

**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**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Amended Public Copy/Copie modifiée du rapport public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Nov 02, 2020	2020_627138_0010 (A1)	014997-20, 018455-20, 018481-20	Complaint

Licensee/Titulaire de permis

The Royale Development GP Corporation as general partner of The Royale
Development LP
302 Town Centre Blvd. Suite 300 MARKHAM ON L3R 0E8

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

Granite Ridge Care Community
5501 Abbott Street East Stittsville ON K2S 2C5

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

Amended by PAULA MACDONALD (138) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

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This licensee inspection report has been revised to reflect a modified compliance due date. The Complaint inspection #2020_627138_0010 was completed on August 26, 27, 28, September 4, 8-9, and 15-19, 2020. A copy of the revised report is attached.

Issued on this 2 nd day of November, 2020 (A1)

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

Original report signed by the inspector.

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Licensee/Titulaire de permis

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5501 Abbott Street East Stittsville ON K2S 2C5

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

Amended by PAULA MACDONALD (138) - (A1)

Amended Inspection Summary/Résumé de l'inspection

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

**This inspection was conducted on the following date(s): August 26, 27, 28,
September 4, 8-9, 15-19, 2020.**

The following intakes were inspected as part of this Complaint inspection:

Log #014997-20 relating to wound care;

**Log #018455-20 and log #18481-20 for the same issue relating to a change in a
resident's condition.**

**During the course of the inspection, the inspector(s) spoke with two Assistant
Director of Cares, the Regional Supervising Coroner-East Region, Kingston
Office, the Regional Supervising Coroner-East Region, Ottawa Office, the
Director of Care, the Director of Resident Program, the Executive Director, a
funeral home assistant, the Physiotherapist, and registered practical nurses.**

**The inspector also reviewed residents' health care records, reviewed photos,
and reviewed a policy relating to skin and wound management.**

**The following Inspection Protocols were used during this inspection:
Hospitalization and Change in Condition
Skin and Wound Care**

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

- 1 WN(s)**
- 0 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>

WN #1: 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 :

1. The licensee has failed to ensure the policy included in the required skin and wound program was complied with for residents #001, #002, and #003.

LTCHA s. 48 (1) 2. requires a skin and wound care program to be implemented and developed in the home.

Specifically, the home did not comply with its policy “Skin & Wound Care Management Protocol”, dated April 2019.

Residents #001, #002, and #003 exhibited skin breakdown during a 3 and a half month period and the policy included in the skin and wound care program was not followed during this time as it related to:

- Completing electronic weekly skin and wound assessments;
- Providing immediate treatment and interventions to promote healing and prevent infections;
- Collaborating with the Substitute Decision Maker (SDM) on the development of the plan of care.

Firstly, resident #001 had multiple wounds throughout this time period and weekly skin and wound assessments were not consistently completed for the wounds.

There was a lack of weekly assessments:

- for a specific week for wound A,
- for a specific week for wound B,
- for a specific week for wound C,
- after a specific week for wound D,
- after a specific week for wound E,
- for two specific weeks for wounds F and G,

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-for a third week for wound G.

Secondly, resident #002 had wounds that did not have a weekly skin and wound assessment. There was a lack of weekly assessments:

- for 5 weeks for wounds A, B, and C,
- after a specific week for wound D,
- after a specific week for wound E.

Thirdly, resident #003 had wounds that did not receive a weekly skin and wound assessment. There was a lack of weekly assessments:

- after a specific week for wound A,
- for a specific week for wound B.

As outlined above, weekly skin and wound assessments were not consistently completed for the wounds for residents #001, #002, and #003.

Further, the policy was not complied with specifically relating to providing immediate treatment and interventions to promote healing and prevent infections for resident #001.

Resident #001 had wound F, which had deteriorated over an approximate two month period, and it was determined that the wound was showing signs requiring a specific intervention which was requested. The intervention was not immediately ordered, waiting six days before the intervention was ordered.

Finally, the policy was not complied with specifically related to collaboration with the SDM on the development of the plan of care for resident #001.

Resident #001 had multiple skin wounds. On a specific date, the resident's SDM was made aware of wound F. The resident also had another wound, wound G, at the same time but the SDM was not made aware of this wound.

The resident also exhibited wounds B, C, and D, at different times. The SDM was not made aware of these wounds.

The wounds F and G were identified for the resident. The SDM had only begun to become aware of the further changes to skin integrity two months later, when the SDM was contacted regarding an intervention to treat the wound F.

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As such, the SDM was not included in the plan of care for the resident's wounds for a specific period of time.

Sources: Skin & Wound Care Management Protocol (VII-G-10.90, April 2019), progress notes, physician orders for resident #001, Weekly Skin and Wound Assessments-V3, electronic medication administration records for resident #001, interview with Assistant Director of Care #016 and others.

Log 014997-20 [s. 8. (1) (a),s. 8. (1) (b)]

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**

Issued on this 2 nd day of November, 2020 (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
Long-Term Care Inspections Branch
Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée

Amended Public Copy/Copie modifiée du rapport public

**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by PAULA MACDONALD (138) - (A1)

**Inspection No. /
No de l'inspection :** 2020_627138_0010 (A1)

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

**Log No. /
No de registre :** 014997-20, 018455-20, 018481-20 (A1)

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

**Report Date(s) /
Date(s) du Rapport :** Nov 02, 2020(A1)

**Licensee /
Titulaire de permis :** The Royale Development GP Corporation as
general partner of The Royale Development LP
302 Town Centre Blvd., Suite 300, MARKHAM, ON,
L3R-0E8

**LTC Home /
Foyer de SLD :** Granite Ridge Care Community
5501 Abbott Street East, Stittsville, ON, K2S-2C5

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Suzy Gardner

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 The Royale Development GP Corporation as general partner of The Royale
Development LP, 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) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, 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
(b) is complied with. O. Reg. 79/10, s. 8 (1).

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. 8 (1) of O. Reg. 79/10.

Specifically, the licensee must prepare, submit and implement a plan to ensure staff are following the home's policy for skin and wound care management. The plan must include but is not limited to:

-Documentation of changes to revised electronic weekly skin and wound assessment process including the start date of the revision, completion date, and training of all active registered nursing staff on the revised electronic weekly skin and wound assessments.

-The person(s) responsible for monitoring that the policy for skin and wound management is being complied with, the frequency of monitoring and how it will be documented;

-The person(s) responsible for implementing an action plan if monitoring demonstrates the skin and wound care management policy is not complied with; and

-Actions to address sustainability once the home has been successful in ensuring compliance with this policy.

Please submit the written plan for achieving compliance for inspection #2020_627138_0010 to Paula MacDonald, LTC Homes Inspector #138, MLTC, by email to OttawaSAO.MOH@ontario.ca by October 30, 2020.

Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds / Motifs :

1. The licensee has failed to ensure the policy included in the required skin and wound program was complied with for residents #001, #002, and #003.

LTCHA s. 48 (1) 2. requires a skin and wound care program to be implemented and developed in the home.

Specifically, the home did not comply with its policy "Skin & Wound Care Management Protocol", dated April 2019.

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

Residents #001, #002, and #003 exhibited skin breakdown during a 3 and a half month period and the policy included in the skin and wound care program was not followed during this time as it related to:

- Completing electronic weekly skin and wound assessments;
- Providing immediate treatment and interventions to promote healing and prevent infections;
- Collaborating with the Substitute Decision Maker (SDM) on the development of the plan of care.

Firstly, resident #001 had multiple wounds throughout this time period and weekly skin and wound assessments were not consistently completed for the wounds.

There was a lack of weekly assessments:

- for a specific week for wound A,
- for a specific week for wound B,
- for a specific week for wound C,
- after a specific week for wound D,
- after a specific week for wound E,
- for two specific weeks for wounds F and G,
- for a third week for wound G.

Secondly, resident #002 had wounds that did not have a weekly skin and wound assessment. There was a lack of weekly assessments:

- for 5 weeks for wounds A, B, and C,
- after a specific week for wound D,
- after a specific week for wound E.

Thirdly, resident #003 had wounds that did not receive a weekly skin and wound assessment. There was a lack of weekly assessments:

- after a specific week for wound A,
- for a specific week for wound B.

As outlined above, weekly skin and wound assessments were not consistently completed for the wounds for residents #001, #002, and #003.

Further, the policy was not complied with specifically relating to providing immediate treatment and interventions to promote healing and prevent infections for resident

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#001.

Resident #001 had wound F, which had deteriorated over an approximate two month period, and it was determined that the wound was showing signs requiring a specific intervention which was requested. The intervention was not immediately ordered, waiting six days before the intervention was ordered.

Finally, the policy was not complied with specifically related to collaboration with the SDM on the development of the plan of care for resident #001.

Resident #001 had multiple skin wounds. On a specific date, the resident's SDM was made aware of wound F. The resident also had another wound, wound G, at the same time but the SDM was not made aware of this wound.

The resident also exhibited wounds B, C, and D, at different times. The SDM was not made aware of these wounds.

The wounds F and G were identified for the resident. The SDM had only began to become aware of the further changes to skin integrity two months later, when the SDM was contacted regarding an intervention to treat the wound F.

As such, the SDM was not included in the plan of care for the resident's wounds for a specific period of time.

Sources: Skin & Wound Care Management Protocol (VII-G-10.90, April 2019), progress notes, physician orders for resident #001, Weekly Skin and Wound Assessments-V3, electronic medication administration records for resident #001, interview with Assistant Director of Care #016 and others.

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

Severity: The home's policy related to weekly skin and wound assessments was not complied with for residents #001, #002, and #003. Weekly skin and wound assessments were not consistently completed resulting in actual risk of harm for resident #001 whose wounds deteriorated.

Scope: The scope of this non-compliance was widespread because the home's

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2007, chap. 8

policy was not complied with specifically relating to the competition of weekly skin and wound assessments for three of the three residents reviewed during this inspection.

Compliance History: Non compliances, WNs and VPCs, to different sections were issued to the licensee in the last 36 months.

Log 014997-20 (138)

This order must be complied with by /

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

Dec 07, 2020(A1)

Order(s) of the Inspector

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

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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
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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

Health Services Appeal and Review Board and the Director

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

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

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

Order(s) of the Inspector

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section 154 of the *Long-Term
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2007, c. 8

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2007, chap. 8

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

PRENEZ AVIS :

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

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

La demande écrite doit comporter ce qui suit :

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

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

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

Order(s) of the Inspector

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section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

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

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

Issued on this 2 nd day of November, 2020 (A1)

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

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

Amended by PAULA MACDONALD (138) - (A1)

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

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