

**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**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159, rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Amended Public Copy/Copie modifiée 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
Nov 20, 2020	2020_829757_0028 (A1)	015766-20	Complaint

Licensee/Titulaire de permis

Board of Management of the District of Kenora
1220 Valley Drive KENORA ON P9N 2W7

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

Northwood Lodge
51 Highway 105 P.O. Box 420 RED LAKE ON P0V 2M0

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

Amended by DAVID SCHAEFER (757) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

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This inspection report has been revised to reflect a change in the compliance due date for compliance order #001 from February 11, 2021 to March 31, 2021. The Complaint inspection, #2020_829757_0028 was completed on October 19-22, 2020.

A copy of the revised report is attached.

Issued on this 20th day of November, 2020 (A1)

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

Original report signed by the inspector.

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*the Long-Term Care
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Northwood Lodge
51 Highway 105 P.O. Box 420 RED LAKE ON P0V 2M0

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

Amended by DAVID SCHAEFER (757) - (A1)

Amended 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): October 19-22, 2020.

The following intake was inspected during this Complaint inspection:

-A complaint related to concerns regarding the safety and security of the home, as well as concerns related to nutrition care and skin and wound care.

This inspection was conducted concurrently with Critical Incident System inspection #2020_829757_0029.

During the course of the inspection, the inspector(s) spoke with The Administrator, Director of Care (DOC), Nutrition Manager (NM), Registered Dietitian (RD), Physiotherapist (PT), Physical Therapist Assistant (PTA), Registered Nurse(s) (RNs), Registered Practical Nurse(s) (RPNs), and Personal Support Worker(s) (PSWs).

The following Inspection Protocols were used during this inspection:

**Nutrition and Hydration
Personal Support Services
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care**

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

**4 WN(s)
2 VPC(s)
2 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. 75. Nutrition manager

Specifically failed to comply with the following:

s. 75. (2) A person hired as a nutrition manager after the coming into force of this section must be an active member of the Canadian Society of Nutrition Management or a registered dietitian. O. Reg. 79/10, s. 75 (2).

s. 75. (3) The licensee shall ensure that a nutrition manager is on site at the home working in the capacity of nutrition manager for the minimum number of hours per week calculated under subsection (4), without including any hours spent fulfilling other responsibilities. O. Reg. 79/10, s. 75 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that there was a nutrition manager (NM) in the home who was an active member of the Canadian Society of Nutrition Management or a registered dietitian (RD).

The home's Administrator indicated that the lead of the food and nutrition department for the adjoined hospital was the NM for the home. The NM was not an RD or a member of the Canadian Society of Nutrition Management.

Sources: Interviews with the home's Administrator and NM; and an e-mail written by the NM. [s. 75. (2)]

2. The licensee has failed to ensure that there was a nutrition manager on site at the home working in the capacity of the nutrition manager for the minimum number of hours per week calculated under subsection (4), without including any hours spent filling other responsibilities.

The home's Administrator indicated that the lead of the food and nutrition department for the adjoined hospital was the NM for the home. The NM did not spend the required hours on site in the home.

Sources: Interviews with the home's Administrator and NM; absence of supporting employment documentation. [s. 75. (3)]

Additional Required Actions:

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

(A1)

The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 001

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 64. Designated lead

Specifically failed to comply with the following:

s. 64. (1) Every licensee of a long-term care home shall ensure that the home’s restorative care program, including the services of social workers and social service workers, are co-ordinated by a designated lead. O. Reg. 79/10, s. 64 (1).

Findings/Faits saillants :

**Inspection Report under
*the Long-Term Care
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durée**

1. The licensee has failed to ensure that there was a designated restorative care lead for the home.

The Administrator and Director of Care (DOC) stated that the home's physiotherapist (PT) was the designated restorative care lead for the home. The PT's job description included no mention of this role falling under their responsibility, and the PT stated they had not had discussions with the home regarding this role. The home's administrator later indicated that the home did not have a designated restorative care lead, and that the responsibilities of this role had been shared by themselves and the DOC. The home could not produce any documentation related to the designation of a restorative care lead, or any job description outlining these responsibilities for any other staff members.

Sources: Review of employment documentation; and interviews with the Administrator, DOC, and PT. [s. 64. (1)]

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 LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other, (a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4). (b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that the staff and others involved in the nutrition care for a resident collaborated with each other in the implementation of the plan of care.

A resident experienced a significant change in their nutritional status. The home's DOC collaborated with the Nurse Practitioner (NP) to develop an intervention for providing nutrition to the resident. The DOC developed a tracking sheet for documenting the provision of the intervention; however, this intervention was never included in the resident's care plan, and was never implemented into the resident's care.

Sources: Resident's electronic health records, progress notes, and physical records; and interviews with the DOC, a PSW, and an RPN. [s. 6. (4) (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 the staff and others involved in the different aspects of care of residents collaborate with each other in the development and implementation of the plans of care so that the different aspects of care are integrated and are consistent with and complement each other, to be implemented voluntarily.

WN #4: 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 :

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1. The licensee has failed to ensure that a resident was reassessed at least weekly by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

A resident had a wound which had complications. The DOC indicated that the "Braden scale", as indicated on the home's Medication Administration Record (MAR), was used as the home's assessment instrument for skin and wound assessments. These assessments were not initiated by the home for approximately two months. Following the initiation of the assessments, they were not completed weekly on three occasions.

Sources: Resident's MAR and progress notes; and interviews with the DOC and other relevant staff members. [s. 50. (2) (b) (iv)]

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 residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, are reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.

Issued on this 20th day of November, 2020 (A1)

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



**Ministry of Long-Term
Care**

**Ministère des Soins de longue
durée**

**Inspection Report under
*the Long-Term Care
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**Rapport d'inspection en vertu
de la Loi de 2007 sur les
foyers de soins de longue
durée**

Original report signed by the inspector.

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
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

Amended Public Copy/Copie modifiée du rapport public

**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by DAVID SCHAEFER (757) - (A1)

**Inspection No. /
No de l'inspection :** 2020_829757_0028 (A1)

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

**Log No. /
No de registre :** 015766-20 (A1)

**Type of Inspection /
Genre d'inspection :** Complaint

**Report Date(s) /
Date(s) du Rapport :** Nov 20, 2020(A1)

**Licensee /
Titulaire de permis :** Board of Management of the District of Kenora
1220 Valley Drive, KENORA, ON, P9N-2W7

**LTC Home /
Foyer de SLD :** Northwood Lodge
51 Highway 105, P.O. Box 420, RED LAKE, ON,
P0V-2M0

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Kandice Henry

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

To Board of Management of the District of Kenora, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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. 75. (2) A person hired as a nutrition manager after the coming into force of this section must be an active member of the Canadian Society of Nutrition Management or a registered dietitian. O. Reg. 79/10, s. 75 (2).

Order / Ordre :

The licensee must comply with s. 75 of Ontario Regulation (O. Reg.) 79/10.

Specifically, the licensee must:

- 1) Ensure the Nutrition Manager (NM) for the home is either a member of the Canadian Society of Nutritional Management or an RD.
- 2) Ensure the NM works on site in the home in the capacity of the NM, for at least the minimum number of hours per week as calculated in s. 75 (4) of O. Reg. 79/10, without including any hours spent filling other responsibilities.
- 3) Maintain documentation of the number of hours the NM spends on-site in the home in the role of NM.

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

Grounds / Motifs :

1. The licensee has failed to ensure that there was a nutrition manager in the home who was an active member of the Canadian Society of Nutrition Management or an RD.

The home's Administrator indicated that the lead of the food and nutrition department for the adjoined hospital was the NM for the home. The NM was not an RD or a member of the Canadian Society of Nutrition Management. The NM did not spend the required hours on site in the home.

Sources: Interviews with the home's Administrator and Nutrition Manager; an e-mail written by the Nutrition Manager dated October 22, 2020; absence of supporting employment documentation.

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

Severity: The NM for the home did not meet the legislative requirement for qualifications or hours spent on site in the home. There was risk to residents as they required a qualified nutrition manager to spend the appropriate number of hours on site in the home to adequately manage their nutritional needs.

Scope: This non-compliance was widespread as it affected all residents in the home.

Compliance History: In the past 36 months, the licensee had no history of non-compliance to this subsection. (757)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 31, 2021(A1)

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Order # /

No d'ordre: 002

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 64. (1) Every licensee of a long-term care home shall ensure that the home's restorative care program, including the services of social workers and social service workers, are co-ordinated by a designated lead. O. Reg. 79/10, s. 64 (1).

Order / Ordre :

The licensee must comply with s. 64 (1) of O. Reg. 79/10.

Specifically, the licensee must:

A) Ensure that the home has a designated restorative care lead to co-ordinate the restorative care program, including the services of social workers and social service workers.

B) Document the job description for the restorative care lead, detailing their duties and responsibilities.

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

Grounds / Motifs :

1. The licensee has failed to ensure that there was a designated restorative care lead for the home.

The Administrator and Director of Care (DOC) stated that the home's physiotherapist (PT) was the designated restorative care lead for the home. The PT's job description included no mention of this role falling under their responsibility, and the PT stated they had not had discussions with the home regarding this role. The home's administrator later indicated that the home did not have a designated restorative care lead, and that the responsibilities of this role were shared by themselves and the DOC. The home could not produce any documentation related to the designation of a restorative care lead, or any job description outlining these responsibilities for any other staff members.

Sources: Review of employment documentation, and interviews with the Administrator, DOC, and PT.

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

Severity: The home did not have a designated restorative care lead. There was risk to residents as they required a designated restorative care lead to co-ordinate restorative care services to meet the needs of residents.

Scope: This non-compliance was widespread as it affected all residents in the home.

Compliance History: In the past 36 months, the licensee had no history of non-compliance to this subsection. (757)

This order must be complied with by /

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

Feb 11, 2021

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

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

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

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

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

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

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

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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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

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 20th day of November, 2020 (A1)

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

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

Amended by DAVID SCHAEFER (757) - (A1)

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

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

Sudbury Service Area Office