

**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) 440-4111Bureau 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 28, 2020	2020_595110_0001	023477-19	Complaint

Licensee/Titulaire de permis2063414 Ontario Limited as General Partner of 2063414 Investment LP
302 Town Centre Blvd. Suite 300 MARKHAM ON L3R 0E8**Long-Term Care Home/Foyer de soins de longue durée**Langstaff Square Care Community
170 Red Maple Road RICHMOND HILL ON L4B 4T8**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

DIANE BROWN (110)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 8, 9, 10, 14, 2020.

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Registered Dietitian, family members and residents.

The Inspector also made observations of residents and their home areas; and reviewed relevant administrative health records for specified residents.

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Personal Support Services

Skin and Wound Care

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

3 WN(s)

2 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. 69. Weight changes Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

- 1. A change of 5 per cent of body weight, or more, over one month.**
- 2. A change of 7.5 per cent of body weight, or more, over three months.**
- 3. A change of 10 per cent of body weight, or more, over 6 months.**
- 4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.**

Findings/Faits saillants :

1. The licensee has failed to ensure that residents with a change of 5 per cent of body weight, or more, over one month, a 7.5 per cent or more, over three months, a 10 per cent or more over 6 months or any other weight change that compromises their health status are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated.

This IP was initiated related to a complaint stating that resident #001 was hungry.

Resident #001 was not in the home for an interview at the time of this inspection.

A review of the resident's written nutrition plan of care identified the resident at high nutrition risk. The resident's admission weight was identified and their weight goal for the next three months was established at weight maintenance.

A review of the resident's 'Weight Summary' report identified their weight pattern as follows:

Month 1 - a 0.8 kg weight change from the previous (admission) month.

Month 2 - a 2.0 kg weight change from the previous month.

Month 3- a 1.2 kg weight change from the previous month.

A record review of a progress note by RPN #106 identified documentation that a concern was brought forward that resident #001 was complaining of being hungry. An interview with RPN #106 confirmed the conversation with regards to resident's complaint of hungry and weight change.

A record review of the homes' policy "Monitoring of Resident Weights" Policy #: VII-G-20.90. Current revision date: April 2019, stated all unplanned weight loss or gain of 5% in 30 days, 7.5% in 90 days or 10% in 180 days and any other weight change that compromises resident's health status, will be assessed and evaluated, and documented by a member of the interprofessional care team.

In separate interviews full time days RPN #103 and Registered Dietitian (RD) #107 both shared that resident #001's weight change between Month 1 and Month 2 would be a weight change that would compromise the resident's health status. RPN #103 revealed

that they had not assessed the resident's Month 2 weight change which was also confirmed by a record review and lack of documentation.

An interview with RD #107 shared the resident was at high nutritional risk and they had not received a referral for the resident's unplanned weight change identified Month 2 and was further unaware of the resident's reported hunger.

An interview with the DOC confirmed that resident #001's change in weight, had not been assessed using an interdisciplinary approach and the home's policy had not been followed.

2. This IP was initiated as a result of a non compliance being identified and the sample size was therefore expanded to include resident #003.

A record review revealed resident #003's diagnosis and that the resident was identified at high nutritional risk.

A review of the resident's nutrition plan of care identified the resident's goal was to maintain their weight throughout the review date period.

A review of the resident's 'Weight Summary' report identified their weight pattern as follows:

Month 1 - X kg

Month 2 - a 3.6 kg weight change from the prior month.

A record review of a progress note entitled "weight warning" acknowledged the resident's weight change of 6.2% in one month between Month 1 and Month 2. The note entered by a registered nurse stated a rationale and that the resident had been seen and assessed by dietitian already.

A further record review identified the last RD assessment and that the assessment referenced the resident's Month 1 weight and not the unplanned weight change documented in Month 2. The RPN confirmed the RD had not assessed the resident's significant weight change of 6.2% between Month 1 and Month 2. The RPN further shared that they were unaware if the resident felt hungry.

An interview with resident #003 was attempted with RPN #105. The RPN asked the resident if they felt hungry. The resident was unable to communicate a response at the

time. The RPN shared that the resident will communicate with their SDM and with those they are comfortable with and that they would follow-up with the SDM in regards to probing the resident around feelings of hunger.

The DOC confirmed the resident's significant change in weight had not been assessed by the RD, who is part of the interdisciplinary team.

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. 6.
Plan of care**

Specifically failed to comply with the following:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

Findings/Faits saillants :

**Inspection Report under
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soins de longue durée**

1. The licensee has failed to ensure that the plan of care set out clear directions to staff and others who provide direct care to the resident.

This IP was initiated from a complaint that resident #001 was not receiving the required oral care and hygiene.

A record review of the resident's written plan of care identified a plan of care for Oral Care that stated 'I am not able to do my oral care'.

A record review identified a progress note by the Speech Language Pathology. The documentation included a recommendation to continue routine oral care to reduce risk of aspiration pneumonia and that the family purchased a brush for the client.

An interview with full time day PSW, #101 who provided care to resident #001 shared that they brushed the resident's teeth with a sponge swab and not a toothbrush.

An interview with PSW #102 shared that they only put mouthwash on a swab and wipes the resident's lips and front of upper and lower teeth but did not go inside the resident's mouth and did not use a brush. The staff shared that the resident often had an odour coming from their mouth.

An interview with RPN #104 stated the resident had a special brush, sponge like brush, but the care plan did not provide that direction.

An interview with DOC #108 confirmed the resident's plan of care did not set out clear directions to staff and others who provide direct care to the resident. [s. 6. (1) (c)]

2. This IP was initiated as a result of non compliance being identified and therefore the sample size was expanded to include resident #002.

A record review of the resident's written plan of care identified a plan of care for Oral Care that stated "I am not able to do self oral care. I require 1 team member assistance with daily oral care."

An interview with the DOC confirmed the lack of clear direction for staff related to the resident's oral care needs of cleaning of teeth or dentures, use of brush or swab etc. [s. 6. (1) (c)]

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 plan of care set out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care Specifically failed to comply with the following:

s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,
(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and O. Reg. 79/10, s. 26 (4).
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that the registered dietitian who is a member of the staff of the home assess the resident's nutritional status, including height, weight and any risks related to nutrition care.

This IP was initiated related to a complaint that resident #001 was hungry.

A review of the resident's written nutrition plan of care identified the resident at high nutrition risk. The resident's admission weight was identified and their weight goal for the next three months was established at weight maintenance.

A review of the resident's 'Weight Summary' report identified their weight pattern as follows:

Month 1 - a 0.8 kg weight change from the previous (admission) month.

Month 2 - a 2.0 kg weight change from the previous month.

Month 3- a 1.2 kg weight change from the previous month.

A record review of a progress note by RPN #106 identified documentation that a concern was brought forward that resident #001 was complaining of being hungry. An interview with RPN #106 confirmed the conversation with regards to resident's complaint of hungry and weight change and shared a reason, they believed, was a contributing factor.

An interview with RPN #103 shared that resident #001's regular routine may have had an impact on the resident's nutritional status.

The resident was no longer available in the home to be interviewed.

An interview with Registered Dietitian (RD) #107 stated the resident was at high risk nutritional risk. The RD shared that they were unaware of the resident's routine and had not assessed this risk factor to the resident's nutritional status which may have contributed to the resident's weight change and hunger.

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 registered dietitian who is a member of the staff of the home assess the resident's nutritional status, including height, weight and any risks related to nutrition care, to be implemented voluntarily.

Issued on this 8th day of February, 2020

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) : DIANE BROWN (110)

Inspection No. /

No de l'inspection : 2020_595110_0001

Log No. /

No de registre : 023477-19

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Jan 28, 2020

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 : Langstaff Square Care Community
170 Red Maple Road, RICHMOND HILL, ON, L4B-4T8

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Deniese Johnson

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 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

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)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 69. Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

Order / Ordre :

The licensee shall be compliant with O. Reg. 79/10, s. 69.

The licensee is ordered to:

1. Ensure, by way of the registered staff signature, that all registered staff are educated on the following:
 - a. The requirements in the homes' policy entitled "Monitoring of Resident Weights" Policy #: VII-G-20.90. Current revision date: April 2019".
 - b. Interpretation and direction related to monitoring for "any other weight change that compromises resident's health status".
 - c. Education on the resident's right to have hunger probed for and acknowledged.
2. A copy of educational material and staff signatures shall be available upon review by the Inspector.

Grounds / Motifs :

1. The licensee has failed to ensure that residents with a change of 5 per cent of body weight, or more, over one month, a 7.5 per cent or more, over three months, a 10 per cent or more over 6 months or any other weight change that compromises their health status are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated.

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

This IP was initiated related to a complaint stating that resident #001 was hungry.

Resident #001 was not in the home for an interview at the time of this inspection.

A review of the resident's written nutrition plan of care identified the resident at high nutrition risk. The resident's admission weight was identified and their weight goal for the next three months was established at weight maintenance.

A review of the resident's 'Weight Summary' report identified their weight pattern as follows:

Month 1 - a 0.8 kg weight change from the previous (admission) month.

Month 2 - a 2.0 kg weight change from the previous month.

Month 3- a 1.2 kg weight change from the previous month.

A record review of a progress note by RPN #106 identified documentation that a concern was brought forward that resident #001 was complaining of being hungry. An interview with RPN #106 confirmed the conversation with regards to resident's complaint of hungry and weight change.

A record review of the homes' policy "Monitoring of Resident Weights" Policy #: VII-G-20.90. Current revision date: April 2019, stated all unplanned weight loss or gain of 5% in 30 days, 7.5% in 90 days or 10% in 180 days and any other weight change that compromises resident's health status, will be assessed and evaluated, and documented by a member of the interprofessional care team.

In separate interviews full time days RPN #103 and Registered Dietitian (RD) #107 both shared that resident #001's weight change between Month 1 and Month 2 would be a weight change that would compromise the resident's health status. RPN #103 revealed that they had not assessed the resident's Month 2 weight change which was also confirmed by a record review and lack of documentation.

An interview with RD #107 shared the resident was at high nutritional risk and they had not received a referral for the resident's unplanned weight change

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

identified Month 2 and was further unaware of the resident's reported hunger.

An interview with the DOC confirmed that resident #001's change in weight, had not been assessed using an interdisciplinary approach and the home's policy had not been followed.

(110)

2. This IP was initiated as a result of a non compliance being identified and the sample size was therefore expanded to include resident #003.

A record review revealed resident #003's diagnosis and that the resident was identified at high nutritional risk.

A review of the resident's nutrition plan of care identified the resident's goal was to maintain their weight throughout the review date period.

A review of the resident's 'Weight Summary' report identified their weight pattern as follows:

Month 1 - X kg

Month 2 - a 3.6 kg weight change from the prior month.

A record review of a progress note entitled "weight warning" acknowledged the resident's weight change of 6.2% in one month between Month 1 and Month 2. The note entered by a registered nurse stated a rationale and that the resident had been seen and assessed by dietitian already.

A further record review identified the last RD assessment and that the assessment referenced the resident's Month 1 weight and not the unplanned weight change documented in Month 2. The RPN confirmed the RD had not assessed the resident's significant weight change of 6.2% between Month 1 and Month 2. The RPN further shared that they were unaware if the resident felt hungry.

An interview with resident #003 was attempted with RPN #105. The RPN asked the resident if they felt hungry. The resident was unable to communicate a response at the time. The RPN shared that the resident will communicate with

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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

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

their SDM and with those they are comfortable with and that they would follow-up with the SDM in regards to probing the resident around feelings of hunger.

The DOC confirmed the resident's significant change in weight had not been assessed by the RD, who is part of the interdisciplinary team.

The severity of this issue was determined to be a level 3 as there was actual risk to resident #001. The scope of the non compliance was 2 for pattern. The home had a level 2 compliance history with 1 or more unrelated non compliances within the last 36 months.

(110)

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

Apr 30, 2020

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.

Order(s) of the Inspector

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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
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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
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
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 28th day of January, 2020

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : DIANE BROWN

Service Area Office /

Bureau régional de services : Central East Service Area Office