Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

London Service Area Office
130 Dufferin Avenue 4th floor
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130, avenue Dufferin 4ème étage
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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 9, 2021	2020_607523_0035	020591-20, 021079-20, 021910-20, 022717-20, 022916-20, 022970-20, 024188-20	Complaint

Licensee/Titulaire de permis

Vigour Limited Partnership on behalf of Vigour General Partner Inc.
302 Town Centre Blvd Suite 300 Markham ON L3R 0E8

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

Secord Trails Care Community
263 Wonham Street South Ingersoll ON N5C 3P6

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

ALI NASSER (523), SAMANTHA PERRY (740)

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): December 7, 8, 9, 10, 14, 15, 16, 17, 18 and 22, 2020.

This inspection was completed concurrently with Follow Up Inspection #2020_607523_0034.
A non compliance found in this inspection related to s. 6 (2) was issued under inspection #2020_607523_0034.

This inspection was conducted for the following complaints:
Intake Log #020591-20, related to concerns about resident's isolation and COVID-19 testing.
Intake Log #021079-20, related to staffing shortages.
Intake Log #021910-20, related to staff schedules, home's management and COVID-19 outbreak.
Intake Log #022717-20, related to staffing shortages.
Intake Log #022916-20, related to staffing concerns.
Intake Log #022970-20, related to staffing shortages.
Intake Log #024188-20, related to COVID-19 concerns and home's management.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Clinical Care Partner, Environmental Services Manager, Assistant Director of Care, Staffing Coordinator, Office Manager, seven Registered staff members, 10 Personal Support
Workers, eight residents and one family member.

The inspector(s) also toured the home, observed residents and care provided to them, reviewed clinical records, incident reports, investigation notes and reviewed specific policies and procedures of the home.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Personal Support Services
Reporting and Complaints
Skin and Wound Care
Sufficient Staffing

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

4 WN(s)
1 VPC(s)
2 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	Légende 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 specific residents were reassessed at least weekly by a member of the registered nursing staff, when clinically indicated.

A Complaint was received by the Ministry of Long Term Care (MLTC) related to sufficient staffing and specific resident care concerns involving skin and wound care concerns.

Clinical records review showed that specific assessments for specific residents were not completed weekly. The specific assessments were inaccurate and not fully completed for a specific resident on certain dates.

A Registered Practical Nurse said that the assessments were not completed correctly by registered staff and assessments were not completed weekly as required.

Sources: Interviews with the Skin and Wound Care team lead, other staff, the complainant, and resident's plan of care, including PCC skin and wound evaluations. [s. 50. (2) (b) (iv)]

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. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

The licensee has failed to ensure that drugs were administered within the required time-frame in accordance with the directions for use specified by the prescriber.

A Complaint was received by the Ministry of Long Term Care (MLTC) regarding sufficient staffing and resident care concerns for specific dates.

During the course of this inspection through record reviews and interviews with staff, concerns related to missed medications and late medication administration were identified.

Clinical records, "Medication Admin Audit Report" for a specific date showed 38 residents received their medications late, on another date 35 residents received their medications late, this included time specific medications.

The Director of Care (DOC) said, they were not aware that so many residents were receiving their medications late and that all residents should have their medications administered on time as prescribed. The risk to the residents increased when they did not receive their medications within the required timeframe in accordance with the directions for use specified by the prescriber.

Sources: Interviews with the DOC and other staff and the home's clinical records, "Medication Admin Audit Reports." [s. 131. (2)]

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. 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 the procedure for the required falls prevention and management program was complied with for a specific resident.

O. Reg 79/10 s. 48 (1) required the home to develop and implement a falls prevention and management program to reduce the incidence of falls and the risk of injury.

Specifically, staff did not comply with the home's policy and procedure "Falls Prevention & Management, Policy #VII-G-30.10, February 2020."
A review of the home's Falls Prevention and Management showed "post fall assessments the nurse will: mobilize the resident, ensuring that the appropriate lifting procedure is performed; if no injury is evident, observe for pain or difficulty weight bearing."

During the inspection a resident said on a specific date they witnessed their roommate had a fall and PSWs transferred them to bed without using a lift or a nurse present.

In an interview a RPN said on that date the resident had a fall and PSWs transferred the resident to bed without using a lift.

In an interview the Administrator said that PSW moved the resident before they were assessed by the nurse and not using the lift and both those were against our policy. Administrator said the expectation was for the staff to comply with the home's Falls Prevention and Management policy.

Sources: resident's clinical record, home's Falls Prevention and Management Policy, resident and staff interviews. [s. 8. (1) (a),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 instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following:

s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):
1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition. O. Reg. 79/10, s. 107 (3).
2. An environmental hazard that affects the provision of care or the safety, security or well-being of one or more residents for a period greater than six hours, including,
i. a breakdown or failure of the security system,
ii. a breakdown of major equipment or a system in the home,
iii. a loss of essential services, or
iv. flooding.
O. Reg. 79/10, s. 107 (3).
3. A missing or unaccounted for controlled substance. O. Reg. 79/10, s. 107 (3).
4. Subject to subsection (3.1), an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition.
5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital. O. Reg. 79/10, s. 107 (3).

Findings/Faits saillants :

The licensee has failed to ensure that when resident sustained an injury with a fall, was taken to hospital and experienced a significant change in condition, that the Director was informed.

A complaint was received by the Ministry of Long Term Care (MLTC), concerning insufficient staffing levels and the effect on resident care.

During the course of this inspection, through record reviews and interviews with staff, concerns were shared about the home failing to report certain incidents to the Director. Specifically, a fall with injury, hospitalization, change in condition of a specific resident.

A PSW said in an interview that they had concerns about the home failing to report and submit a CIS report for the fall with injury, hospitalization and change in condition of specific resident.

The MLTC's Critical Incident Reporting System (CIS) was reviewed and showed that the home did not contact the Service Ontario After-Hours Line or submit a corresponding CIS report related to the resident's incident.

The Administrator and Director of Care (DOC) said the incident involving the specific resident was not reported to the MLTC and should have been.

Sources: Interviews with the Administrator, DOC and other staff, resident's plan of care and the home's risk management documentation. [s. 107. (3)]

Issued on this 11th day of February, 2021

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Public Copy/Copie du rapport public

Name of Inspector (ID #) / Nom de l’inspecteur (No) :	ALI NASSER (523), SAMANTHA PERRY (740)
Inspection No. / No de l’inspection :	2020_607523_0035
Log No. / No de registre :	020591-20, 021079-20, 021910-20, 022717-20, 022916-20, 022970-20, 024188-20
Type of Inspection / Genre d’inspection:	Complaint
Report Date(s) / Date(s) du Rapport :	Feb 9, 2021
Licensee / Titulaire de permis :	Vigour Limited Partnership on behalf of Vigour General Partner Inc. 302 Town Centre Blvd, Suite 300, Markham, ON, L3R-0E8
LTC Home / Foyer de SLD :	Secord Trails Care Community 263 Wonham Street South, Ingersoll, ON, N5C-3P6
Name of Administrator / Nom de l’administratrice ou de l’administrateur :	Tammy Smith

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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 Vigour Limited Partnership on behalf of Vigour General Partner Inc., 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. 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 must be compliant with section 50(2)(b)(iv) of the Ontario Regulation 79/10.

Specifically, the licensee must:
-Provide education to all registered nursing staff regarding the clinical requirements associated with the completion of a comprehensive, accurate and consistent skin and wound assessment and the expectations related to the frequency of such assessment.
- The home will keep a record of the skin and wound care education including, the date the education was provided, the content of the education, the method the education was delivered, the name of the staff member delivering the education, the names and signatures of all registered staff members who received the education.

Grounds / Motifs :

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

1. The licensee has failed to ensure that specific residents were reassessed at least weekly by a member of the registered nursing staff, when clinically indicated.

A Complaint was received by the Ministry of Long Term Care (MLTC) related to sufficient staffing and specific resident care concerns involving skin and wound care concerns.

Clinical records review showed that specific assessments for specific residents were not completed weekly. The specific assessments were inaccurate and not fully completed for a specific resident on certain dates.

A Registered Practical Nurse said that the assessments were not completed correctly by registered staff and assessments were not completed weekly as required.

Sources: Interviews with the Skin and Wound Care team lead, other staff, the complainant, and resident’s plan of care, including PCC skin and wound evaluations.

An order was made by taking the following factors into account:
Severity: Specific residents were not assessed weekly as legislated and the skin and wound care assessments were completed incorrectly and or incompletely on specific dates leading to a minimal risk of altered skin integrity.
Scope: The scope of the non-compliance was widespread to residents.
Compliance History: In the last 36 months, the licensee was in non-compliance with O. Reg. 79/10 s. 50(2)(b)(iv) and one Compliance order (CO) with a Director Referral (DR) was issued to the home.
(740)

This order must be complied with by /
Vous devez vous conformer à cet ordre d’ici le : Mar 26, 2021

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Order / Ordre :

The licensee must be compliant with section 131(2) of the Ontario Regulation 79/10.

Specifically, the licensee must:
- Ensure medications are administered within the required time frame in accordance with the directions for use specified by the prescriber.
- Develop and implement an audit on the medication administration process and implement a plan to address deficiencies identified by the results of the auditing process with a special focus on factors as human resources and work processes.
- A record of those audits will be kept.

Grounds / Motifs :

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

1. The licensee has failed to ensure that drugs were administered within the required time-frame in accordance with the directions for use specified by the prescriber.

A Complaint was received by the Ministry of Long Term Care (MLTC) regarding sufficient staffing and resident care concerns for specific dates.

During the course of this inspection through record reviews and interviews with staff, concerns related to missed medications and late medication administration were identified.

Clinical records, "Medication Admin Audit Report" for a specific date showed 38 residents received their medications late, on another date 35 residents received their medications late, this included time specific medications.

The Director of Care (DOC) said, they were not aware that so many residents were receiving their medications late and that all residents should have their medications administered on time as prescribed. The risk to the residents increased when they did not receive their medications within the required timeframe in accordance with the directions for use specified by the prescriber.

Sources: Interviews with the DOC and other staff and the home's clinical records, "Medication Admin Audit Reports."

An order was made by taking the following factors into account:
Severity: Many residents throughout the home had late medication administration on specific dates leading to a minimal risk to residents.
Scope: The scope of the non-compliance was widespread.
Compliance History: In the last 36 months, the licensee was in non-compliance with O. Reg. 79/10 s. 131(2) twice and two Voluntary Plans of Correction (VPC) were issued to the home.
(740)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Mar 26, 2021

Ontario

Ministry of 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

Ministère 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

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.

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

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 revision 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 9th day of February, 2021

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