



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 prévue le Loi de 2007 les foyers de soins de longue

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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347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Oct 4, 17, 24, 25, 26, 2012; 2012_178102_0002; Critical Incident

Licensee/Titulaire de permis

MANORCARE PARTNERS
6257 Main Street, Stouffville, ON, L4A-4J3

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

STIRLING MANOR NURSING HOME
218 EDWARD STREET, P.O. BOX 220, STIRLING, ON, K0K-3E0

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

WENDY BERRY (102)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of care, the Environmental Supervisor, the Nutrition Manager, registered and non registered nursing staff, staff of other departments and several residents.

During the course of the inspection, the inspector(s) toured the 1st, 2nd and 3rd floors; checked door security systems, and the resident staff communication and response system. The on site inspection occurred on October 04, 2012.

The following Inspection Protocols were used during this inspection:

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 9. Doors in a home

Specifically failed to comply with the following subsections:

- s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:**
- 1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,**
 - i. kept closed and locked,**
 - ii. equipped with a door access control system that is kept on at all times, and**
 - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,**
 - A. is connected to the resident-staff communication and response system, or**
 - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.**
 - 1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.**
 - 2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.**
 - 3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.**
 - 4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).**

Findings/Faits saillants :



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1. a) The 1st floor service wing is accessible to residents. Corridor separation doors are provided at the entrance to the service wing: one of the doors is held open by a magnetic hold open device; neither door is equipped with locks. A sign on one of the doors states: "authorized personnel only".
- b) The service wing corridor is not equipped with handrails; corridor walls and floors are partially obstructed with metal lockers, appliances, electrical panels, power switches, and personal effects on the floor and hanging from walls.
- c) An unsecured door leads into a stairway within the service wing. The door is accessible to residents and is not locked, alarmed or equipped with a door access control system posing a potential risk to residents who can access the stairway without being detected.
- d) A door leading from the service wing to the outside of the home is accessible to residents. The door is not locked and is not equipped with a door access control system placing residents at increased risk for elopement.
- e) Unlocked staff rooms and washrooms are accessible to residents in the service wing. The rooms are not equipped with a resident staff communication and response system which is required in all areas that are accessible by residents.
- f) A waste storage room was open and accessible to residents in the service wing. The door to the room was propped open with two 18.9 litre buckets, one of which contained a small amount of a clear liquid product. The bucket containing product was labeled "Diversey Clax Launch liquid laundry sour" and bore a symbol of a skull indicating the product is toxic.

The service corridor, staff rooms, storage and utility areas within the service wing are non-residential areas that are not equipped with locks to restrict unsupervised access by residents which places residents at an increased risk for harm due to the corridor obstructions; lack of corridor wall handrails; no access to a resident-staff communication and response system in the service wing; access to power switches, appliances, waste storage and hazardous chemicals; unsecured doors to a stairway and to the outside. [s.9.(1)2.]

2. a) Two resident accessible doors leading to stairways on the 1st floor are not equipped with audible door alarms and are not connected to an audio visual enunciator at the closest nursing station or the resident staff communication and response system:

- door leading from the corridor to the stairway in the vicinity of room 104;
- door leading from the service wing corridor to a stairway

b) The 1st floor main entrance to the home consists of 2 doors with a vestibule between them. The outside door is connected to an audio visual enunciator panel at the closest nursing station. Neither of the inner or outer door is not equipped with an audible door alarm. At the time of the inspection, the audio visual enunciator that is connected to the outer door was activated. Staff in close proximity to the door and the nursing station could not identify that either an alarm or the enunciator had been activated.

c) Four resident accessible stairway doors that lead from the 2nd and 3rd floor corridors (two doors on each floor) are equipped with locking systems but are not equipped with audible door alarms that are connected to either the resident staff communication and response system or to an audio visual enunciator panel at the nursing station that is provided on each of the 2nd and 3rd floors. An audible tone could be heard originating in the vicinity of the nursing station when stairway doors were held open. A keypad reset switch is provided at each stairway door to cancel and reset the tone. Staff confirmed that there was no way of identifying the specific door on each floor that had triggered the tone other than to go to a door and reset the keypad. [s.9(1)1.iii.]

3. a) One resident accessible door leading from the 1st floor service wing corridor to the driveway outside of the home was closed but not locked at the time of inspection on October 04, 2012. The door could be pushed open from inside the building.
- b) One resident accessible door leading to a stairway from the 1st floor service wing corridor was closed but not locked at the time of inspection on October 04, 2012. [s. 9.(1)1.i.]

Critical Incident Report # 2470-000002-12 identifies that during March, 2012 an exit seeking resident had gotten through a door into a stairwell and fell. The resident was injured and sent to hospital for treatment.

Residents accessible doors leading to stairways and to non secure areas outside of the home that are not all kept closed and locked; are not all equipped with audible alarms and connected to an audio visual enunciator at the closest nursing



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station or connected to the resident staff communication and response system; places residents at increased risk for elopement and falls within stairways.

Additional Required Actions:

CO # - 001, 002 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. 17. Communication and response system
Specifically failed to comply with the following subsections:

- 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;
 - (b) is on at all times;
 - (c) allows calls to be cancelled only at the point of activation;
 - (d) is available at each bed, toilet, bath and shower location used by residents;
 - (e) is available in every area accessible by residents;
 - (f) clearly indicates when activated where the signal is coming from; and
 - (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 is not available in the following areas that are accessible by residents:
- 1st floor dining room;
 - 3rd floor lounge;
 - 3rd floor hair salon;
 - the 1st floor service wing and unlocked staff rooms within the service wing

The lack of availability of the resident staff communication and response system in resident accessible areas is a risk to the health, safety, comfort and well-being of residents who may not be able to obtain assistance when required. [s.17. (1)(e)]

2. The resident staff communication and response system provided at Stirling Manor utilizes sound to alert staff when a call is activated on the system.

The level of sound that is generated by a call placed on the resident staff communication and response system was not audible to staff:

- on the 3rd floor from approximately the corridor midpoints to the corridor ends
- on the 2nd unless in close proximity to the nursing station where the wall mounted system panel is located;
- the audible tone generated by the system on the 2nd floor was malfunctioning. Staff who were on the 2nd floor agreed.
- 1st floor system audibility was not checked.

The level of sound on the resident staff communication system is not properly calibrated so that the level of sound is audible to staff. [s. 17.(1)(g)]



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Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

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 audibility of the resident staff communication and response system is properly calibrated, and repaired as needed, so that the level of sound is audible to staff, to be implemented voluntarily.

Issued on this 26th day of October, 2012

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

A handwritten signature in black ink, appearing to read "Andy Bey", written in a cursive style within a rectangular box.



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Order(s) of the Inspector
Pursuant to section 153 and/or
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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

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Name of Inspector (ID #) / Nom de l'inspecteur (No) :	WENDY BERRY (102)
Inspection No. / No de l'inspection :	2012_178102_0002
Type of Inspection / Genre d'inspection:	Critical Incident
Date of Inspection / Date de l'inspection :	Oct 4, 17, 24, 25, 26, 2012
Licensee / Titulaire de permis :	MANORCARE PARTNERS 6257 Main Street, Stouffville, ON, L4A-4J3
LTC Home / Foyer de SLD :	STIRLING MANOR NURSING HOME 218 EDWARD STREET, P.O. BOX 220, STIRLING, ON, K0K-3E0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	CHARMAINE JORDAN

To MANORCARE PARTNERS, you are hereby required to comply with the following order(s) by the date(s) set out below:



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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 1st floor service wing is accessible to residents. Corridor separation doors are provided at the entrance to the service wing: one of the doors is held open by a magnetic hold open device; neither door is equipped with locks. A sign on one of the doors states: "authorized personnel only".
2. The service wing corridor is not equipped with handrails; corridor walls and floors are partially obstructed with metal lockers, appliances, electrical panels, power switches and personal effects on the floor and hanging from walls.
3. An unsecured door leads into a stairway within the service wing. The door is accessible to residents and is not locked, alarmed or equipped with a door access control system posing a potential risk to residents who can access the stairway without being detected.
4. A door leading from the service wing to the outside of the home is accessible to residents. The door is not locked and is not equipped with a door access control system placing residents at increased risk for elopement.
5. Unlocked staff rooms and washrooms are accessible to residents in the service wing. The rooms are not equipped with a resident staff communication and response system which is required in areas that are accessible by residents.
6. A waste storage room was open and accessible to residents in the service wing. The door to the room was propped open with two 18.9 litre buckets, one of which contained a minimal amount of a clear liquid product. The bucket containing product was labeled "Diversey Clax Launch liquid laundry sour" and bore a symbol of a skull indicating the product is toxic.

The service corridor, staff rooms, storage and utility areas within the service wing are non residential areas that are not equipped with locks to restrict unsupervised access by residents which places residents at an increased risk for harm due to the corridor obstructions; lack of corridor wall handrails; no access to a resident-staff communication and response system in the service wing; access to power switches, appliances, waste storage and hazardous chemicals; unsecured doors to a stairway and to the outside. [s. 9.(1) 2.] (102)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Feb 01, 2013

Order # /	Order Type /
Ordre no : 002	Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :



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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

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
 - i. kept closed and locked,
 - ii. equipped with a door access control system that is kept on at all times, and
 - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
 - A. is connected to the resident-staff communication and response system, or
 - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.
- 1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.
2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.
3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.
4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

Order / Ordre :

The licensee will ensure that all resident accessible doors leading to stairways and non secure outside areas are:

- i. kept closed and locked;
- ii. equipped with a door access control system that is kept on at all times; and
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and is connected to the resident-staff communication and response system or is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

The licensee must ensure that controls installed on doors comply with all applicable Building and/or Fire code requirements. Interim measures are to be implemented to ensure resident safety is maintained at all accessible doors that are not equipped with the required safety systems.

Grounds / Motifs :



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de l'article 154 de la *Loi de 2007 sur les foyers
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1. One resident accessible door leading from the 1st floor service wing corridor to a driveway outside of the home was closed but not locked at the time of inspection on October 04, 2012. The door could be pushed open from the inside of the building.

One resident accessible door leading to a stairway from the 1st floor service wing corridor was closed but not locked at the time of inspection on October 04, 2012. [s. 9.(1)1.i.] (102)

2. Two resident accessible doors leading to stairways on the 1st floor are not equipped with audible door alarms and are not connected to an audio visual enunciator at the closest nursing station or the resident staff communication and response system:

- door leading from the corridor to the stairway in the vicinity of room 104
- door leading from the service wing corridor to a stairway.

3. The 1st floor main entrance to the home consists of 2 doors with a vestibule between them. The outside door is connected to an audio visual enunciator panel at the closest nursing station. Neither of the inner or outer doors that lead to the outside is equipped with an audible door alarm. At the time of the inspection, the audio visual enunciator connected to the outer door was activated. Staff who were in close proximity to the door and the nursing station could not identify that either an alarm or the enunciator had been activated.

4. Four resident accessible stairway doors that lead from the 2nd and 3rd floor corridors (two doors on each floor) are equipped with locking systems but are not equipped with audible door alarms that are connected to either the resident staff communication and response system or to an audio visual enunciator panel at the nursing stations. An audible tone could be heard originating in the vicinity of the nursing station when stairway doors were held open. A keypad reset switch is provided at each stairway door to cancel and reset the tone. Staff confirmed that there was no way of identifying the location of the specific door on each floor that had triggered the tone other than to go to a door and reset the keypad. [s.9(1)1.iii.]

Critical Incident Report # 2470-000002-12 identifies that during March, 2012 an exit seeking resident had gotten through the door into a stairwell and fell. The resident was injured and sent to hospital for treatment.

Resident accessible doors leading to stairways and non secure areas outside of the home are not all kept closed and locked; are not all equipped with audible alarms and connected to an audio visual enunciator at the closest nursing station or connected to the resident staff communication and response system; places residents at increased risk for elopement and for falls within stairways. (102)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Feb 01, 2013



Ministry of Health and Long-Term Care

Ministère 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

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
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

Revised

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
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

revised

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.



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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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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.

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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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 26th day of October, 2012

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur :

WENDY BERRY

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