



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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5700 rue Yonge 5e étage
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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 31, 2018	2018_659500_0016	024729-18, 024730-18, 024731-18	Follow up

Licensee/Titulaire de permis

2063414 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

Midland Gardens Care Community
130 Midland Avenue SCARBOROUGH ON M1N 4E6

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

NITAL SHETH (500)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): September 7, 10, 13, 17, 19, 20, 21, 24, 26, 28, 2018.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC)s, Nurse Manager, Director of Environmental Services (DES), Maintenance Staff, Registered Nurse (RN), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Dietary Aides, and Activation Aides.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Safe and Secure Home**

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)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 20.	WN	2018_714673_0009		500
O.Reg 79/10 s. 20. (1)	CO #001	2018_714673_0009		500
O.Reg 79/10 s. 20. (2)	CO #003	2018_714673_0009		500

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>Legendé</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. 90. Maintenance services
Specifically failed to comply with the following:

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection; O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that procedures were developed and implemented to ensure that air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection.

On July 18, 2018, a Compliance Order (CO) #002 was issued as follows:
The licensee must be compliant with r.90 (2) of the LTCHA. Specifically, the licensee must ensure that all heating, ventilation, and air-conditioning systems, including all air conditioning systems located in designated cooling areas, are cleaned, in good state of repair, and inspected at least every six months by a certified individual, and that documentation is kept of the inspection. The compliance date was August 7, 2018.

A review of the compliance plan submitted by the home on July 27, 2018, to the Ministry of Health and Long-term Care (MOHLTC) indicated that the home was to conduct an audit of all existing air conditioning/cooling units in the building to ensure that they are in a state of good repair and clean. The home was to develop and implement a schedule of preventative maintenance for the air conditioning/cooling units to ensure that they are inspected at a minimum, semi-annually.

The inspector conducted observations on September 19, 2018, from 1345 hours to 1550 hours, with Maintenance Staff #136 and went for a tour of the building. The inspector identified portable window air conditioning (AC) units installed in the north side of the hallways each on the sixth floor, fifth floor, fourth floor, and on the third floor, were dirty. A layer of dust was identified inside these AC units upon removal of the cover, which caused a dusty air blowing outside in the hallways, the areas used by residents and staff. The cover was opened by the maintenance to look into the portable window AC units.

The interview with the Maintenance Staff #136 indicated that these units were cleaned three weeks before, however the maintenance does not keep a record for cleaning of these units. The dust deposited in these portable window AC units seemed likely to be more than three weeks build up.

Interview with the Director of Environmental Services (DES) indicated a need of cleaning of the above mentioned window ACs and confirmed that there is no record available to identify when the last cleaning was completed for these window ACs.

Interview with Director of Care (DOC) #105 provided a copy of an audit form, completed on September 21, 2018, to the inspector and indicated that the home has implemented



these new audit forms effective September 21, 2018, to ensure that all portable window AC units are cleaned by the maintenance.

Interview with the Executive Director (ED) confirm that maintenance is responsible to inspect these window ACs as it is not contracted with the third party. The ED also indicated that the home had a certified technician come in from a third party to inspect only the Packaged Terminal Air Conditioner (PTAC) units in the home that were installed in the designated cooling areas. [s. 90. (2) (c)]

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. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that, the home, furnishings and equipment were kept clean and sanitary.

During a follow-up inspection, the inspector conducted a tour with Maintenance Staff #136 on September 19, 2018, from 1345 hours to 1550 hours. The inspector identified that two fans located on each side of north and south hallways on the third, fourth and fifth floors were covered with visible dirt and required cleaning.

Interview with Maintenance Staff #136 confirmed that the identified fans were cleaned the prior month however the home did not have any record to identify a date and time when these fans were cleaned. Maintenance Staff #136 also indicated that housekeeping and maintenance staff are unsure about who is responsible to clean these fans. They also said that staff from both departments think that the other department is responsible for cleaning these fans.

Interview with Director of Environmental Services (DES) confirmed that the home did not have any record available to confirm that the identified fans were cleaned.

The Maintenance Staff #136, DES, DOC #105, and ED confirmed that all fans are required to be cleaned.

On September 21, 2018, at around 1500 hours, DOC #105 provided a copy of the housekeeping job routine indicating a regular cleaning and sanitation requirement for fans. The DOC also provided a copy of an audit tool dated September 21, 2018, indicating that two fans in each hallways were cleaned by housekeeping. [s. 15. (2)]

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 home, furnishings and equipment are kept clean and sanitary, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence



Specifically failed to comply with the following:

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.

Findings/Faits saillants :

1. 1. The licensee has failed to comply with the following requirement of the Act: it is a condition of every licensee that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every order made or agreement entered into under this Act and those Acts.

On July 18, 2018, Compliance Orders (CO) #001, and #002 were issued under s. 20 (1), and s. 20 (2) as follows with a compliance date of August 7, 2018.

CO #001

The licensee must be compliant with r. 20 (1) of the LTCHA.

The licensee must prepare, submit and implement a plan to ensure that the written hot weather related illness prevention and management plan (HWRIPMP) for the home is implemented when required to address the adverse effects on residents related to heat. The plan must include, but is not limited to the following:

1. Provision and documentation of education to all staff related to the HWRIPMP to ensure that staff understand their roles and responsibilities. This education should be completed before the end of May for each year going forward.
2. Steps that will be taken to ensure that the log form identified in the home's HWRIPMP is being used to document the monitoring of air temperatures and humidity in the locations and times as identified in the home's plan. The log form should also be used to document the heat alert level, if any, and the initials of the Charge Nurse informed of the heat alert level.
3. Steps to ensure effective communication about the heat contingency plan to all staff when required, as per the HWRIPMP, to minimize the risk of heat related illnesses to all residents.
4. Steps to ensure that staff are aware of residents' assessed heat risk levels, familiar



with their plans of care, and implementing appropriate interventions as per their plan of care and the HWRIPMP.

5. Development and implementation of quality improvement initiatives such as documented audits to ensure the HWRIPMP is implemented and maintained when warranted.

For the above, as well as for any other elements included in the plan, please include who will be responsible, as well as a timeline for achieving compliance, for each objective/goal listed in the plan.

CO #003

The licensee must be compliant with r. 20 (2) of the LTCHA.

The licensee must prepare, submit and implement a plan to ensure that if central air conditioning is not available in the home, the home has at least one separate designated cooling area for every 40 residents. The plan must include, but is not limited to the following:

1. Steps that will be taken to ensure that the log form identified in the home's HWRIPMP is being completed, and is being used to document the monitoring of air temperatures and humidity in the locations and times as identified in the home's plan.
2. Steps to ensure that all air conditioners in the designated cooling areas are effective and functional, inspected by a qualified individual, and maintained so that the designated cooling areas are kept cooler than other areas of the home, and as comfortable of a humidex level as possible.
3. A plan of how the home will ensure that each designated cooling area will be kept cooler than other areas of the home, and at a comfortable of a humidex level as possible until such time that all of the air conditioners in the designated cooling areas are functional, inspected and maintained.
4. Development and implementation of quality improvement initiatives such as documented audits to ensure steps one to three mentioned above are implemented and maintained when warranted.

For the above, as well as for any other elements included in the plan, please include who will be responsible, as well as a timeline for achieving compliance, for each objective/goal listed in the plan.

The licensee failed to complete step #5 of CO #001, and step #4 of CO #003.



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Record reviews and interviews with Maintenance Staff #136, Nurse Manager #134, Director of Environmental Services (DES), Director of Care (DOC) #105 and ED indicated that the home did not have a formal process developed and implemented for quality improvement initiative to ensure that staff are implementing and maintaining HWRIPMP when warranted. The home failed to provide any supporting documents to ensure the home's compliance with requirement #5 in CO #001, and requirement #4 in CO #003.

As a result the non-compliance was issued under s.101. (3). [s. 101. (3)]

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 to comply with the following requirement of the Act: it is a condition of every licensee that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every order made or agreement entered into under this Act and those Acts, to be implemented voluntarily.

Issued on this 31st day of October, 2018

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

Original report signed by the inspector.



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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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée
Inspection de soins de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : NITAL SHETH (500)

Inspection No. /

No de l'inspection : 2018_659500_0016

Log No. /

No de registre : 024729-18, 024730-18, 024731-18

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Oct 31, 2018

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 : Midland Gardens Care Community
130 Midland Avenue, SCARBOROUGH, ON, M1N-4E6

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Kris Coventry

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 InspectorPursuant 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***Order # /****Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre
existant:** 2018_714673_0009, CO #002;**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;

(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;

(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;

(e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;

(f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;

(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;

(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;

(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;

(j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and

(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).



Order(s) of the Inspector

Pursuant to section 153 and/or
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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Order / Ordre :

The licensee must comply with O. Reg. 79/10, s.90. (2). Upon receiving this Compliance Order (CO) the licensee shall do the following:

1. Develop a procedure that addresses how all portable window air conditioning units will be maintained and cleaned as per manufacturer's directions. The procedure shall include what components need to be inspected, how they are to be cleaned, how often they will be inspected and cleaned, by whom (specify in-house staff or contracted service), when they will be removed and re-installed and where they will be stored when removed from windows. The procedure shall be implemented.
2. The portable air conditioning units shall be part of a scheduled and routine preventive maintenance program whereby they are visually inspected to determine if they are in good working order and clean (free of dust and mould) and the tasks shall be documented.

The home shall comply with this order by December 14, 2018.

Grounds / Motifs :

1. The licensee has failed to ensure that procedures were developed and implemented to ensure that air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection.

On July 18, 2018, a Compliance Order (CO) #002 was issued as follows: The licensee must be compliant with r.90 (2) of the LTCHA. Specifically, the licensee must ensure that all heating, ventilation, and air-conditioning systems, including all air-conditioning systems located in designated cooling areas, are cleaned, in good state of repair, and inspected at least every six months by a certified individual, and that documentation is kept of the inspection. The compliance date was August 7, 2018.

A review of the compliance plan submitted by the home on July 27, 2018, to the Ministry of Health and Long-term Care (MOHLTC) indicated that the home was to conduct an audit of all existing air conditioning/cooling units in the building to ensure that they are in a state of good repair and clean. The home was to develop and implement a schedule of preventative maintenance for the air

conditioning/cooling units to ensure that they are inspected at a minimum, semi-annually.

The inspector conducted observations on September 19, 2018, from 1345 hours to 1550 hours, with Maintenance Staff #136 and went for a tour of the building. The inspector identified portable window air conditioning (AC) units installed in the north side of the hallways each on the sixth floor, fifth floor, fourth floor, and on the third floor, were dirty. A layer of dust was identified inside these AC units upon removal of the cover, which caused a dusty air blowing outside in the hallways, the areas used by residents and staff. The cover was opened by the maintenance to look into the portable window AC units.

The interview with the Maintenance Staff #136 indicated that these units were cleaned three weeks before, however the maintenance does not keep a record for cleaning of these units. The dust deposited in these portable window AC units seemed likely to be more than three weeks build up.

Interview with the Director of Environmental Services (DES) indicated a need of cleaning of the above mentioned window ACs and confirmed that there is no record available to identify when the last cleaning was completed for these window ACs.

Interview with Director of Care (DOC) #105 provided a copy of an audit form, completed on September 21, 2018, to the inspector and indicated that the home has implemented these new audit forms effective September 21, 2018, to ensure that all portable window AC units are cleaned by the maintenance.

Interview with the Executive Director (ED) confirm that maintenance is responsible to inspect these window ACs as it is not contracted with the third party. The ED also indicated that the home had a certified technician come in from a third party to inspect only the Packaged Terminal Air Conditioner (PTAC) units in the home that were installed in the designated cooling areas.

The severity of this issue was determined to be a level 2 as there was minimal harm and potential for actual harm to the residents. The scope of the issue was a level 3 as it related to three air conditioning systems throughout the home, and all residents in the home. The home had a level 4 history as they had ongoing non-compliances in the similar area. There was Director Referral (DR), Compliance Order (CO), and Written Notification issued in inspection



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#2018_714673_0009, dated July 6, 2018, and WN issued in inspection
#2015_324567_0016, dated Nov 30, 2015.

Due to the severity, scope, and history, a compliance order is being re-issued of
CO #002 is warranted. (500)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 14, 2018



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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 Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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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:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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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 de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603



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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*

**Ministère de la Santé et
des Soins de longue durée**

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)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et 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 31st day of October, 2018

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



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
des Soins de longue durée**

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

Name of Inspector /

Nital Sheth

Nom de l'inspecteur :

Service Area Office /

Bureau régional de services : Toronto Service Area Office