

**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**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130, avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
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<b>Report Date(s)/ Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log #/ No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 27, 2020	2020_722630_0004 (A1)	020209-19	Follow up

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**Licensee/Titulaire de permis**

Copper Terrace Limited  
284 Central Avenue LONDON ON N6B 2C8

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

Copper Terrace  
91 Tecumseh Road CHATHAM ON N7M 1B3

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

Amended by AMIE GIBBS-WARD (630) - (A1)

**Amended Inspection Summary/Résumé de l'inspection modifié**

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**The home requested an extension to the compliance due date (CDD) of May 31, 2020, for CO #001 from inspection 2020\_722630\_0004 related to LTCHA s 15(2). Based on a review by Inspector #630, Inspection Manager and Service Area Office Manager this request was granted on March 27, 2020, and the CDD has been extended to August 1, 2020.**

**Issued on this 27th day of March, 2020 (A1)**

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

**Original report signed by the inspector.**

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

Amended by AMIE GIBBS-WARD (630) - (A1)

**Amended Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): January 30, February 3, 4, and 5, 2020.**

**The following Follow-up intakes were completed within this inspection:**

**Log #020209-19 for Compliance Order (CO) #001 from Inspection #2019\_722630\_0027 related to the cleanliness of the home and furnishings.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Environmental Services, the Director of Culinary Services, Dietary Aides (DAs) and residents.**

**The inspector also observed the food serveries, resident rooms and residents' common areas, reviewed policies and procedures of the home, reviewed staff memos, staff job routines and cleaning audits as well as the home's Compliance Action Plan.**

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

**Accommodation Services - Housekeeping  
Accommodation Services - Maintenance**

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

**1 WN(s)  
0 VPC(s)  
1 CO(s)  
0 DR(s)  
0 WAO(s)**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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 and furnishings were kept

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clean and maintained in a good state of repair.

A) The licensee has failed to comply with Compliance Order (CO) #001 from Inspection #2019\_722630\_0027 served October 17, 2019, with a compliance due date of December 31, 2019. This CO included the following details:

The licensee must be compliant with s. 15 (2) of the LTCHA.

Specifically the licensee must ensure:

- a) The walls, wall mounted heaters, chairs, tables, and stools in the dining rooms are kept clean and sanitary.
- b) The walls, floors, beverage/food carts, steam-wells, fridges, microwaves, and cupboards, in the serveries are kept clean and sanitary.
- c) The housekeeping and dietary staff cleaning schedules are reviewed, revised and implemented to ensure all aspects of the dining rooms and serveries are included in the cleaning schedules on a regular basis. A written record of this review and the revisions made must be kept in the home.
- d) An auditing process is developed, implemented and documented in the home to ensure the serveries and dining rooms are kept clean and sanitary. A written record must be kept in the home of the audits including who completed each audit, when each audit was completed, the results of the audits and the corrective actions taken.

The licensee completed part c) and d).

During multiple observations, Inspector #630 observed the serveries, dining rooms, hallways, resident lounges, resident rooms and resident bathrooms for all four resident home areas. Based on these observations the following was identified:

Dining Rooms and Serveries: dining room chairs which were soiled with debris and/or stains; dust and/or debris on windows, floors and ceiling vents; as well as debris in servery drawers, on food carts and on the inside of a microwave; chipped, stained and/or scraped paint on the walls and door frames; food cart handles in disrepair; damaged areas on walls; damaged seat cushions on stools; stained and/or damaged ceiling tiles in serveries; damaged and stained floors; and stained wooden dining room baseboards.

Hallways: spills, debris and stains on the walls; dust, debris and stains on the

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wooden baseboards; multiple areas with scraped paint on the walls and door frames; a damaged section of the desk beside the Medication Room on Third Floor East; stains and debris on resident arm chairs on the North side; damaged floor tiles on the North side; damaged and stained ceiling tiles on the North side; damaged ceiling lights on the North side; debris, dust and stains on wooden heater covers on the North side; black stained areas on the ceiling in the hallway across from the elevators on Two and Three North.

Resident Lounges: spills, debris and stains on the walls; dust, debris and stains on the plastic baseboards; damaged door frames to the “Sitting Room” lounges; spills and stains on the heater vents; stains and debris on resident arm chairs; an uncovered electrical outlet in the “Sitting Room” lounge on Third Floor.

Resident rooms (observed three rooms in each home area): eight out of 12 rooms had stained and/or scraped paint on the walls; five out of 12 rooms had dust build-up in ceiling vents; six out of 12 rooms had damaged and/or stained ceiling tile; six out of 12 rooms had stained or damaged flooring; three out of 12 rooms had stained or damaged privacy curtains; three out of 12 rooms had damaged walls; one out of 12 rooms had a damaged ceiling light; and one out of 12 rooms had damaged phone/cable wall sockets.

Staff documentation of the daily dining room and servery cleaning tasks for January 2020 was incomplete an average of 26 out of 29 days (90 per cent) for the four home areas. Staff reported it was difficult to consistently complete all assigned cleaning tasks especially when they did not have a full complement of staff. Staff said they were unable to clean the resident chairs using the usual processes as they were stained and the steam cleaning equipment was broken until January 2020. Staff said they were unsure of the process for cleaning the vents and it was not clear when these had last been cleaned.

The Director of Culinary Services said the home had reviewed and revised the cleaning routines for the dining rooms and serveries and educated the staff on the expectations. They said during audits they had noticed an improvement in the cleanliness of the serveries and dining rooms. They said that some of the documentation on the cleaning checklists and audits had not been completed by staff but they felt that often the staff were completing the cleaning but not documenting on the forms. They said the staff were expected to complete the documentation. They said there were some shifts in January when there was not a full complement of dietary staff and at those times cleaning was not consistently

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completed. They said that they did bring in staff specifically to do cleaning at times when they had the hours available and on those days they would give the staff member cleaning tasks to complete. They said there were areas of the floor in the servery and dining rooms that could not be cleaned through the usual processes as the floors were stained or had dirt build-up along the edges and corners.

The Director of Environmental Services (DES) said the home did have a preventative and remedial maintenance program in place that they were working on further developing after as they just started in the home in mid-November 2019. The DES said they had done some touch up painting since they started in November and did not know when the last time the dining rooms or other areas in the home had been painted. The DES said they were working on getting quotes for painting to be done in the home, materials that needed to be purchased for the light fixtures and ceiling tiles and a process to repair and replace the resident sitting chairs for the North side of the home. The DES said they did not know how long some of these identified areas had been a concern as there was no record of audits or previous preventative work that had been done before their time in the home. They said they were working on developing a process to audit the resident rooms and bathrooms to identify areas that needed to be repaired. The DES said staff were expected to send any maintenance concerns in resident rooms as a referral in Maintenance Care and they had not received notification for most of the things identified in the inspection.

The DES, Director of Culinary Services and the Executive Director (ED) each acknowledged there were areas that did not meet the expectations in the home regarding the state of repair and cleanliness.

Based on these observations and interviews the licensee has failed to ensure the home and furnishings were kept clean and maintained in a good state of repair.

[s. 15. (2)]

***Additional Required Actions:***



**CO # - 001 will be served on the licensee. Refer to the “Order(s) of the Inspector”.**

**(A1)  
The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été  
modifiés: CO# 001**

**Issued on this 27th day of March, 2020 (A1)**

**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

**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

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soins de longue durée  
Inspection de soins de longue durée

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**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** Amended by AMIE GIBBS-WARD (630) - (A1)

**Inspection No. /  
No de l'inspection :** 2020\_722630\_0004 (A1)

**Appeal/Dir# /  
Appel/Dir#:**

**Log No. /  
No de registre :** 020209-19 (A1)

**Type of Inspection /  
Genre d'inspection :** Follow up

**Report Date(s) /  
Date(s) du Rapport :** Mar 27, 2020(A1)

**Licensee /  
Titulaire de permis :** Copper Terrace Limited  
284 Central Avenue, LONDON, ON, N6B-2C8

**LTC Home /  
Foyer de SLD :** Copper Terrace  
91 Tecumseh Road, CHATHAM, ON, N7M-1B3

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** Donna Mcleod

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To Copper Terrace 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

**Ordre(s) de l'inspecteur**

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2007, chap. 8

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**Order # /**  
**No d'ordre:** 001

**Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**  
**Lien vers ordre existant:** 2019\_722630\_0027, CO #001;

**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**

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

The licensee must be compliant with s. 15 (2) of the LTCHA.

Specifically the licensee must:

- a) Ensure the dining rooms and serveries are kept clean, including the chairs, stools, windows, blinds, floors, drawers and microwaves.
- b) Ensure the resident hallways, resident lounges, dining rooms, serveries, resident rooms and resident bathrooms are kept clean and maintained in a good state of repair.
- c) Develop and fully implement a documented process to identify and address areas that are not clean or in a good state of repair in the home. This process must include:
  - i) A documented audit of all dining rooms, serveries, hallways, resident lounges, resident rooms and resident bathrooms to identify areas that are not clean or in a good state of repair. This audit record must include when the audit was completed, the areas that were audited and the names of the people who completed the audit.
  - ii) A documented summary of the audit results identifying the areas in the home that required cleaning or remedial maintenance at the time of the audit and the type of cleaning or maintenance concerns that were identified for those areas.
  - iii) A documented plan of corrective action to ensure the results of the audit are corrected by the Compliance Order (CO) due date.
- d) Ensure that documented schedules and procedures are developed and fully implemented in the home for routine, preventive and remedial maintenance for resident rooms and common areas in the home.

**Grounds / Motifs :**

1. The licensee has failed to ensure that the home and furnishings were kept clean and maintained in a good state of repair.

A) The licensee has failed to comply with Compliance Order (CO) #001 from Inspection #2019\_722630\_0027 served October 17, 2019, with a compliance due date of December 31, 2019. This CO included the following details:

**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

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The licensee completed part c) and d).

During multiple observations, Inspector #630 observed the serveries, dining rooms, hallways, resident lounges, resident rooms and resident bathrooms for all four resident home areas. Based on these observations the following was identified:

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Hallways: spills, debris and stains on the walls; dust, debris and stains on the wooden baseboards; multiple areas with scraped paint on the walls and door frames; a damaged section of the desk beside the Medication Room on Third Floor East; stains and debris on resident arm chairs on the North side; damaged floor tiles on the North side; damaged and stained ceiling tiles on the North side; damaged ceiling lights on the North side; debris, dust and stains on wooden heater covers on the

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North side; black stained areas on the ceiling in the hallway across from the elevators on Two and Three North.

Resident Lounges: spills, debris and stains on the walls; dust, debris and stains on the plastic baseboards; damaged door frames to the "Sitting Room" lounges; spills and stains on the heater vents; stains and debris on resident arm chairs; an uncovered electrical outlet in the "Sitting Room" lounge on Third Floor.

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The Director of Culinary Services said the home had reviewed and revised the cleaning routines for the dining rooms and serveries and educated the staff on the expectations. They said during audits they had noticed an improvement in the cleanliness of the serveries and dining rooms. They said that some of the documentation on the cleaning checklists and audits had not been completed by staff but they felt that often the staff were completing the cleaning but not documenting on the forms. They said the staff were expected to complete the documentation. They said there were some shifts in January when there was not a full compliment of dietary staff and at those times cleaning was not consistently completed. They said that they did bring in staff specifically to do cleaning at times when they had the hours available and on those days they would give the staff member cleaning tasks to complete. They said there were areas of the floor in the servery and dining rooms

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that could not be cleaned through the usual processes as the floors were stained or had dirt build-up along the edges and corners.

The Director of Environmental Services (DES) said the home did have a preventative and remedial maintenance program in place that they were working on further developing after as they just started in the home in mid-November 2019. The DES said they had done some touch up painting since they started in November and did not know when the last time the dining rooms or other areas in the home had been painted. The DES said they were working on getting quotes for painting to be done in the home, materials that needed to be purchased for the light fixtures and ceiling tiles and a process to repair and replace the resident sitting chairs for the North side of the home. The DES said they did not know how long some of these identified areas had been a concern as there was no record of audits or previous preventative work that had been done before their time in the home. They said they were working on developing a process to audit the resident rooms and bathrooms to identify areas that needed to be repaired. The DES said staff were expected to send any maintenance concerns in resident rooms as a referral in Maintenance Care and they had not received notification for most of the things identified in the inspection.

The DES, Director of Culinary Services and the Executive Director (ED) each acknowledged there were areas that did not meet the expectations in the home regarding the state of repair and cleanliness.

Based on these observations and interviews the licensee has failed to ensure the home and furnishings were kept clean and maintained in a good state of repair. [s. 15. (2)]

The severity of this issue was determined to be level two as there was potential for risk. The scope of this issue was level three as it was widespread throughout the home. The home had a level five history as a compliance order is being re-issued related to the same subsection and the home has a history of four or more COs with different sections of the legislation that included:

- Written Notification (WN) and Compliance Order (CO) issued October 17, 2019 (2019\_722630\_0027). (630)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Aug 01, 2020(A1)

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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2007, c. 8

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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:

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2007, c. 8

**Ordre(s) de l'inspecteur**

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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](http://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

**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

**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<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

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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](http://www.hsarb.on.ca).

**Issued on this 27th day of March, 2020 (A1)**

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

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

Amended by AMIE GIBBS-WARD (630) - (A1)

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2007, chap. 8

**Service Area Office /  
Bureau régional de services :**

London Service Area Office