

**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**

Toronto Service Area Office  
5700 Yonge Street 5th Floor  
TORONTO ON M2M 4K5  
Telephone: (416) 325-9660  
Facsimile: (416) 327-4486

Bureau régional de services de  
Toronto  
5700, rue Yonge 5e étage  
TORONTO ON M2M 4K5  
Téléphone: (416) 325-9660  
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**Amended Public Copy/Copie modifiée du rapport public**

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<b>Report Date(s)/ Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log #/ No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 29, 2022	2022_642698_0002 (A1)	013873-21	Complaint

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**Licensee/Titulaire de permis**

Norwood Nursing Home Limited  
122 Tyndall Avenue Toronto ON M6K 2E2

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

Norwood Nursing Home  
122 Tyndall Avenue Toronto ON M6K 2E2

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

Amended by ORALDEEN BROWN (698) - (A1)

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

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**This licensee inspection report has been revised to amend language in the Licensee report related to census information, raw food purchases and medication brand name. The Complaint inspection, #2022\_642698\_0002 was completed on February 17, 2022.**

**A copy of the revised report is attached.**

**Issued on this 29th day of March, 2022 (A1)**

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

**Original report signed by the inspector.**

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

Amended by ORALDEEN BROWN (698) - (A1)

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

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

**This inspection was conducted on the following date(s): February 8-11 and 14-16, 2022. Off-site on February 17, 2022.**

**The following intake was completed in this complaint inspection:**

**Log #013873-21 related to multiple concerns.**

**During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer/owner (CEO), Administrator/Director of Care (DOC), Assistant Director of Care (ADOC), Operations Manager, Office Coordinator, Nutrition Manager (NM), Registered Nurses (RNs), Cook, Dietary Aide, Activation Manager, Activation Aide, Nursing Clerk, Housekeeping staff, Screener, Laundry staff and residents.**

**During the course of the inspection, the inspector conducted resident observations, staff and resident interactions and the provision of care; conducted resident health record reviews, food and nutrition purchasing receipts, reviewed video surveillance footage, policies and procedures.**

**A mandatory Infection Prevention and Control (IPAC) checklist was completed.**

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

**Food Quality**

**Infection Prevention and Control**

**Medication**

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

**4 WN(s)  
3 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>

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 108. Misuse of funding**

**For the purposes of paragraph 5 of subsection 24 (1) and paragraph 6 of subsection 25 (1) of the Act, “misuse” of funding means the use of funding provided by either the Ministry or a local health integration network,**

**(a) for a purpose other than a purpose that was specified as a condition of the funding; or**

**(b) in a manner that is not permitted under a restriction that was specified as a condition of the funding. O. Reg. 79/10, s. 108.**

**Findings/Faits saillants :**

(A1)

1. The licensee has failed to ensure that funding provided by either the Ministry or a Agency or a Local Health Integration Network (LHIN) for purchase of food, continence products, and medications was not used for a purpose other than a purpose that was specified as a condition of the funding.

As per O. Reg. 79/10, s. 108 (a), “misuse” of funding means the use of funding provided by the Ministry, the Agency or a LHIN, for a purpose other than a purpose that was specified as a condition of the funding.

The Long-Term Care Homes (LTCH) Financial Policy: LTCH Level-of-Care Per Diem Funding Policy dated July 1, 2017, outlines the funding approach for the Level-of-Care (LOC) per diem paid to a licensee for each LTCH.

The LHIN funds the licensee of a LTCH the LOC per diem for every licensed or approved bed in the home, subject to the conditions set out in the above-mentioned policy, other funding and financial management policies, applicable law, and the service accountability agreement between the LHIN and the licensee. The LOC per diem is calculated for each bed using a formula that considers the resident census/co-payment revenue. Incontinence supplies are considered a Personal Support Services (PSS) expenditure and are funded through the Nursing and Personal Care envelope as per the policy. Food is funded under the Raw Food envelope.

Video footage from the home identified the following:

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Over three days in January 2022, multiple staff members were seen exiting the kitchen area with beverages, food items and grocery bags containing unknown items.

Staff #109 acknowledged that on several occasions they took coffee, meals, bags of milk and leftover food from the kitchen, for other staff members. They also took continence products over a period of one year and none of the these items were paid for.

There were no records kept of food prepared for individuals that were not residents. The daily production sheets indicated that leftovers were not documented on the production sheet for at least four years.

A representative of the Licensee stated that the home had plenty of leftovers after meals and they had been taking food items home and sharing with their neighbors for approximately one year. The representative stated that on one occasion, they instructed a staff member to get them a bottle of government stock medication for personal use.

Funding provided to the Licensee was misused when staff of the home took food, continence products and medication from the home for their personal use.

Sources: LTCH Financial Policy: LTCH Level-of-Care Per Diem Funding Policy dated July 1, 2017, Production Planning policy #NFS-III-39 with revision dated September 2018, review of the home's video footage, interviews with Licensee representative and others. [s. 108. (a)]

***Additional Required Actions:***

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

**(A1)**

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

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food  
production**

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

**s. 72. (5) If any food or beverages are prepared in the long-term care home for  
persons who are not residents of the home, the licensee shall maintain, and  
keep for at least seven years, records that specify for each week,  
(a) the number of meals prepared for persons who are not residents of the  
home; and O. Reg. 79/10, s. 72 (5).**

**Findings/Faits saillants :**



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durée**

1. The licensee has failed to ensure that if food or beverages were prepared in the long-term care home for persons who were not residents of the home, the licensee shall maintain, and keep for at least seven years, records that specify for each week, the number of meals prepared for persons who are not residents of the home.

The home did not keep a record of meals prepared for persons who were not residents of the home over the past seven years. Video footage from January 2022, showed several staff members on multiple occasions, entering the main kitchen and exiting with various food items.

Several staff members told the inspector that they witnessed other staff members taking leftovers from the kitchen after meals; other items such as bags of milk and bread were also being taken out of the home. Several staff members shared that they took coffee, meals, bags of milk and leftover food from the kitchen, as well as continence products for personal use and did not pay for the items.

The home did not keep a record of meals or beverages prepared for persons who were not residents of the home for the past seven years.

Sources: review of food and beverage production sheet, Production Planning policy #NFS-III-39 with revision date September 2018, the home's video footage, food purchasing receipts, interview with the CEO and other staff. [s. 72. (5) (a)]

***Additional Required Actions:***

**Inspection Report under  
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durée**

***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 if any food or beverages are prepared in the long-term care home for persons who are not residents of the home, the licensee shall maintain, and keep for at least seven years, records that specify for each week, the number of meals prepared for persons who are not residents of the home, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 124. Every licensee of a long-term care home shall ensure that drugs obtained for use in the home, except drugs obtained for any emergency drug supply, are obtained based on resident usage, and that no more than a three-month supply is kept in the home at any time. O. Reg. 79/10, s. 124.**

**Findings/Faits saillants :**

**Inspection Report under  
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durée**

1. The licensee has failed to ensure that drugs obtained for use in the home, except drugs obtained for any emergency drug supply, were obtained based on resident usage, and that no more than a three-month supply was kept in the home at any time.

During the course of the inspection, the inspector along with a registered staff member observed more than a three-month supply of government stock drugs in the home.

The home's medication Policy #4.8, titled Safe Storage of Medications with revision dated July 2014, indicated that all drugs that have been acquired, received and subsequently stored in the home have been prescribed for a resident, are part of the emergency medication supply, are provided by the contracted Pharmacy, the satellite pharmacy, the Government of Ontario, or through an arrangement made by the contracted Pharmacy under exceptional circumstances; the drug supply is based on resident usage and that no more than a three-month supply was kept in the home at any time.

Review of each resident's electronic Medication Administration Record Sheet indicated that there were thirty-nine residents in the home reduced from a pre-COVID-19 Pandemic total of sixty residents. The as needed (PRN) orders were reviewed and showed that the home had more than three month's supply of several government stock medications.

RN#113 told the inspector that they were not aware of the Medication policy regarding three-month government stock supply limit.

Having more than a three-month drug supply may result in drugs expiring before use.

Sources: Inspector observation, review of residents' electronic Medication Administration records, Policy #4.8, titled Safe Storage of Medications with revision dated July 2014, and staff interviews. [s. 124.]

***Additional Required Actions:***

**Inspection Report under  
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***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 drugs obtained for use in the home, except drugs obtained for any emergency drug supply, are obtained based on resident usage, and that no more than a three-month supply is kept in the home at any time, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply**

**Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:**

- 1. All areas where drugs are stored shall be kept locked at all times, when not in use.**
- 2. Access to these areas shall be restricted to,**
  - i. persons who may dispense, prescribe or administer drugs in the home, and**
  - ii. the Administrator.**
- 3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.**

**Findings/Faits saillants :**

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1. The licensee has failed to ensure that steps were taken to ensure the security of drug supply, including the following: Access to these areas shall be restricted to persons who may dispense, prescribe or administer drugs in the home, and the Administrator.

Operations Manager #104 was observed in possession of the narcotic drug destruction box key on the first day of inspection. They stated that the Administrator had one key and they had the second copy in their office for safe keeping.

The Home's Policy #5.8.1 titled Medication Disposal-Controlled Substance with revision dated December 2016 indicated that the key for the designated area is only controlled by one individual in the home, typically by a member of the registered senior management team, most often the Director of Care.

Operations Manager #104 was not authorized to dispense, prescribe or administer drugs; and was not aware of the home's medication disposal-controlled substance policy.

Unregulated staff having access to the narcotic destruction box was a breach of drug supply security and may pose a risk to residents.

Sources: Inspector observation, Policy #5.8.1, titled Medication Disposal-Controlled Substance with revision dated December 2016, and staff interviews. [s. 130. 2.]

***Additional Required Actions:***

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***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 steps are taken to ensure the security of  
drug supply, including the following: Access to these areas shall be restricted  
to persons who may dispense, prescribe or administer drugs in the home and  
the Administrator, to be implemented voluntarily.***

**Issued on this 29th day of March, 2022 (A1)**

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

**Original report signed by the inspector.**

**Order(s) of the Inspector**

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

**Ordre(s) de l'inspecteur**

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

Long-Term Care Operations Division  
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**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** Amended by ORALDEEN BROWN (698) - (A1)

**Inspection No. /  
No de l'inspection :** 2022\_642698\_0002 (A1)

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

**Log No. /  
No de registre :** 013873-21 (A1)

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

**Report Date(s) /  
Date(s) du Rapport :** Mar 29, 2022(A1)

**Licensee /  
Titulaire de permis :** Norwood Nursing Home Limited  
122 Tyndall Avenue, Toronto, ON, M6K-2E2

**LTC Home /  
Foyer de SLD :** Norwood Nursing Home  
122 Tyndall Avenue, Toronto, ON, M6K-2E2

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** Chantal Giguere

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To Norwood Nursing Home Limited, 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  
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2007, chap. 8

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**Order # /**

**No d'ordre:** 001

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 108. For the purposes of paragraph 5 of subsection 24 (1) and paragraph 6 of subsection 25 (1) of the Act, "misuse" of funding means the use of funding provided by either the Ministry or a local health integration network,  
(a) for a purpose other than a purpose that was specified as a condition of the funding; or  
(b) in a manner that is not permitted under a restriction that was specified as a condition of the funding. O. Reg. 79/10, s. 108.

**Order / Ordre :**



**Order(s) of the Inspector**

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

**Ordre(s) de l'inspecteur**

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

The licensee must be compliant with s. 108 (a) of the O. Reg. 79/10.  
Specifically the licensee must:

-Document accurate quantities of food leftovers using the home's production sheets.

-Utilize information collected on the production sheets to plan production and ordering of food items relative to resident census.

-Perform weekly audits on the daily production sheet to ensure leftovers are documented according to the home's production policy and continue auditing until no further concerns arise.

-These audits must be documented and include the date and time of the audit, person completing the audit and any actions taken in response to the audit.

-Ensure records and receipts for food or beverages prepared for persons other than residents are kept in the home for the required time set out in the legislation.

-Utilize funding provided by the Ministry, the Agency or a local health integration network, for the purpose that was specified, as a condition of the funding- for the provision of care and service to residents only.

**Grounds / Motifs :**

(A1)

1. The licensee has failed to ensure that funding provided by either the Ministry or a Agency or a Local Health Integration Network (LHIN) for purchase of food, continence products, and medications was not used for a purpose other than a purpose that was specified as a condition of the funding.

As per O. Reg. 79/10, s. 108 (a), "misuse" of funding means the use of funding provided by the Ministry, the Agency or a LHIN, for a purpose other than a purpose that was specified as a condition of the funding.

The Long-Term Care Homes (LTCH) Financial Policy: LTCH Level-of-Care Per Diem

**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

Funding Policy dated July 1, 2017, outlines the funding approach for the Level-of-Care (LOC) per diem paid to a licensee for each LTCH.

The LHIN funds the licensee of a LTCH the LOC per diem for every licensed or approved bed in the home, subject to the conditions set out in the above-mentioned policy, other funding and financial management policies, applicable law, and the service accountability agreement between the LHIN and the licensee. The LOC per diem is calculated for each bed using a formula that considers the resident census/co-payment revenue. Incontinence supplies are considered a Personal Support Services (PSS) expenditure and are funded through the Nursing and Personal Care envelope as per the policy. Food is funded under the Raw Food envelope.

Video footage from the home identified the following:  
Over three days in January 2022, multiple staff members were seen exiting the kitchen area with beverages, food items and grocery bags containing unknown items.

Staff #109 acknowledged that on several occasions they took coffee, meals, bags of milk and leftover food from the kitchen, for other staff members. They also took continence products over a period of one year and none of these items were paid for.

There were no records kept of food prepared for individuals that were not residents. The daily production sheets indicated that leftovers were not documented on the production sheet for at least four years.

A representative of the Licensee stated that the home had plenty of leftovers after meals and they had been taking food items home and sharing with their neighbors for approximately one year. The representative stated that on one occasion, they instructed a staff member to get them a bottle of government stock medication for personal use.

Funding provided to the Licensee was misused when staff of the home took food, continence products and medication from the home for their personal use.

Sources: LTCH Financial Policy: LTCH Level-of-Care Per Diem Funding Policy dated

**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

July 1, 2017, Production Planning policy #NFS-III-39 with revision dated September 2018, review of the home's video footage, interviews with Licensee representative and others.

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

Severity: There was no harm to the residents when the licensee did not ensure that food, incontinent products, and medications funded by the Ministry for residents were used by residents.

Scope: This was widespread and had the potential to affect a large number of LTCH's residents.

Compliance History: In the last 36 months, the licensee had a history of previous non-compliance to a different subsection.

(698)

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

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

Apr 04, 2022

**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  
438 University Avenue, 8th Floor  
Toronto, ON M7A 1N3  
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  
438 University Avenue, 8th Floor  
Toronto, ON M7A 1N3  
Fax: 416-327-7603

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

**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  
438, rue University, 8e étage  
Toronto ON M7A 1N3  
Télécopieur : 416-327-7603

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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  
438, rue University, 8e étage  
Toronto ON M7A 1N3  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 29th day of March, 2022 (A1)**

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

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

Amended by ORALDEEN BROWN (698) - (A1)

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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

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

Toronto Service Area Office