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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 13, 2014	2013_189120_0102	T-502-13 T-509-13	Follow up

Licensee/Titulaire de permis

NORTH YORK GENERAL HOSPITAL
4001 LESLIE STREET, NORTH YORK, ON, M2K-1E1

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

SENIORS' HEALTH CENTRE
2 BUCHAN COURT, NORTH YORK, ON, M2J-5A3

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): December 4, 5 & 6, 2013

An inspection (2013-189120-0013) was previously conducted on February 6, 13 and 14, 2013 at which time non-compliance was identified and Orders #001-007 issued. During a re-inspection (2013-189120-0047) conducted on July 17 & 18, 2013 Orders #002-007 were cleared and Order #001 remained outstanding and 3 new Orders were issued. For this inspection, all Orders previously issued except for Order #003 (access to hazardous substances) have been cleared.

During the course of the inspection, the inspector(s) spoke with the administrator, director of care, associate director of care, environmental services supervisor, housekeeping and maintenance staff and non-registered staff.

During the course of the inspection, the inspector(s) toured all floors of the home, randomly selected resident rooms, all common spaces, utility rooms, bathing areas and dining rooms, measured lighting levels, tested the resident-staff communication and response system, reviewed maintenance logs and various policies and procedures.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Infection Prevention and Control
Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

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. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

Hazardous substances, specifically liquid disinfectant (Germicide 1492) and Iodine was not kept inaccessible to residents on December 4, 5 & 6, 2013. During a tour of soiled utility rooms in the home (2 on 1st floor, 2 on 2nd floor and 1 on 3rd floor) and all tub/shower rooms, liquid disinfectant (considered hazardous when ingested) in a spray bottle was observed stored in the rooms either out in the open or inside of unlocked cabinets. The rooms were all found either ajar or unlocked and therefore residents had direct access to the disinfectant. The Iodine was found sitting on top of a paper towel holder in the G1 shower room which was found unlocked on December 4, 2013. [s.91]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

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

Findings/Faits saillants :

1. The licensee did not ensure that the home, furnishings and equipment were kept clean and sanitary on December 4, 5 & 6, 2013. During an inspection previously conducted on February 6, 13 and 14, 2013, various areas of the home were identified to be inadequately cleaned and non-compliance was issued. During this inspection, most of the previously identified areas have been addressed, however some areas remained unsatisfactory and were identified on all 3 days of the visit.

* 4th floor lounge with kitchenette - stained sink, debris accumulated on floor in and around the dishwasher and along sides of refrigerator.

* stairwell #2 - heavy amount of debris on the floor and stairs towards the bottom.

* 3rd floor dining room/lounge - Walls visibly soiled in and around the water cooler and garbage container, under the servery window and under the light switches, bulletin board and resident-staff communication and response pull station near the servery.

* G1 Dining Room - Visibly soiled walls and baseboards noted by tables 1, 2, 3, 4, 8, 9 and 10.

* Various resident rooms located on G1 had visibly soiled walls and furnishings next to garbage receptacles, under the room mirror and soiled walls next to toilets in bathrooms.

* Ergostand mechanical lifts were observed to have heavy debris on the standing base located on G1 and G2. Over bed table bases in 3 identified resident rooms were dirty and one was rusty. [s. 15(2)(a)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home, furnishings and equipment are kept clean and sanitary, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
(b) is on at all times; O. Reg. 79/10, s. 17 (1).
(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The resident-staff communication and response system was not calibrated so that the level of sound was audible to staff.

The G1 and G2 levels both had sound systems that sounded at the nurse's station only. The audibility was very loud at the stations, and disturbing to staff who were using the telephones and who were working at the stations. Within the corridors, the audibility was barely audible and within the resident rooms towards the ends of any of the corridors, not audible at all.

On the 4th floor, a chime sounded intermittently from a digital marque suspended from the ceiling near each of the nurse's stations on each side of the building. On one side of the building, there was an additional marque at the end of the hall, however on the other side, there was no marque at the end of the hall. The audibility on the side with the missing marque was tested and could not be heard while in resident rooms near the end of the hall. [s. 17(1)(g)]

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-staff communication and response system is calibrated so that the level of sound is audible to staff, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.
TABLE
Homes to which the 2009 design manual applies
Location - Lux
Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout
All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout
In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux
All other homes
Location - Lux
Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout
All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout
In all other areas of the home - Minimum levels of 215.28 lux
Each drug cabinet - Minimum levels of 1,076.39 lux
At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux
O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

Findings/Faits saillants :

1. The licensee had not ensured that the lighting requirements set out in the Table to this section have been maintained.

Lighting levels were measured using a hand held lighting meter, held approximately 4 feet above ground level. Random resident rooms, bathrooms and corridors were tested.

Resident rooms were not all provided with general room lighting. Over bed lighting fixtures were observed to be the only source of light for many bedrooms on the G1 level of the home. These rooms had zero lux when standing at the foot of the bed and centrally in the room, with window drapes drawn. The minimum lux for general room lighting is 215.28.

Resident bathrooms on the G1 level were noted to be very dark with lux levels of 100 over the toilet area and 125 over the sink. Various resident washrooms on G2 had 100 lux over the toilet area and 75 lux over the sink. A minimum lux requirement of 215.28 is required.

Lighting levels in corridors on all 4 floors were inadequate. G1 had no overhead lighting in corridors, with light fixtures on walls and fluorescent lights over entrances to each bedroom. The lux levels ranged from 50 to 300 as the meter was held while walking centrally down the corridor. G2 had fluorescent lights in the ceiling (500 lux), spaced 36 feet between fixtures in some sections. A lux of zero was measured between rooms and fixtures. Fluorescent lights were provided above the entrances to each bedroom (380 lux). The 3rd floor had pot lights in the ceiling, spaced 8-12 feet apart with a lux of 120-210 under the various lights. Wall sconces were provided on the walls and had no impact on lux levels. Fluorescent lights were provided at the entrance to each bedroom (290 lux). The lux levels achieved centrally down the corridors were 50-300 lux.

The 4th floor had wall sconces and pot lights in the corridor ceilings and at the entrance to each bedroom. Some lights provided a lux of 400 directly underneath, however the meter dropped to 100 lux between the lights as they were set 7 feet apart and only provided a small cone of light that did not expand very far from the source. Pot lights remained burnt out near rooms 460 & 462 for all 3 days of the inspection and the area was 0-50 lux. A consistent continuous lux of 215.28 is required for all corridors. [s. 18]

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 lighting requirements set out in the Table to this section are maintained, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. The maintenance services program does not have schedules and procedures in place for routine and preventive maintenance for various equipment, furnishings and surfaces within the home that were previously identified to be in disrepair.

The home's maintenance staff are required to follow daily, monthly and annual check lists which are designed to manage building operational systems (such as heating, air conditioning, hot water, etc.). Specific furnishings, equipment and building surfaces are covered under the Physical Plant Audit checklist.

The home's policy #XVII-E-60 dated February 2006 titled "Physical Plant Audit" requires that the Environmental Services Manager or designate "complete the Physical Plant Audit checklist monthly, noting any areas of concern and develop an action plan for repair". The checklist does not include the various surfaces, equipment, plumbing and furnishings that are found in lounges, dining rooms,utility rooms, corridors and other areas of the home that require monitoring to ensure that the home is maintained in good condition.

A) The home's monthly physical plant audit form does not address electric baseboard heaters and no procedure had been developed to identify what components needed to

be monitored for condition and safety. Several heaters were identified with wires exposed in the G1 dining room. They were repaired immediately after the inspector identified the issue. The maintenance log book located on the G1 level for staff to identify the problem did not have any notations regarding the heaters. The monthly audits had not been completed.

B) The home's monthly physical plant audit form required that night tables "shut properly" and that "handles are intact" but did not address condition issues such as cracks, chips, flaking, peeling, water damage etc. No procedure was available to ensure night tables are maintained in good condition. During this inspection, documentation was provided that an audit was conducted of all night tables (as per previously issued Orders) and a schedule was put in place to refinish worn night tables, however, a procedure had not been developed to ensure a continuation of preventive maintenance of various furnishings.

C) The home's monthly physical plant audit form required that sinks in kitchenettes, utility rooms, staff bathrooms, and resident bathrooms are working and not leaking, but did not address the condition of plumbing fixtures (taps, faucets, spigots, hoppers, sinks, toilets) such as pitting, cracks, breaks, flaking or scale accumulation. No procedure was available to determine how plumbing fixtures will be managed to keep them in good condition. During this inspection, drippy faucets observed in 2 identified resident rooms(taps spun around 360 degrees), a toilet tank lid was broken in half in a G2 shower room and the water fixture for one of two shower stalls on G2 was not functioning. The existing monthly audit of such fixtures was not being completed.

D) The home's monthly physical plant audit form identifies surfaces such as walls, floors and ceilings in resident rooms and washrooms, but not in soiled utility rooms, lounges and dining rooms. No procedure was available to determine what conditions need to be evaluated when determining whether these surfaces need to be addressed in any way. During this inspection, cracked flooring material was identified in 5 identified resident washrooms. No plans were available to address the issue. One of two shower stalls located in a shower room on G2 did not have a tight-fitting and cleanable flooring material over the exposed concrete floor. The administrator stated that the shower room was slated for renovation in 2014. Wall damage in resident rooms and peeling paint on washroom and bedroom door trim was identified to be heavy on the G1 level. According to the environmental services supervisor, each floor is being re-painted, starting with the top floors. A concrete time frame for completion of the G1 level was not provided. [s. 90(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 there are schedules and procedures in place for routine, preventive and remedial maintenance, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has not ensured that all staff participate in the implementation of the infection prevention and control program.

The infection prevention and control program includes outbreak control and cleaning and disinfection practices of personal care equipment used in the home by residents such as wash basins and communal equipment such as commode and shower chairs. According to the infection control designate and the home's procedures for equipment cleaning and disinfection, such equipment is to be cleaned and disinfected after each use.

A) During the inspection, in the G1 tub room, a white reclining shower chair had a brown stain resembling feces on the frame on all 3 days of the inspection. A commode chair in a tub/shower room on the third floor had hairs left on the seat along with some residue on December 4, 2013 and on December 6, 2013. Disinfecting supplies were available.

B) Numerous wash basins were identified to be unlabeled and stored on wall racks in shared resident washrooms (in some cases shared by 4 residents). The resident name was identified on the wall behind the rack, but not on the basins. Basins in 3 identified washrooms were labeled, but with other resident's names. According to management staff, the basins are not labeled after they return from a weekly cleaning

and disinfection process. After each use, staff are required to spray the basins with a disinfectant solution before returning it back to the rack on the washroom wall. Although labeling of basins is not a specific requirement, it does reduce the possibility of cross contamination, or staff using someone else's basin that may not have been cleaned and disinfected adequately between resident use. The option of having basins stored in resident's wardrobes or bed side tables would further reduce the issue of cross contamination and disease transmission. With respect to outbreak control, efforts have not adequately been taken to ensure that each resident receives their own designated personal care equipment and staff are not cleaning shower or commode chairs after each use.

C) On December 4th, the G1 tub room and G1 shower room and the 2nd floor shower room (#234) did not have any disinfectant solution in the rooms for staff use and no care carts were parked in the rooms. According to management staff, care carts are each required to have a bottle of liquid disinfectant stored inside of the cabinet section for staff to use on wash basins.

On December 5, 2013, 3 care carts were observed on the 3rd floor without any disinfectant. On the G1 level, within the shower room, no disinfectant was available in the care cart or in the room. Two other care carts parked in resident rooms were also empty of disinfectant. In the G1 tub room, no disinfectant was available. On the 2nd floor, a care cart parked near #234 was missing disinfectant as was the shower room (#234)and the care cart within the room.

On December 6, 2013, on the G1 level, 2 care carts and the shower room did not have any disinfectant and there were no available care carts in the shower room. The tub/shower room was also missing disinfectant. On the 2nd floor, 3 care carts and 4 care carts on the 3rd floor were without disinfectant.

Most soiled utility rooms on all floors had disinfectant, however the liquid disinfectant identified on December 4, 2013 did not get used throughout the inspection period. According to management staff, the soiled utility rooms are not used to clean or disinfect personal care articles. The articles are required to be cleaned in resident washrooms during morning care. Staff are not following the home's infection prevention and control program for cleaning and disinfection if they are not ensuring that they have disinfectant available to them on their care carts during morning routines. [s. 229(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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	**TYPE OF ACTION/ GENRE DE MESURE**	**INSPECTION # / NO DE L'INSPECTION**	**INSPECTOR ID #/ NO DE L'INSPECTEUR**
LTCHA, 2007 S.O. 2007, c.8 s. 15. (2)	CO #001	2013_189120_0047	120
LTCHA, 2007 S.O. 2007, c.8 s. 15. (2)	CO #002	2013_189120_0047	120
O.Reg 79/10 s. 87. (2)	CO #004	2013_189120_0047	120

Issued on this 20th day of January, 2014

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

B. Susnik

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	BERNADETTE SUSNIK (120)
Inspection No. / No de l'inspection :	2013_189120_0102
Log No. / Registre no:	T-502-13 / T-509-13
Type of Inspection / Genre d'inspection:	Follow up
Report Date(s) / Date(s) du Rapport :	Jan 13, 2014
Licensee / Titulaire de permis :	NORTH YORK GENERAL HOSPITAL 4001 LESLIE STREET, NORTH YORK, ON, M2K-1E1
LTC Home / Foyer de SLD :	SENIORS' HEALTH CENTRE 2 BUCHAN COURT, NORTH YORK, ON, M2J-5A3
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Sara Rooney

To NORTH YORK GENERAL HOSPITAL, 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

Ministére de la Santé et 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 # / Ordre no : 001

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

Linked to Existing Order / Lien vers ordre existant: 2013_189120_0047, CO #003;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Order / Ordre :

The licensee shall;

1. Keep all liquid disinfectant products out of reach of residents either by placing them inside of locked cabinets or kept inside locked rooms.

Grounds / Motifs :

1. O. Reg. 79/10, s.91 was previously issued as a Compliance Order for inspection #2013-189120-0047 issued on August 13, 2013.

Hazardous substances, specifically liquid disinfectant (Germicide 1492) and Iodine was not kept inaccessible to residents on December 4, 5 & 6, 2013. During a tour of soiled utility rooms in the home (2 on 1st floor, 2 on 2nd floor and 1 on 3rd floor) and all tub/shower rooms, liquid disinfectant (considered hazardous when ingested) in a spray bottle was observed stored in the rooms either out in the open or inside of unlocked cabinets. The rooms were all found either ajar or unlocked and therefore residents had direct access to the disinfectant. The Iodine was found sitting on top of a paper towel holder in the G1 shower room which was found unlocked on December 4, 2013. (120)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Jan 14, 2014

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

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
Performance Improvement and Compliance 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
Performance Improvement and Compliance 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
Direction de l'amélioration de la performance et de la conformité
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.

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

Ministère de la Santé et des Soins de longue durée

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

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
Direction de l'amélioration de la performance et de la conformité
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 13th day of January, 2014

Signature of Inspector / Signature de l'inspecteur : B. Susnik

Name of Inspector / Nom de l'inspecteur : BERNADETTE SUSNIK

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