

**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 East Service Area Office
33 King Street West, 4th Floor
OSHAWA ON L1H 1A1
Telephone: (905) 440-4190
Facsimile: (905) 440-4111

Bureau régional de services de
Centre-Est
33, rue King Ouest, étage 4
OSHAWA ON L1H 1A1
Téléphone: (905) 440-4190
Télécopieur: (905) 440-4111

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
Jan 20, 2022	2021_946111_0009	014780-21, 019436-21	Director Order Follow Up

Licensee/Titulaire de permis

Regional Municipality of Durham
605 Rossland Road East Whitby ON L1N 6A3

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

Hillsdale Estates
590 Oshawa Blvd. North Oshawa ON L1G 5T9

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

LYNDA BROWN (111)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Director Order Follow Up inspection.

This inspection was conducted on the following date(s): December 15, 16, 20 to 22, 2021.

There were two follow-up inspections completed concurrently during this inspection:

- 1. Related to Directors Order for safe and secure home.**
- 2. Related to Compliance Order for IPAC.**

In addition, a Complaint Inspection under Inspection # 2021_875501_0025, for Log # 014942-21, was inspected concurrently during this inspection and non-compliance related to IPAC was identified under this report.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Surveillance Supervisor, Infection, Preventions and Control (lead).

A follow up inspection to a Director Order (DO#001 served on 2021-12-02) has concluded that the Director Order was not complied with. An Inspector's Order (CO#002) has been issued for the same non-compliance (s. 5.).

During the course of the inspection, the inspector(s): toured the home, reviewed IPAC audits, screening and testing logs and staff training records.

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 :

The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program.

Compliance order #002 related to O. Reg. 79/10, s. 229(4) from inspection #2021_673672_0032 served on October 18, 2021 with a compliance due date of December 2, 2021, is being re-issued.

The home placed a specified unit on isolation for COVID-19 precautions, requiring all staff and visitors to wear a mask and eye protection at all times. The following IPAC observations were noted on that unit:

-On a number of dates, a table with PPE was set up outside the unit and there was no eye protective wear available.

-On a specified date, during lunch, a PSW was observed in the dining room with their eye protective wear incorrectly donned, in front of the food serving area. The dietary aid was also not wearing any eye protection. A number of staff were observed incorrectly donning and/or doffing their eye protective wear or not wearing any. PSWs were observed entering and exiting resident rooms without performing hand hygiene prior to donning their PPE and incorrectly donning and/or doffing their PPE. An RPN was also observed entering and exiting resident rooms incorrectly doffing their PPE and improperly disposing of their PPE. There was also a resident's fall protective equipment improperly stored and/or disposed of.

-On another date, the Infection Control Practitioner (ICP) also toured the same unit with Inspectors for IPAC practices and observed staff improperly donning their eye protective wear or incorrectly donning/doffing their PPE. An essential caregiver at the entrance to the unit was also asking the Inspector where they could find eye protection to wear when entering the unit due to none being available.

The IPAC Hub Assessment/Audit Report completed by Public Health (PH),

recommended continuous auditing of PPE practices, around staff donning and doffing appropriately and to be conducting continuous hand hygiene auditing, to ensure that staff who provide direct care are in compliance with hand hygiene policies. They also recommended they provide on the spot education to ensure staff are wearing PPE appropriately.

Failing to ensure staff have adequate PPE supplies, and adhere to IPAC practices of proper donning and doffing of PPE, places residents at risk for cross contamination and possible exposure to COVID-19, and further disease outbreaks.

Sources: observations, IPAC audits, IPAC education records, and interview of staff (IPAC lead).

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. 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 :

The licensee has failed to ensure the home was a safe and secure environment for its residents.

The home was issued a Directors Order (DO) on October 18, 2021 during inspection #2021_673672_0032, with a compliance due date of December 2, 2021 and is being re-issued.

As per the Directors Order, the home was to ensure that every individual granted entry to the home had completed the required COVID-19 screening assessment form and the screening was verified as being completed in full prior to entrance within the home.

The Minister's 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 effective July 16, 2021, was in effect at the time of the inspection which states that: Active Screening of All Persons (including Staff, Visitors, and Residents Returning to the Home). Homes must ensure that all individuals are actively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the home, including for outdoor visits. For clarity, staff and visitors must be actively screened once per day at the beginning of their shift or visit.

On a number of dates, the staff were observed entering the home, approaching the front receptionist, who was allowing the staff to enter the home without verifying that they had completed the COVID-19 screening assessment form, as required. The receptionist was also not assigned screening duties, as there were two screeners sitting across from the receptionist at the entrance of the home. The ICP also observed (with Inspectors) staff entering the home and approaching the receptionist to be screened and confirmed the expectation was that all staff were to go directly to the screeners and not the receptionist, to be actively screened and to determine whether they were to have additional testing. Public Health (PH) confirmed the expectation was for homes to ensure that all staff were actively screened.

Sources: CO #001 from #2021_673672_0032; observations of the screening; Minister's Directive #3 and interviews with ICP and PH.

Additional Required Actions:

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

Issued on this 31st day of January, 2022

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) : LYNDA BROWN (111)

Inspection No. /

No de l'inspection : 2021_946111_0009

Log No. /

No de registre : 014780-21, 019436-21

Type of Inspection /

Genre d'inspection: Director Order Follow Up

Report Date(s) /

Date(s) du Rapport : Jan 20, 2022

Licensee /

Titulaire de permis : Regional Municipality of Durham
605 Rossland Road East, Whitby, ON, L1N-6A3

LTC Home /

Foyer de SLD : Hillsdale Estates
590 Oshawa Blvd. North, Oshawa, ON, L1G-5T9

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Gina Peragine

To Regional Municipality of Durham, 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 / 2021_673672_0032, CO #002;
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 be compliant with O.Reg. 229(4).

Specifically, the licensee must ensure staff are adhering to IPAC measures, especially for those residents on contact and droplet precautions, and/or during an outbreak. The plan must include but is not limited to:

1. Complete daily audits of staff donning/doffing of PPE and hand hygiene practices on home areas. Keep a documented record of the audits completed and make available for Inspectors, upon request.
2. Provide on the spot education and re-training to those staff not adhering with appropriate IPAC measures. Track the results of the audits completed to assess if the same staff members are involved in areas of non-compliance. Keep a documented record of the education and re-training for each staff member identified in the audits and make available for Inspectors, upon request.
3. Determine who will be responsible for ensuring there is availability of PPE and disposable bins for contaminated re-useable gowns on home areas, or at resident rooms and how often they will monitor, to ensure appropriate PPE and disposable bins for contaminated re-useable gowns is made available, as required.

Grounds / Motifs :

1. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program.

Compliance order #002 related to O. Reg. 79/10, s. 229(4) from inspection #2021_673672_0032 served on October 18, 2021 with a compliance due date of December 2, 2021, is being re-issued.

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 home placed a specified unit on isolation for COVID-19 precautions, requiring all staff and visitors to wear a mask and eye protection at all times. The following IPAC observations were noted on that unit: on a number of dates, a table with PPE was set up outside the unit and there was no eye protective wear available. On a specified date, during lunch, a PSW was observed in the dining room with their eye protective wear incorrectly donned, in front of the food serving area. The dietary aid was also not wearing any eye protection. A number of staff were observed incorrectly donning and/or doffing their eye protective wear or not wearing any. PSWs were observed entering and exiting resident rooms without performing hand hygiene prior to donning their PPE and incorrectly donning and/or doffing their PPE. An RPN was also observed entering and exiting resident rooms incorrectly doffing their PPE and improperly disposing of their PPE. There was also a resident's fall protective equipment improperly stored and/or disposed of. On another date, the Infection Control Practitioner (ICP) also toured the same unit with Inspectors for IPAC practices and observed staff improperly donning their eye protective wear or incorrectly donning/doffing their PPE. An essential caregiver at the entrance to the unit was also asking the Inspector where they could find eye protection to wear when entering the unit due to none being available.

The IPAC Hub Assessment/Audit Report completed by Public Health (PH), recommended continuous auditing of PPE practices, around staff donning and doffing appropriately and to be conducting continuous hand hygiene auditing, to ensure that staff who provide direct care are in compliance with hand hygiene policies. They also recommended they provide on the spot education to ensure staff are wearing PPE appropriately. Failing to ensure staff have adequate PPE supplies, and adhere to IPAC practices of proper donning and doffing of PPE, places residents at risk for cross contamination and possible exposure to COVID-19, and further disease outbreaks.

Sources: observations, IPAC audits, IPAC education records, and interview of staff (IPAC lead).

The Compliance Order was issued by taking the following into account:
Severity: there is actual risk of harm to residents when IPAC procedures, specifically regarding the availability of PPE and staff correctly donning and

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

doffing of PPE is not adhered to, as it may lead to further transmission of
infections to residents.

Scope: there was a pattern of staff on the same unit of not following correct
IPAC practices of donning and doffing of PPE.

Compliance History: a Compliance Order (CO) was issued on October 18, 2021
under inspection # 2021_673672_0032 with a compliance due date of
December 2, 2021. A Voluntary Plan of Correction (VPC) was issued on August
30, 2019 under inspection # 2019_715672_0005. (111)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Feb 28, 2022

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)

Linked to Existing Order / 2021_673672_0032, DO #001;
Lien vers ordre existant:

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 be compliant with LTCHA, 2007, s. 5.

Specifically, the licensee must:

- Every individual granted entry to the home must have completed the required COVID-19 screening assessment form and the screening is verified as being completed in full prior to entrance within the home by the screener.
- Complete daily audits for one week of the screening process, specifically with staff, and on various shifts, and provide on the spot education for those staff not adhering to the screening process. Keep a record of the audits completed and to be provided to the Inspector upon request.

Grounds / Motifs :

1. The licensee has failed to ensure the home was a safe and secure environment for its residents.

The home was issued a Directors Order (DO) on October 18, 2021 during inspection #2021_673672_0032, with a compliance due date of December 2, 2021 and is being re-issued.

As per the Directors Order, the home was to ensure that every individual granted entry to the home had completed the required COVID-19 screening assessment form and the screening was verified as being completed in full prior to entrance within the home.

The Minister's Directive #3 for Long-Term Care Homes under the Long-Term

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

Care Homes Act, 2007, issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7 effective July 16, 2021, was in effect at the time of the inspection which states that: Active Screening of All Persons (including Staff, Visitors, and Residents Returning to the Home). Homes must ensure that all individuals are actively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the home, including for outdoor visits. For clarity, staff and visitors must be actively screened once per day at the beginning of their shift or visit.

On a number of dates, the staff were observed entering the home, approaching the front receptionist, who was allowing the staff to enter the home without verifying that they had completed the COVID-19 screening assessment form, as required. The receptionist was also not assigned screening duties, as there were two screeners sitting across from the receptionist at the entrance of the home. The ICP also observed (with Inspectors) staff entering the home and approaching the receptionist to be screened and confirmed the expectation was that all staff were to go directly to the screeners and not the receptionist, to be actively screened and to determine whether they were to have additional testing. Public Health (PH) confirmed the expectation was for homes to ensure that all staff were actively screened.

Sources: CO #001 from #2021_673672_0032; observations of the screening; Minister's Directive #3 and interviews with ICP and PH.

The Compliance Order was issued by taking the following into account:
Severity: There is a risk of harm to residents when the licensee does not ensure that staff are actively screened for COVID-19, as per Directive #3 and can lead to the possible spread of COVID-19 to residents and further outbreaks in the home.

Scope: There was a pattern occurring with the active screening, as only the staff were not being actively screened for COVID-19.

Compliance History: The home was issued a Directors order on December 2, 2021 for LTCHA. 2007, s.5. (111)

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 :**

Feb 07, 2022

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
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
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
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
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
438, rue University, 8^e étage
Toronto ON M7A 1N3
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
438, rue University, 8e étage
Toronto ON M7A 1N3
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 20th day of January, 2022

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Lynda Brown

Service Area Office /

Bureau régional de services : Central East Service Area Office