Ontario

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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130 Dufferin Avenue 4th floor
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130 avenue Dufferin 4ème étage
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Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 3, 2016	2016_262523_0025	005417-16	Complaint

Licensee/Titulaire de permis

ST. JOSEPH'S HEALTH CARE, LONDON
268 Grosvenor Street P.O. Box 5777 LONDON ON N6A 4V2

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

Mount Hope Centre for Long Term Care
21 GROSVENOR STREET P.O. BOX 5777 LONDON ON N6A 1Y6

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

ALI NASSER (523)

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): June 7, 8, 9, 10, 13, 14, 15, 16, 21 & 22, 2016

The following Complaint inspection was conducted: Log # 005417-16 (IL-43155-LO; LI-43224-LO; IL-43250-LO; IL-43357-LO; IL-43346-LO & CI # C596-000012-16) related to multiple care concerns, alleged neglect of the resident and restraints.

During the course of the inspection, the inspector(s) spoke with the Director, Vice-President, Privacy Officer, two Coordinators of Resident Care, Administrative Assistant, Coordinator Facilities, two Registered Practical Nurses - Long Term Care Support Specialist, Chaplain, Hairdresser, five Registered Nurses, 13 Registered Practical Nurses, 25 Personal Care Providers, and 19 residents and family members.

Inspectors also conducted tours of the home, observed resident-staff interactions, care provision, reviewed internal and external investigative reports, residents' clinical records, relevant policies and procedures and staff education records.

The following Inspection Protocols were used during this inspection:
Minimizing of Restraining
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
- **6 WN(s)**
- **3 VPC(s)**
- **3 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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 :

The licensee has failed to ensure that a resident exhibiting altered skin integrity received 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.

Clinical record review for resident #001 revealed that the resident was admitted to the home with altered skin integrity.
The area of altered skin integrity was identified by registered staff members, however registered staff members did not complete a skin assessment for the identified area.
Coordinator # 105 confirmed in an interview that the resident had an area of altered skin integrity that was identified by the nursing staff at the home but the registered staff members did not complete an assessment to the identified area.
Coordinator #105 said that the home had failed to ensure that a skin assessment was completed for resident #001 for an identified area with skin concerns.

During this inspection this non-compliance was found to have a severity level of an actual harm/risk, a scope that was isolated. This section of noncompliance was previously issued as a written notification and a voluntary plan of correction on May 13, 2014, inspection # 2014_182128_0009. [s. 50. (2) (b) (i)]

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 O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following:

s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).
(b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).

Findings/Faits saillants :

The licensee has failed to ensure that for each resident demonstrating responsive behaviours, actions were taken to respond to the needs of the resident, including assessments and reassessments.

A clinical record review revealed that resident #001's Power of Attorney had concerns about using a certain medication. That medication was withheld and restarted without a reassessment of the resident being completed.

Coordinator #105 said in an interview that resident #001 was not assessed before restarting that medication.

During this inspection this non-compliance was found to have a severity level of minimal harm/risk or potential for actual harm/risk, a scope that was isolated. This section of noncompliance was previously issued as a written notification and a voluntary plan of correction on December 07, 2015, inspection #2015_260521_0057, January 14, 2015, inspection #2015_228172_0003, August 12, 2014, Inspection #2014_183135_0064 and January 29, 2014, inspection #2014_183135_0001. [s. 53. (4) (c)]

Additional Required Actions:

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

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. (4) The licensee shall enter into the appropriate written agreement under section 83 or 84 with every physician or registered nurse in the extended class retained or appointed under subsection (2) or (3). O. Reg. 79/10, s. 82 (4).

Findings/Faits saillants :

The licensee has failed to enter into the appropriate written agreement under section 83 with every physician retained or appointed under subsection (2) or (3).

Section 83 stipulated that where a written agreement between a licensee and a physician is required under subsection 82 (4), the agreement must provide for, at a minimum, (a) the term of the agreement; (b) the responsibilities of the licensee; and (c) the responsibilities or duties of the physician, including, (i) accountability to the Medical Director for meeting the home's policies, procedures and protocols for medical services, (ii) provision of medical services, and (iii) provision of after-hours coverage and on-call coverage.

Director #100 confirmed that the home did not have any written agreements with the physicians under LTCHA.

During this inspection this non-compliance was found to have a severity level of minimal harm/risk or potential for actual harm/risk, a scope that affected the majority of the residents and an unrelated compliance history. [s. 82. (4)]

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

The licensee had failed to ensure that the resident's right to be properly sheltered and cared for was fully respected and promoted.

A review of a family complaint revealed that a family member went to visit resident #001 and the atmosphere in which they found the resident caused the resident to feel scared and cold. Staff informed complainant that they were not able to fix the cause of the concern.

Coordinator #105 said in an interview that the home's expectation was for staff to report such concerns through the computerized reporting system. Coordinator #105 reported that there was no evidence that staff had reported to appropriate maintenance department to fix the cause of the concern.

Coordinator #105 reported that the home has failed to provide proper shelter to the resident by not reporting a malfunction to the appropriate maintenance department which left the resident scared and cold. [s. 3. (1) 4.]

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 resident's right to be properly sheltered and cared for was fully respected and promoted, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

The Licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system of the home that was required by the Act or Regulation was complied with.

Long-Term Care Homes Act S.O. 2007 c.8 s. 21 requires the home to ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints.

A review of the home's policy named Complaints: Management of Resident, Family or Other Complaints, revised date April 2014, that is required by the LTCHA revealed that: "Procedure #1 directs staff that if a complaint is received by unit staff from a resident, family member or other person (e.g. volunteer), the registered staff makes every attempt to resolve the complaint as soon as it is received. Resolution may include anything from total resolution of the problem (e.g. location of lost items), to educating the complainant about what services may or may not be available in the facility.
Procedure #7 directed staff that if a problem related to a resident's care is not resolvable within 24 hrs. It is referred to the coordinator of resident care for further follow-up, preferably in writing, on the "Mount Hope Complaints Form" whenever possible or by Email".

Coordinator #105 said in an interview that resident #001's Power of Attorney approached a Registered Staff member on the resident's care area and shared care related concerns. The family member wanted to talk to a physician about those concerns.
Coordinator #105 said that the Registered staff member did not address the family member's concerns accordingly, she did not respond to their concern, call the Attending Physician or the On-call doctor to respond to family's concerns.

Clinical record review revealed that the Registered Nurse had documented that initial concerns and did not inform the Coordinator about the complaint even though it was not resolved within 24 hours.

Coordinator #105 said that the home's policy for managing and dealing with complaints was not complied with. [s. 8. (1) (b)]

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 any plan, policy, protocol, procedure, strategy or system of the home was complied with, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 23. Licensee must investigate, respond and act

Specifically failed to comply with the following:

s. 23. (2) A licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b). 2007, c. 8, s. 23 (2).

Findings/Faits saillants :

1. The licensee has failed to report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b).

A review of Critical Incident System Report (CIS) revealed that it was submitted as an alleged incident of resident abuse. The CIS report indicated home to investigate and long term actions to be updated.

The CIS was reviewed 16 weeks after initial reporting and the results of the investigations or long term actions were not updated or amended by the home.

Coordinator # 105 confirmed that the CIS report was not amended to include the results of the investigations and long term actions in response to the incident. [s. 23. (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 results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b) were reported to the Director, to be implemented voluntarily.

Issued on this 30th day of November, 2016

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

Original report signed by the inspector.

Ontario

Ministry of Health and Long-Term Care

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

Ministére 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

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) :	ALI NASSER (523)
Inspection No. / No de l'inspection :	2016_262523_0025
Log No. / Registre no:	005417-16
Type of Inspection / Genre d'inspection:	Complaint
Report Date(s) / Date(s) du Rapport :	Oct 3, 2016
Licensee / Titulaire de permis :	ST. JOSEPH'S HEALTH CARE, LONDON 268 Grosvenor Street, P.O. Box 5777, LONDON, ON, N6A-4V2
LTC Home / Foyer de SLD :	Mount Hope Centre for Long Term Care 21 GROSVENOR STREET, P.O. BOX 5777, LONDON, ON, N6A-1Y6
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Janet Groen

To ST. JOSEPH'S HEALTH CARE, LONDON, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

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

Ministére 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

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

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 :

The licensee shall ensure that all residents that exhibit altered skin integrity would receive 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, and receives treatment and interventions as required.

The licensee shall ensure that resident #001 receives a skin assessment specifically but not limited to the identified area of altered skin integrity by a member of the registered nursing staff using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment, and receives treatment and interventions as required and is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Grounds / Motifs :

1. The licensee has failed to ensure that a resident exhibiting altered skin integrity received 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.

Clinical record review for resident #001 revealed that the resident was admitted to the home with altered skin integrity.
The area of altered skin integrity was identified by registered staff members, however registered staff members did not complete a skin assessment for the identified area.
Coordinator # 105 confirmed in an interview that the resident had an area of altered skin integrity that was identified by the nursing staff at the home but the registered staff members did not complete an assessment to the identified area.
Coordinator #105 said that the home had failed to ensure that a skin assessment was completed for resident #001 for an identified area with skin concerns.

During this inspection this non-compliance was found to have a severity level of an actual harm/risk, a scope that was isolated. This section of noncompliance was previously issued as a written notification and a voluntary plan of correction on May 13, 2014, inspection # 2014_182128_0009. [s. 50. (2) (b) (i)] (523)

Ontario

Ministry of Health and Long-Term Care

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

Ministére 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

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Nov 10, 2016

Order # / Ordre no : 002

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(a) the behavioural triggers for the resident are identified, where possible;
(b) strategies are developed and implemented to respond to these behaviours, where possible; and
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).

Order / Ordre :

The licensee shall ensure that if resident #001 demonstrates responsive behaviors, then actions would be taken to respond to the needs of the resident, including assessments and reassessments of the resident's behaviors by the home's Behavioral Support Team.

Grounds / Motifs :

1. The licensee has failed to ensure that for each resident demonstrating responsive behaviours, actions were taken to respond to the needs of the resident, including assessments and reassessments.

A clinical record review revealed that resident #001's Power of Attorney had concerns about using a certain medication. That medication was withheld and restarted without a reassessment of the resident being completed.

Coordinator #105 said in an interview that resident #001 was not assessed before restarting that medication.

During this inspection this non-compliance was found to have a severity level of minimal harm/risk or potential for actual harm/risk, a scope that was isolated. This section of noncompliance was previously issued as a written notification and a voluntary plan of correction on December 07, 2015, inspection #2015_260521_0057, January 14, 2015, inspection #2015_228172_0003, August 12, 2014, Inspection #2014_183135_0064 and January 29, 2014, inspection #2014_183135_0001. [s. 53. (4) (c)]
(523)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Nov 10, 2016

Order # / Ordre no : 003

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 82. (4) The licensee shall enter into the appropriate written agreement under section 83 or 84 with every physician or registered nurse in the extended class retained or appointed under subsection (2) or (3). O. Reg. 79/10, s. 82 (4).

Order / Ordre :

The licensee shall enter into the appropriate written agreement under section 83 with every physician retained or appointed under subsection (2) or (3).

Grounds / Motifs :

1. The licensee has failed to enter into the appropriate written agreement under section 83 with every physician retained or appointed under subsection (2) or (3).

Section 83 stipulated that where a written agreement between a licensee and a physician is required under subsection 82 (4), the agreement must provide for, at a minimum, (a) the term of the agreement; (b) the responsibilities of the licensee; and (c) the responsibilities or duties of the physician, including, (i) accountability to the Medical Director for meeting the home's policies, procedures and protocols for medical services, (ii) provision of medical services, and (iii) provision of after-hours coverage and on-call coverage.

Director #100 confirmed that the home did not have any written agreements with the physicians under LTCHA.

During this inspection this non-compliance was found to have a severity level of minimal harm/risk or potential for actual harm/risk, a scope that affected the majority of the residents and an unrelated compliance history. [s. 82. (4)] (523)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Nov 10, 2016

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 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

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing 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.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 3rd day of October, 2016

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Ali Nasser

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