

**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
Feb 22, 2021	2021_796754_0005	022327-20	Follow up

Licensee/Titulaire de permis

CVH (No. 2) LP
766 Hespeler Road, Suite 301 c/o Southbridge Care Homes Cambridge ON N3H 5L8

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

Country Lane Long Term Care Residence
R. R. #3, 317079 Hwy 6 & 10 Chatsworth ON N0H 1G0

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

TAWNIE URBANSKI (754)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): February 8-9, 2021.

**The following intake was completed during this follow up inspection:
Log #022327-20, a follow intake related to the infection control and prevention
program at the home.**

**During the course of the inspection, the inspector(s) spoke with the Executive
Director (ED), the Director of Care (DOC), the Assistance Director of Care/ Infection
Control Lead (ADOC/ IPAC Lead), Registered Practical Nurse (RPN), Personal
Support Worker (PSW), Housekeeper, and Public Health Nurse.**

**The inspector also toured the home, observed resident and staff interactions,
reviewed relevant clinical records, the home's related policies and documentation
and completed staff interviews.**

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Safe and Secure Home**

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

2 WN(s)

0 VPC(s)

2 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 O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff fully participated in the implementation of the infection prevention and control program; specifically that signage was posted when additional precautions were required throughout the home.

On March 17, 2020, the Premier of Ontario Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil Protection Act.

On March 22, and 30, 2020, Directive #3 was issued and revised on December 7, 2020, to all Long-Term Care Homes (LTC Homes) under the Long-Term Care Homes Act (LTCHA), 2007, 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) of Ontario. The CMOH advised that residents of LTC Homes were at immediate and increased risk of COVID-19 and an urgent requirement was made for all LTC Homes to implement measures to protect all residents and staff.

A resident had symptoms and required additional precautions. There was no signage on or near the resident's door to communicate what additional precautions were required prior to entering the resident's room.

A housekeeper identified that they were unsure what precautions were in place for the resident and therefore were unclear about what Personal Protective Equipment (PPE) they were to wear.

The lack of appropriate communication and signage in relation to additional precautions for the resident, was a potential risk for transmission of infection.

Sources: Interviews with The Associate Director of Care, Housekeeper, resident's plan of care and progress notes, observations of additional precaution signage on resident room doors, and observations of PPE availability throughout the home. [s. 229. (4)]

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. 174.1 Directives by Minister

Specifically failed to comply with the following:

s. 174.1 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home. 2017, c. 25, Sched. 5, s. 49.

Findings/Faits saillants :

1. The Licensee has failed to ensure that every operational directive that applies to the long-term care home was complied with in relation to Directive #3, staff and resident COVID-19 testing requirements.

On March 17, 2020, the Premier of Ontario Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil Protection Act.

On March 22, and 30, 2020, Directive #3 was issued and revised on December 7, 2020, to all Long-Term Care Homes (LTC Homes) under the Long-Term Care Homes Act (LTCHA), 2007, 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) of Ontario. The CMOH advised that residents of LTC Homes were at immediate and increased risk of COVID-19 and an urgent requirement was made for all LTC Homes to implement measures to protect all residents and staff.

A) Directive #3 required long-term care home licensees to conduct frequent COVID-19 testing of staff, student placements, and volunteers. The Minister's Directive, as well as the protocols and frequency described in the Ministry of Health's COVID-19 Provincial Testing Guidance stated that for the duration of the province wide shutdown, long-term care home licensees were required to conduct testing at the grey zone frequency.

Starting December 26, 2020, Ontario was in a province wide lockdown where all of Ontario was considered in the grey lockdown Public Health Unit level. The grey lockdown Public Health Unit level directed that all staff, students, and volunteers of Long-term Care Homes were tested weekly with a polymerase chair reaction (PCR) test.

The information gathered during the course of the inspection showed that over a one week period, a total of 11 staff were allowed to work in the home when they had not had surveillance testing within seven days. A total of 36 shifts were worked at the home by these staff members over the one week period.

B) According to the Minister's Directive as well as the protocols described in the Ministry of Health's COVID-19 Provincial Testing and Rapid Antigen Screening Guidance; rapid antigen testing is not to be used for symptomatic individuals. A Polymerase Chain Reaction (PCR) test should be conducted for symptomatic individuals.

A resident was experiencing symptoms requiring a PCR test and was tested using the rapid antigen test. A PCR test was not completed for the resident.

By not following the Minister's Directive in relation to testing, staff and residents were at increased risk of disease transmission.

Sources: Interviews with the Executive Director, and Public Health Nurse, resident's plan of care and progress notes, and the home's record of PCR testing for staff, Ministry of Health COVID-19 Provincial Testing Guidance Update V. 9.0 November 20, 2020, Minister's directive, COVID-19: Long-term care home surveillance testing and access to homes, Ministry of Health COVID-19 Guidance: Considerations for Rapid Antigen Screening Version 1.0 December 30, 2020. [s. 174.1 (3)]

Additional Required Actions:

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

Issued on this 25th day of February, 2021

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) : TAWNIE URBANSKI (754)

Inspection No. /

No de l'inspection : 2021_796754_0005

Log No. /

No de registre : 022327-20

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Feb 22, 2021

Licensee /

Titulaire de permis : CVH (No. 2) LP
766 Hespeler Road, Suite 301, c/o Southbridge Care
Homes, Cambridge, ON, N3H-5L8

LTC Home /

Foyer de SLD : Country Lane Long Term Care Residence
R. R. #3, 317079 Hwy 6 & 10, Chatsworth, ON,
N0H-1G0

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :** Christi Broderick

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 CVH (No. 2) LP, 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)

Linked to Existing Order / 2020_836766_0017, CO #001;
Lien vers ordre existant:

Pursuant to / Aux termes de :

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Order / Ordre :

The licensee must comply with O. Reg. 77/10, s. 229 (4).

Specifically, the licensee must:

A) Ensure that all residents who require additional precautions have signage posted outside the resident's room to alert staff of the additional precautions they are to follow. This would include appropriate PPE staff need to wear when entering resident rooms.

Grounds / Motifs :

1. The licensee has failed to ensure that staff fully participated in the implementation of the infection prevention and control program; specifically that signage was posted when additional precautions were required throughout the home.

On March 17, 2020, the Premier of Ontario Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil Protection Act.

On March 22, and 30, 2020, Directive #3 was issued and revised on December 7, 2020, to all Long-Term Care Homes (LTC Homes) under the Long-Term Care Homes Act (LTCHA), 2007, 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) of Ontario. The CMOH advised that residents of LTC Homes were at immediate and increased risk of COVID-19 and an urgent requirement was made for all LTC Homes to implement measures to protect all residents and

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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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

staff.

A resident had symptoms and required additional precautions. There was no signage on or near the resident's door to communicate what additional precautions were required prior to entering the resident's room.

A housekeeper identified that they were unsure what precautions were in place for the resident and therefore were unclear about what Personal Protective Equipment (PPE) they were to wear.

The lack of appropriate communication and signage in relation to additional precautions for the resident, was a potential risk for transmission of infection.

Sources: Interviews with The Associate Director of Care, Housekeeper, resident's plan of care and progress notes, observations of additional precaution signage on resident room doors, and observations of PPE availability throughout the home.

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

Severity: There was minimal risk to the residents and staff when the home failed to post signage to indicate additional precautions were in place for a resident.

Scope: The scope of this non-compliance was isolated. One out of seven residents reviewed did not have signage posted identifying the additional precautions in place before entering the resident's room.

Compliance History: A compliance order (CO) is being re-issued for the licensee failing to comply with s. 229 (4) of O. Reg 79/10. This subsection was issued as a CO on November 6, 2020, during inspection #2020_836766_0017 with a compliance due date of December 4, 2020. In the past 36 months, one other CO was issued to a different section of the legislation, which has been complied.
(754)

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 :**

Mar 03, 2021

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 : 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 174.1 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home. 2017, c. 25, Sched. 5, s. 49.

Order / Ordre :

The licensee must be compliant with s. 174.1 (3) of the LTCHA.

Specifically, the licensee must ensure that:

A) The home must be compliant with the Minister's Directive, the following documents and any updated versions:

- i) Ministry of Health COVID-19 Provincial Testing Guidance Update V. 9.0 November 20, 2020,
- ii) Minister's directive, COVID-19: Long-term care home surveillance testing and access to homes,
- iii) Ministry of Health COVID-19 Guidance: Considerations for Rapid Antigen Screening Version 1.0 December 30, 2020, and any updated versions of these documents.

B) The current Ministry of Health COVID-19 Provincial Testing Guidance is implemented throughout the home and that no staff presently work in the home who fail to complete the surveillance testing.

C) A PCR COVID-19 test is conducted for any resident who exhibits COVID-19 compatible symptoms.

Grounds / Motifs :

1. The Licensee has failed to ensure that every operational directive that applies to the long-term care home was complied with in relation to Directive #3, staff and resident COVID-19 testing requirements.

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

On March 17, 2020, the Premier of Ontario Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil Protection Act.

On March 22, and 30, 2020, Directive #3 was issued and revised on December 7, 2020, to all Long-Term Care Homes (LTC Homes) under the Long-Term Care Homes Act (LTCHA), 2007, 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) of Ontario. The CMOH advised that residents of LTC Homes were at immediate and increased risk of COVID-19 and an urgent requirement was made for all LTC Homes to implement measures to protect all residents and staff.

A) Directive #3 required long-term care home licensees to conduct frequent COVID-19 testing of staff, student placements, and volunteers. The Minister's Directive, as well as the protocols and frequency described in the Ministry of Health's COVID-19 Provincial Testing Guidance stated that for the duration of the province wide shutdown, long-term care home licensees were required to conduct testing at the grey zone frequency.

Starting December 26, 2020, Ontario was in a province wide lockdown where all of Ontario was considered in the grey lockdown Public Health Unit level. The grey lockdown Public Health Unit level directed that all staff, students, and volunteers of Long-term Care Homes were tested weekly with a polymerase chair reaction (PCR) test.

The information gathered during the course of the inspection showed that over a one week period, a total of 11 staff were allowed to work in the home when they had not had surveillance testing within seven days. A total of 36 shifts were worked at the home by these staff members over the one week period.

B) According to the Minister's Directive as well as the protocols described in the Ministry of Health's COVID-19 Provincial Testing and Rapid Antigen Screening Guidance; rapid antigen testing is not to be used for symptomatic individuals. A Polymerase Chain Reaction (PCR) test should be conducted for symptomatic individuals.

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

A resident was experiencing symptoms requiring a PCR test and was tested using the rapid antigen test. A PCR test was not completed for the resident.

By not following the Minister's Directive in relation to testing, staff and residents were at increased risk of disease transmission.

Sources: Interviews with the Executive Director, and Public Health Nurse, resident's plan of care and progress notes, and the home's record of PCR testing for staff, Ministry of Health COVID-19 Provincial Testing Guidance Update V. 9.0 November 20, 2020, Minister's directive, COVID-19: Long-term care home surveillance testing and access to homes, Ministry of Health COVID-19 Guidance: Considerations for Rapid Antigen Screening Version 1.0 December 30, 2020.

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

Severity: There was actual risk to the residents and staff at the home when the licensee failed to follow operational directives in relation to staff and resident COVID-19 testing requirements.

Scope: The scope of this non-compliance was widespread. COVID-19 testing requirements were not completed for 11 staff who worked a total of 36 shifts throughout the home during a one week period, which affected all residents and staff.

Compliance History: Two written notifications (WN's), two voluntary plan of corrections (VPC's), and two compliance orders (CO's) were issued to the home related to different sub-sections of the legislation in the past 36 months.
(754)

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

Feb 25, 2021

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

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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.

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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

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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
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2007, c. 8

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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 22nd day of February, 2021

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Tawnie Urbanski

Service Area Office /

Bureau régional de services : Central West Service Area Office