

**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**

Hamilton Service Area Office  
119 King Street West 11th Floor  
HAMILTON ON L8P 4Y7  
Telephone: (905) 546-8294  
Facsimile: (905) 546-8255

Bureau régional de services de  
Hamilton  
119, rue King Ouest 11<sup>ième</sup> étage  
HAMILTON ON L8P 4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

**Amended Public Copy/Copie modifiée du rapport public**

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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>
Jun 16, 2020	2020_555506_0006 (A1)	001168-20, 001786-20	Critical Incident System

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**Licensee/Titulaire de permis**

2063414 Ontario Limited as General Partner of 2063414 Investment LP  
302 Town Centre Blvd. Suite 300 MARKHAM ON L3R 0E8

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

Fox Ridge Care Community  
389 West Street BRANTFORD ON N3R 3V9

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

Amended by STACEY GUTHRIE (750) - (A1)

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

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**Compliance due date extended to June 30, 2020 for s. 5.**

**Issued on this 16th day of June, 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 STACEY GUTHRIE (750) - (A1)

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

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

**This inspection was conducted on the following date(s): Feb 7, 11, 12, 13, 14 and 18, 2020**

**The following Critical Incident Inspections were conducted concurrently:**

**Log #001786-20 - related to safe and secure home and plan of care**

**Log #001168-20 - related to responsive behaviours**

**During the course of the inspection, the inspector(s) spoke with Executive Director (ED), Director of Care (DOC), Associate Director of Care (ADOC), Nurse Practitioner (NP), registered nurses (RN), Resident Assessment Instrument Co-ordinator (RAI), registered practical nurses (RPN), personal support workers (PSW), residents and families.**

**During the course of the inspection, the inspector observed the provision care, reviewed clinical records, policies and procedures, training records and conducted interviews.**

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

**Personal Support Services  
Responsive Behaviours  
Safe and Secure Home**

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

- 3 WN(s)**
- 1 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 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 failed to ensure that the home was a safe and secure environment

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for residents.

A Critical Incident System (CIS) #2570-000003-20 was submitted to the Director on an identified date in January 2020, related to resident #001 sustaining an injury.

A review of the CIS included reviewing the home's guidelines for smoking which was located in the home's Resident Care Manual, Vii-G-20-20 (b), last revised April 2019. The ED confirmed that this was the only policy related to the home's smoking guidelines.

Regarding smoking activities, the guidelines included, but were not limited to:

- a. If the resident is an active smoker, complete a smoking assessment on move in, quarterly, annually and with any change in resident status.
- b. Inform the resident or substitute decision maker (SDM) that the resident is responsible for signing out when leaving the care community to smoke and return cigarettes and lighters to team members after smoking.
- c. Advise resident or SDM that there is no smoking in the care community or within nine meters of any door into the care community.
- d. Monitor resident's return from smoking area and verify that lighter/matches or cigarettes are stored for safe keeping.

Record review, interviews and observations during the inspection confirmed that the following guidelines were not being implemented at the home:

1. Observation of resident #001 confirmed on several occasions that resident #001 was not smoking nine meters away from the door.
2. Review of residents' #004, #005 and #006 clinical records confirmed that these residents did not have their smoking assessments completed as stated in the smoking guidelines.

The DOC confirmed on an identified date in February 2020, that these residents did not have smoking assessments completed as scheduled.

3. During discussion with the ED, they indicated that the expectation when completing a smoking assessment was that staff were to go with the resident outside to assess their ability to be able to smoke safely. An interview with registered staff indicated that this may not always be happening
4. Observations of residents confirmed they were not signing in and out when leaving the care community to go and smoke and residents were not returning cigarettes and lighters to team members after smoking. Interview with the ED

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confirmed that the home had not implemented this smoking guideline.

5. An interview with the ED on an identified date in February 2020, confirmed that residents clinical records did not provide clear directions for staff to follow and there was not a process in place that was implemented to ensure that lighters and cigarettes were handed in. They also confirmed that there was no process in place identified or implemented in how to deal with residents when they refused to follow smoking guidelines.

The licensee failed to ensure that the home was a safe and secure environment for residents. [s. 5.]

***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**

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**

**Specifically failed to comply with the following:**

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

**Inspection Report under  
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foyers de soins de longue  
durée**

1. The licensee failed to ensure that the care set out in the plan of care was provided to resident #001 as specified in the plan.

A critical incident System (CIS) #2570-000003-20 was submitted to the Director on an identified date in January 2020, related to resident #001 sustaining an injury.

A review of the CIS indicated that RPN #106 and PSW #105 responded to resident #001 and witnessed the incident. Resident #001 was assessed and an interventions were initiated. The clinical record was reviewed which included the written plan of care that identified resident #001 was to return their specific items to the care staff. An interview with the DOC on an identified date in February 2020, confirmed that the plan of care was not followed as the staff did not ensure that these items were turned in as per the resident's written plan of care. [s. 6. (7)]

2. The licensee failed to ensure that the care set out in the plan of care was provided to resident #009 as specified in the plan.

A CIS #2570-000002-20 was submitted to the Director on an identified date in January 2020, related to a resident to resident incident which resulted in a superficial injury to resident #009.

- i. Resident #009 had a history of displaying responsive behaviours with identified triggers. The resident had an intervention that was put in place since April 2019, for a specified number of hours daily to help prevent responsive behaviours.
- ii. Resident #008 had history of responsive with identified triggers.

A review of the CIS, clinical record and staff interviews, identified that resident #009 was seated when resident #008 approached them. Staff overheard an altercation between two residents. Staff were able to intervene and resident #009 sustained a superficial injury. Interview with RN #107 on an identified date in February 2020, confirmed that if the intervention had been in place at the time of the incident with resident #009 the incident could have been prevented. An interview with the DOC on an identified date in February 2020, confirmed the plan of care was not followed. [s. 6. (7)]



***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the care set out in the plan of care was provided to resident #001, #008 and #009 as specified in the plan, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 82. Attending physician or RN (EC)**

**Specifically failed to comply with the following:**

- s. 82. (1) Every licensee of a long-term care home shall ensure that either a physician or a registered nurse in the extended class,**
- (a) conducts a physical examination of each resident upon admission and an annual physical examination annually thereafter, and produces a written report of the findings of the examination; O. Reg. 79/10, s. 82 (1).**
  - (b) attends regularly at the home to provide services, including assessments; and O. Reg. 79/10, s. 82 (1).**
  - (c) participates in the provision of after-hours coverage and on-call coverage. O. Reg. 79/10, s. 82 (1).**

**Findings/Faits saillants :**

**Inspection Report under  
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1. The licensee failed to ensure that a physician or registered nurse in the extended class, conducted a physical examination on each resident annually and produced a written report of the findings of the examination.

i. Review of resident #001's clinical record confirmed that resident #001 had not had an annual physical exam since December 2018. This was confirmed with the DOC on an identified date in February 2020.

ii. Review of resident #003's clinical record confirmed that the resident had their annual physical exam completed on an identified date in January 2020, but did not have an annual physical completed for 2019.

An interview with the Nurse Practitioner on an identified date in February 2020, who completes the annual physical examinations for the licensee, confirmed that the annual physicals were not completed for these residents and that they were a few months behind.

[s. 82. (1) (a)]

**Issued on this 16th day of June, 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  
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2007, chap. 8

Long-Term Care Operations Division  
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soins de longue durée  
Inspection de soins de longue durée

**Amended Public Copy/Copie modifiée du rapport public**

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**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** Amended by STACEY GUTHRIE (750) - (A1)

**Inspection No. /  
No de l'inspection :** 2020\_555506\_0006 (A1)

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

**Log No. /  
No de registre :** 001168-20, 001786-20 (A1)

**Type of Inspection /  
Genre d'inspection :** Critical Incident System

**Report Date(s) /  
Date(s) du Rapport :** Jun 16, 2020(A1)

**Licensee /  
Titulaire de permis :** 2063414 Ontario Limited as General Partner of  
2063414 Investment LP  
302 Town Centre Blvd., Suite 300, MARKHAM, ON,  
L3R-0E8

**LTC Home /  
Foyer de SLD :** Fox Ridge Care Community  
389 West Street, BRANTFORD, ON, N3R-3V9

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** Tammy Smith

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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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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

To 2063414 Ontario Limited as General Partner of 2063414 Investment LP, 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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l'article 154 de la *Loi de 2007 sur les  
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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)

**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 :**

**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 section 5 of the LTCHA.  
Specifically the licensee must:

1. Ensure the home's policies and procedures related to resident smoking are reviewed, revised and fully implemented. The review must ensure the home's policies and procedures provide clear direction to staff regarding: the completion and documentation of resident smoking assessments; the dispensing and returning of cigarettes and lighters by staff in the home; the procedures to follow when a resident is non-compliant with the smoking regulations; and a process to ensure staff are aware of which residents in the home smoke. The licensee must keep a documented record of the review which includes: the changes made to the policy and procedures; who participated in the review, the date the review was conducted; and the dates that the revised policies and procedures were implement in the home.
2. Ensure all staff of the home, complete training on the home's revised policies and procedures related to resident smoking. The home must keep a documented summary record of the training which includes; the names of the staff who completed the training; the percentage of staff who completed the training by the compliance due date; the format for the training; and the content of the training.
3. Ensure the home's revised policies and procedures related to smoking safety are complied with by staff for all residents who smoke.
4. Communicate the revised smoking policies and procedures to Residents' Council and Family Council. There must be a documented record of when and how this was communicated.
5. Ensure staff complete a documented smoking re-assessment of resident #001, #004, #005, #006, #007 and any other resident who smoke and then review and revise their plan of care based on this assessment.
6. Ensure the resident specific smoking plan of care for resident #001, #004, #005, #006 and #007 and any other resident in the home who smokes, is complied with by staff.
7. Develop and implement a documented auditing process to ensure staff are complying with the home's policies and procedures for smoking guidelines. The home must keep a documented record of the audits which includes: the date completed; who completed the audits; the results of the audits; and what was done with the result of the audit. At least one audit must be completed prior to the compliance due date.

**Order(s) of the Inspector**

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**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

**Grounds / Motifs :**

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

A Critical Incident System (CIS) #2570-000003-20 was submitted to the Director on an identified date in January 2020, related to resident #001 sustaining an injury. A review of the CIS included reviewing the home's guidelines for smoking which was located in the home's Resident Care Manual, Vii-G-20-20 (b), last revised April 2019. The ED confirmed that this was the only policy related to the home's smoking guidelines.

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- c. Advise resident or SDM that there is no smoking in the care community or within nine meters of any door into the care community.
- d. Monitor resident's return from smoking area and verify that lighter/matches or cigarettes are stored for safe keeping.

Record review, interviews and observations during the inspection confirmed that the following guidelines were not being implemented at the home:

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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

4. Observations of residents confirmed they were not signing in and out when leaving the care community to go and smoke and residents were not returning cigarettes and lighters to team members after smoking. Interview with the ED confirmed that the home had not implemented this smoking guideline.

5. An interview with the ED on an identified date in February 2020, confirmed that residents clinical records did not provide clear directions for staff to follow and there was not a process in place that was implemented to ensure that lighters and cigarettes were handed in. They also confirmed that there was no process in place identified or implemented in how to deal with residents when they refused to follow smoking guidelines.

The licensee failed to ensure that the home was a safe and secure environment for residents. [s. 5.]

The severity of this issue was determined to be a level 3 as there was actual harm to a resident.

The scope of the issue was a level 1, isolated. The home had a level 3 compliance history as they had previous non compliance to the same section, specifically a Voluntary Plan of Correction (VPC) issued April 25, 2017, in inspection report 2017\_556168\_0010.

(506)

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

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

Jun 30, 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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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**

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

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).

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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, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

**Order(s) of the Inspector**

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

**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

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 16th day of June, 2020 (A1)**

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

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

Amended by STACEY GUTHRIE (750) - (A1)

**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

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

Hamilton Service Area Office