

**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
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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
Dec 6, 2021	2021_788721_0020	012796-21	Follow up

Licensee/Titulaire de permis

Sharon Farms & Enterprises Limited
108 Jensen Road London ON N5V 5A4

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

Kensington Village
1340 Huron Street London ON N5V 3R3

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

MEAGAN MCGREGOR (721)

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): November 23, 24 and 29, 2021.

The following Follow up intake was inspected during this inspection:

Log #012796-21 related to Compliance Order (CO) #001 from previous Inspection #2021_790730_0026 regarding O.Reg 79/10, s. 50. (2) with a Compliance Due Date (CDD) of September 24, 2021.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), a Registered Nurse (RN), two Registered Practical Nurses (RPNs), a Personal Support Worker (PSW), a Housekeeper, Screeners and residents.

An Infection Prevention and Control (IPAC) observational checklist was completed during this inspection.

The Inspector also toured the home and observed IPAC practices in place and the care being provided to residents; reviewed clinical records and plans of care for the identified residents; and reviewed policies, procedures and documentation related to the CO.

The following Inspection Protocols were used during this inspection:

**Infection Prevention and Control
Skin and Wound Care**

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

1 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
- (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that when a resident exhibited an area of altered skin integrity they received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

It was documented in the resident's progress notes that a specific area of altered skin integrity had been identified on the resident. On the following date it was documented that the resident refused treatment and a reassessment of this area. There was no further mention of this area of altered skin integrity.

An order was prescribed by the physician on the date the area of altered skin integrity was identified which directed staff to document weekly on the progression of area of altered skin integrity and discontinue once healed. This order was discontinued four days later for the reason "healed". Treatment orders for this area were also initiated and discontinued on the same date.

At the time this area of altered skin integrity was identified the resident's care plan listed an intervention to assess areas of impaired skin integrity weekly and document findings in PointClickCare (PCC) assessments related to a focus of skin integrity.

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An RPN explained that when any new area of altered skin integrity with open skin was identified the registered staff member that first identified the area of altered skin integrity would take a photo of the area using the home's skin and wound application tool in PCC. They said that once a photo was captured on the skin and wound application tool this would autogenerate a "Skin & Wound Evaluation" under the assessment section in PCC and the registered staff member would then document the initial skin and wound assessment here. They stated that after the initial assessment of the area of altered skin integrity was completed it would be reassessed weekly thereafter until resolved by a specific RN who was responsible for completing weekly skin and wound assessments.

There was no "Skin & Wound Evaluation" completed under the assessments section in PCC for this specific area of altered skin integrity on the resident, which was verified by an RPN. The RPN said they were unaware of this area of altered skin integrity and confirmed the resident did not currently have any current skin integrity issues in this area.

The RN who was identified as being responsible for completing weekly skin and wound assessments stated that initial skin and wound assessments were usually completed by registered staff working on each home area and that when they came in on a specific day of the week they would pull up all current wounds in the home's skin and wound application tool and complete weekly reassessments of the areas of altered skin integrity. The RN also verified that there was no "Skin and Wound Evaluation" completed for this specific area of altered skin integrity on the resident and that a photo was never taken of this area in the home's skin and wound application tool and they would expect this should have been completed. They said they were not made aware of this area of altered skin integrity and that it was hard for them to follow-up and ensure weekly skin assessments were completed if initial assessments have not been completed and staff don't tell them about areas of altered skin integrity.

As part of Compliance Order (CO) #001 from Inspection #2021_790730_0026 with a CDD of September 24, 2021, the home was required to ensure this resident received a skin assessment by a member of the registered nursing staff, using a clinically appropriate instrument that was specifically designed for skin and wound assessments, when they developed new skin impairments and to "Complete weekly audits of the weekly wound assessments that were and were not completed on each home area. Audits will be completed for a minimum of three months or until the order is complied. Keep a written record of the weekly wound audit and include the resident, the person completing the audit, the outcome of the audit and corrective action if necessary".

The home's "Skin & Wound Issues Tracking Summary" was provided to Inspector #721 which showed documentation of weekly audits that had been completed, starting 18 days after the CDD. The specific area of altered skin integrity identified on this resident was not included in the documentation of the weekly audits.

The DOC verified that the home did not have a written record of weekly audits completed until 18 days after the CDD and that the specific area of altered skin integrity identified on this resident was not captured as part of the weekly audits that had been completed.

Completing initial skin assessments using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessments help to ensure that appropriate interventions are developed, the progression of areas of altered skin integrity can be monitored and the effectiveness of interventions in place to reduce or relieve pain, promote healing, and prevent infection evaluated on an ongoing basis.

Sources: The residents progress notes, assessments, skin and wound application tool, orders and care plan in PCC; the home's "Skin & Wound Issues Tracking Summary"; observations of the resident; and staff interviews with a PSW, RPN, RN and the DOC. [s. 50. (2) (b) (i)]

Additional Required Actions:

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

Issued on this 6th day of December, 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) : MEAGAN MCGREGOR (721)

Inspection No. /

No de l'inspection : 2021_788721_0020

Log No. /

No de registre : 012796-21

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Dec 6, 2021

Licensee /

Titulaire de permis : Sharon Farms & Enterprises Limited
108 Jensen Road, London, ON, N5V-5A4

LTC Home /

Foyer de SLD : Kensington Village
1340 Huron Street, London, ON, N5V-3R3

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Tracie Klisht

To Sharon Farms & Enterprises Limited, 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_790730_0026, CO #001;
Lien vers ordre existant:

Pursuant to / Aux termes de :

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Order / Ordre :

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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

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The licensee must comply with s.50 (2) b of O.Reg 79/10.

Specifically, the licensee must:

1. Ensure that the identified resident receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate instrument that was specifically designed for skin and wound assessments, when they develop new areas of altered skin and that they are reassessed at least weekly thereafter, if clinically indicated.
2. Ensure all registered staff are provided training on the home's skin and wound policy and procedures, including the expectations for completing initial skin and wound assessments using a clinically appropriate instrument that is specifically designed for skin and wound assessments. A documented record of this training must be maintained, including the date the training was provided, who attended the training and information shared.
3. Complete weekly audits of the skin and wound assessments being completed for all residents in the home exhibiting areas of altered skin integrity. A documented record of the weekly skin assessment audits must be maintained, including the date each audit was completed, the name of the person completing each audit, the resident's and the specific areas of altered skin integrity that were reviewed as part of each audit, the outcome of the audit and any corrective action taken if concerns were identified.

Grounds / Motifs :

1. The licensee has failed to ensure that when a resident exhibited an area of altered skin integrity they received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

It was documented in the resident's progress notes that a specific area of altered skin integrity had been identified on the resident. On the following date it was documented that the resident refused treatment and a reassessment of this area. There was no further mention of this area of altered skin integrity.

An order was prescribed by the physician on the date the area of altered skin integrity was identified which directed staff to document weekly on the

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Ordre(s) de l'inspecteur

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progression of area of altered skin integrity and discontinued once healed. This order was discontinued four days later for the reason "healed". Treatment orders for this area were also initiated and discontinued on the same date.

At the time this area of altered skin integrity was identified the resident's care plan listed an intervention to assess areas of impaired skin integrity weekly and document findings in PointClickCare (PCC) assessments related to a focus of skin integrity.

An RPN explained that when any new area of altered skin integrity with open skin was identified the registered staff member that first identified the area of altered skin integrity would take a photo of the area using the home's skin and wound application tool in PCC. They said that once a photo was captured on the skin and wound application tool this would autogenerate a "Skin & Wound Evaluation" under the assessment section in PCC and the registered staff member would then document the initial skin and wound assessment here. They stated that after the initial assessment of the area of altered skin integrity was completed it would be reassessed weekly thereafter until resolved by a specific RN who was responsible for completing weekly skin and wound assessments.

There was no "Skin & Wound Evaluation" completed under the assessments section in PCC for this specific area of altered skin integrity on the resident, which was verified by an RPN. The RPN said they were unaware of this area of altered skin integrity and confirmed the resident did not currently have any current skin integrity issues in this area.

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weekly skin assessments were completed if initial assessments have not been completed and staff don't tell them about areas of altered skin integrity.

As part of Compliance Order (CO) #001 from Inspection #2021_790730_0026 with a CDD of September 24, 2021, the home was required to ensure this resident received a skin assessment by a member of the registered nursing staff, using a clinically appropriate instrument that was specifically designed for skin and wound assessments, when they developed new skin impairments and to "Complete weekly audits of the weekly wound assessments that were and were not completed on each home area. Audits will be completed for a minimum of three months or until the order is complied. Keep a written record of the weekly wound audit and include the resident, the person completing the audit, the outcome of the audit and corrective action if necessary".

The home's "Skin & Wound Issues Tracking Summary" was provided to Inspector #721 which showed documentation of weekly audits that had been completed, starting 18 days after the CDD. The specific area of altered skin integrity identified on this resident was not included in the documentation of the weekly audits.

The DOC verified that the home did not have a written record of weekly audits completed until 18 days after the CDD and that the specific area of altered skin integrity identified on this resident was not captured as part of the weekly audits that had been completed.

Completing initial skin assessments using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessments help to ensure that appropriate interventions are developed, the progression of areas of altered skin integrity can be monitored and the effectiveness of interventions in place to reduce or relieve pain, promote healing, and prevent infection evaluated on an ongoing basis.

Sources: The residents progress notes, assessments, skin and wound application tool, orders and care plan in PCC; the home's "Skin & Wound Issues Tracking Summary"; observations of the resident; and staff interviews with a PSW, RPN, RN and the DOC.

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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

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

Severity: As a result of initial skin assessments not being completed using a clinically appropriate assessment tool there was risk that the progression of areas of altered skin integrity was not being monitored and the effectiveness of interventions in place to reduce or relieve pain, promote healing and prevent infection were not being evaluated. As treatment interventions to relieve pain, promote healing and prevent infection were in place and being implemented and the area of altered skin integrity healed shortly thereafter, this risk was minimal.

Scope: The scope of this non-compliance was isolated as initial skin assessments had not been completed for one of the three residents reviewed during this inspection.

Compliance history: A CO is being re-issued for the licensee failing to comply with s. 50 (2) b of O. Reg 79/10. This subsection was issued as a CO on August 12, 2021, during inspection #2021_790730_0026 with a CDD of September 24, 2021. No other related CO's were issued to the home in the past 36 months.
(721)

This order must be complied with by /

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

Jan 06, 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

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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

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.

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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
438, rue University, 8^e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

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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
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 6th day of December, 2021

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Meagan McGregor

Service Area Office /

Bureau régional de services : London Service Area Office