

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

Central West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
Telephone: (888) 432-7901
Facsimile: (519) 885-2015

Bureau régional de services de Centre
Ouest
1e étage, 609 rue Kumpf
WATERLOO ON N2V 1K8
Téléphone: (888) 432-7901
Télécopieur: (519) 885-2015

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
Sep 30, 2020	2020_836766_0012	004052-20, 007700-20, 010585-20, 011939-20	Critical Incident System

Licensee/Titulaire de permis

Collingwood Nursing Home Limited
250 Campbell Street COLLINGWOOD ON L9Y 4J9

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

Collingwood Nursing Home
250 Campbell Street COLLINGWOOD ON L9Y 4J9

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

KATY HARRISON (766), KIM BYBERG (729)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): September 8-11 and 14-15, 2020,

The following intakes were inspected: Log #004052-20 related to a fall that resulted in injury to a resident, log #011939-20 related to a fall that resulted in injury to a resident, log #007700-20 related to missing medications, log #010585-20 related to resident to resident abuse.

The inspectors toured resident home areas, observed resident care provision, resident staff interaction; reviewed relevant clinical records, policies and procedures pertaining to the inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, DOC, ADOC, Registered staff, PSW's, Dietary Aide and maintenance staff.

The following Inspection Protocols were used during this inspection:

Dignity, Choice and Privacy

Falls Prevention

Infection Prevention and Control

Medication

Safe and Secure Home

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

3 WN(s)

1 VPC(s)

2 CO(s)

0 DR(s)

0 WAO(s)

**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**

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 AMP – Administrative Monetary Penalty</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 AMP – Administrative Monetary Penalty</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>AMP (s) may be issued under section 156.1 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>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p> <p>AMP (s) may be issued under section 156.1 of the LTCHA</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

**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**

1. The licensee failed to ensure that the home was providing a safe and secure environment for its residents related to following of the COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7 by the Chief Medical Officer of Health (CMOH) specifically, the inappropriate use of masks and active screening of staff and visitors to the home.

The COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7 by the Chief Medical Officer of Health (CMOH), has been revised and at the time of the inspection the effective date of implementation was August 28, 2020. Directive #3 stated long-term care homes should immediately implement that all staff wear surgical/procedure masks at all times for source control for the duration of full shifts. This was required regardless of whether the home was in an outbreak or not. When staff were not in contact with residents or in resident areas during their breaks, staff could remove their surgical/procedure mask but must remain two meters away from other staff to prevent staff to staff transmission of COVID-19. Directive #3 also stated long-term care homes must immediately implement active screening of all staff, visitors and anyone else entering the home for COVID-19 with the exception of first responders, who should, in emergency situations, be permitted entry without screening.

A) On three separate occasions it was observed that a Registered Nurse was at the nursing station less than two meters away from other staff and residents not wearing their surgical mask.

The DOC stated they were aware of the COVID-19 Directive #3 for Long-Term Care homes and that all staff were to wear surgical masks while in the home, including at the nursing station.

B) Staff were observed to enter the home at the side entrance of the building without a mask, they were not actively screened, proceeded to walk into the staff lounge, walk through the home where they interacted with staff and residents to the front nursing station where they took their own temperature, donned a mask and recorded their initials in the staff log book.

On three occasions it was observed that visitors to the home were not actively screened by staff when they entered the home.

**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**

The DOC stated that the charge nurse was responsible for actively screening visitors at the front door. The home did not have anyone actively screening staff. Staff were to self-screen, take their own temperature and sign the staff screening log book. Staff were to enter and exit through the front entrance and complete the screening process.

Review of the document titled “Staff Screening – COVID-19 2020 Pandemic” showed eight staff members did not follow the home’s COVID-19 process for screening and signing the home’s staff screening log book.

Staff not wearing masks appropriately, the home not screening staff and visitors correctly and not following infection control practices put all residents at risk for contracting infection, including COVID-19.

Sources: Observation, record review of staff screening COVID-19 document, Interviews with front line staff and DOC. [s. 5.]

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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

**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**

1. Ontario Reg. 79/10, r. 8 (1)(b) and O. Reg. 79/10, r. 136 (2) 1 requires that the medication program includes the development and implementation of policies and procedures related to drug destruction and disposal.

Specifically, staff did not comply with the home's policy and procedure "8.4 Medication Destruction" dated February, 2005, which states that, all narcotic and controlled drugs are to be stored securely under double lock until destroyed.

While doing medication destruction, narcotics were found missing. The Director of Care (DOC) spoke to the Registered staff involved and they verified that they signed the medication into the medication destruction bin together. After reviewing video footage, the home was unable to determine what happened to the medications. They could only confirm that two registered staff put the medications into the destruction bin. The DOC stated that medication destruction had not been done for some time due to COVID-19 and the bin was so full someone could have reached in and taken what was on top.

There was a potential risk of harm to all residents as the missing medication could have been administered to a resident.

The licensee failed to ensure that all narcotic and controlled drugs were stored securely under double lock until destroyed.

Sources: Observations of medication process. Staff interviews with RPN, DOC. Record review; Surplus and Discontinued Medication Policy, Subsection 8.4 Medication Destruction. Dated February, 2005. Narcotic and Controlled Substance Destruction Forms. [s. 8. (1) (b)]

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. (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 staff followed the plan of care in relation to the use of equipment, for a resident.

An incident occurred when a resident fell while transferring without assistance and sustained an injury.

Observations on two occasions identified that the resident did not have the equipment needed. Their plan of care stated that the equipment must be easily accessible.

The Resident stated that the equipment was not easily accessible.

A Registered Nurse, who was the home's fall lead, stated that the resident should have had the equipment within reach.

Interventions to manage the resident's fall prevention strategies were in place, but not utilized at the time of observations which increased the risk of the resident falling.

Sources: Observations, plan of care for resident, progress notes, interviews with front line staff, ADOC and Fall's lead. [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 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)., to be implemented voluntarily.

Issued on this 30th day of September, 2020

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

Original report signed by the inspector.

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

Order(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 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) :** KATY HARRISON (766), KIM BYBERG (729)**Inspection No. /****No de l'inspection :** 2020_836766_0012**Log No. /****Registre no:** 004052-20, 007700-20, 010585-20, 011939-20**Type of Inspection /****Genre****d'inspection:**

Critical Incident System

Report Date(s) /**Date(s) du Rapport :** Sep 30, 2020**Licensee /****Titulaire de permis :** Collingwood Nursing Home Limited
250 Campbell Street, COLLINGWOOD, ON, L9Y-4J9**LTC Home /****Foyer de SLD :** Collingwood Nursing Home
250 Campbell Street, COLLINGWOOD, ON, L9Y-4J9**Name of Administrator /****Nom de l'administratrice****ou de l'administrateur :** Peter Zober

To Collingwood Nursing Home Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

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

Order(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 # /**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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Order / Ordre :

The licensee must comply with s. 5 of the LTCHA, 2007, S.O. 2007, c. 8.

Specifically, the licensee must:

A) Ensure that all staff wear surgical/procedural masks at all times for the duration of their shifts with the exception of when staff are on their breaks in non-resident areas, for as long as it is included in Directive #3 and the duration for which it is in effect

B) Develop and implement an audit tool that tracks the use of PPE. Include the date, time, person audited, person completing the audit, location of the audit, any deficiencies identified, and a follow up action plan to address the deficiencies. The audit must be completed at minimum weekly on all shift types, including weekends and for all staff designations, for as long as Directive #3 is in place or until staff adhere and compliance is achieved

C) The home must designate a person(s) to actively complete screening of all staff, visitors and anyone else entering the home for COVID-19 with the exception of emergency responders and notify the Director of Care or designate for further instructions, in the event the staff/visitor does not pass the screening process. The home must keep a record of the staff/visitors being screened. The screening must include the screening questions found in Directive #3, for as long as Directive #3 is in place.

Grounds / Motifs :

1. The licensee failed to ensure that the home was providing a safe and secure

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

Order(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

environment for its residents related to following of the COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7 by the Chief Medical Officer of Health (CMOH) specifically, the inappropriate use of masks and active screening of staff and visitors to the home.

The COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7 by the Chief Medical Officer of Health (CMOH), has been revised and at the time of the inspection the effective date of implementation was August 28, 2020. Directive #3 stated long-term care homes should immediately implement that all staff wear surgical/procedure masks at all times for source control for the duration of full shifts. This was required regardless of whether the home was in an outbreak or not. When staff were not in contact with residents or in resident areas during their breaks, staff could remove their surgical/procedure mask but must remain two meters away from other staff to prevent staff to staff transmission of COVID-19. Directive #3 also stated long-term care homes must immediately implement active screening of all staff, visitors and anyone else entering the home for COVID-19 with the exception of first responders, who should, in emergency situations, be permitted entry without screening.

A) On three separate occasions it was observed that a Registered Nurse was at the nursing station less than two meters away from other staff and residents not wearing their surgical mask.

The DOC stated they were aware of the COVID-19 Directive #3 for Long-Term Care homes and that all staff were to wear surgical masks while in the home, including at the nursing station.

B) Staff were observed to enter the home at the side entrance of the building without a mask, they were not actively screened, proceeded to walk into the staff lounge, walk through the home where they interacted with staff and residents to the front nursing station where they took their own temperature, donned a mask and recorded their initials in the staff log book.

On three occasions it was observed that visitors to the home were not actively screened by staff when they entered the home.

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

Order(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

The DOC stated that the charge nurse was responsible for actively screening visitors at the front door. The home did not have anyone actively screening staff. Staff were to self-screen, take their own temperature and sign the staff screening log book. Staff were to enter and exit through the front entrance and complete the screening process.

Review of the document titled "Staff Screening – COVID-19 2020 Pandemic" showed eight staff members did not follow the home's COVID-19 process for screening and signing the home's staff screening log book.

Staff not wearing masks appropriately, the home not screening staff and visitors correctly and not following infection control practices put all residents at risk for contracting infection, including COVID-19.

Sources: Observation, record review of staff screening COVID-19 document, Interviews with front line staff and DOC.

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

Severity: The licensee not ensuring that all staff wear PPE appropriately and completing active screening of all staff and visitors entering the home poses actual risk to the residents of contracting COVID-19 causing a COVID-19 outbreak in the home.

Scope: This non-compliance was widespread as it had the potential to affect all the residents in the home.

Compliance History: Thirty-eight written notifications (WN), twenty-six voluntary plans of correction (VPCs) and eight compliance orders (CO), all of which have been complied, were issued to the home related to different sections of the legislation in the past 36 months. (729)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Oct 09, 2020

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

Order(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 # /**No d'ordre : 002****Order Type /****Genre d'ordre : Compliance Orders, s. 153. (1) (a)****Pursuant to / Aux termes de :**

O.Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee must comply with O. Reg. 79/10, r. 8 (1) (b)

Specifically, the Licensee must:

A) Ensure that drugs that are to be destroyed and disposed of are stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs. O. Reg. 79/10, r.136 (2) 1

B) Develop and implement a process where the drug destruction box is monitored to ensure that drugs are destroyed and disposed of at regular intervals and that drugs cannot be accessed by anyone once they are placed in the box. A record must be kept of the home's monitoring and disposal process.

Grounds / Motifs :

1. Ontario Reg. 79/10, r. 8 (1)(b) and O. Reg. 79/10, r. 136 (2) 1 requires that the medication program includes the development and implementation of policies and procedures related to drug destruction and disposal.

Specifically, staff did not comply with the home's policy and procedure "8.4 Medication Destruction" dated February, 2005, which states that, all narcotic and controlled drugs are to be stored securely under double lock until destroyed.

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

Order(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

While doing medication destruction, narcotics were found missing. The Director of Care (DOC) spoke to the Registered staff involved and they verified that they signed the medication into the medication destruction bin together. After reviewing video footage, the home was unable to determine what happened to the medications. They could only confirm that two registered staff put the medications into the destruction bin. The DOC stated that medication destruction had not been done for some time due to COVID-19 and the bin was so full someone could have reached in and taken what was on top.

There was a potential risk of harm to all residents as the missing medication could have been administered to a resident.

Sources: Observations of medication process. Staff interviews with RPN, DOC. Record review; Surplus and Discontinued Medication Policy, Subsection 8.4 Medication Destruction. Dated February, 2005. Narcotic and Controlled Substance Destruction Forms.

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

Severity: There was a potential risk of harm to all residents, as the missing medication could have been administered to a resident.

Scope: This non-compliance was widespread as it had the potential to affect all the residents in the home.

Compliance History: Thirty-eight written notifications (WN), twenty-six voluntary plans of correction (VPCs) and eight compliance orders (CO), all of which have been complied, were issued to the home related to different sections of the legislation in the past 36 months. (766)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 06, 2020

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

Order(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
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

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

Order(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

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
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

Pursuant to section 153 and/or section 154 of the Long-Term Care Homes Act, 2007, S.O. 2007, c.8

Order(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

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 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

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.

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

Order(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 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

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 30th day of September, 2020

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Katy Harrison

Service Area Office /

Bureau régional de services : Central West Service Area Office