inside the washroom in an identified room
- D) Loose baseboard coming off and baseboard radiator heavily scuffed and damaged in an identified room
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- H) The cabinet doors located in an identified room were noted to be in poor condition, had exposed board along bottom drawer that was very rough.

In an interview with maintenance staff #120 , they reported that they relied on housekeeping and nursing staff to report when there is damage to the walls or any maintenance issues. The maintenance logs were reviewed between December 1, 2019 and date of inspection, and did not include any entries by staff regarding the maintenance issues identified during this inspection.

During a tour of the home with the DES and the Director of Care (DOC), the DES acknowledged the above mentioned concerns. In an interview with the DES, the inspector requested schedules and procedures for routine, preventive and remedial maintenance for the home. The DES acknowledged that these schedules were not available and they were unable to provide them to the inspector.

The severity of this non-compliance was identified as minimal harm, the scope was identified as level 3 widespread as it related to multiple areas throughout the home. Compliance history was level 3 due to previous non compliance, a voluntary plan of correction (VPC) issued August 21, 2017, for s. 15 (2) (c) under report 2017_539120_0041. Due to the scope being widespread and previous non compliance, a compliance order (CO) is warranted. (189)

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

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

Aug 21, 2020

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

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
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
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
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.

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

**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
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
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
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 9th day of March, 2020

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : NICOLE RANGER

Service Area Office /

Bureau régional de services : Toronto Service Area Office