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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Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 25, 2015	2015_320612_0018	011827-15	Follow up

Licensee/Titulaire de permis

The West Nipissing General Hospital
725 Coursol STURGEON FALLS ON P2B 2Y6

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

THE WEST NIPISSING GENERAL HOSPITAL
725 COURSOL STURGEON FALLS ON P2B 2Y6

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

SARAH CHARETTE (612), SYLVIE BYRNES (627)

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): October 6 and 7, 2015

During the course of the inspection, the inspector(s) spoke with Residents, Personal Support Workers, Registered Practical Nurses, Registered Nurses, the Recreationalist and the Chief Nursing Officer.

The inspectors conducted a daily walk through of resident care areas, reviewed residents' health care records, reviewed training records, reviewed the activity calendar, reviewed policies and procedures and observed staff to resident interactions.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Minimizing of Restraining
Personal Support Services
Recreation and Social Activities
Training and Orientation

During the course of this inspection, Non-Compliances were issued.
- **4 WN(s)**
- **0 VPC(s)**
- **3 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 15. (1)	CO #005	2015_331595_0006	612
O.Reg 79/10 s. 65. (2)	CO #006	2015_331595_0006	627
LTCHA, 2007 S.O. 2007, c.8 s. 76. (4)	CO #003	2015_331595_0006	627

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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). 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care set out clear direction to staff and others who provided direct care to resident #001.

Inspector #627 reviewed resident #001's care plan and noted there was no focus, goal or intervention related to activation.

Inspector #627 spoke with S#100 and the Chief Nursing Officer who confirmed that resident #001's preferences related to activation should be included in the care plan. [s. 6. (1) (c)]

2. The licensee has failed to ensure that the plan of care set out clear direction to staff and others who provided direct care to resident #001.

On October 7, 2015, inspector #612 observed resident #001 in their wheelchair with two different restraining devices.

Inspector interviewed S#104 and S#103 who stated that when resident #001 was up in their wheelchair they applied both restraining devices for safety.

Inspector reviewed resident #001's care plan. The following was listed under the mobility focus:
- Dependent in wheelchair or gerichair with the restraining device.

Under the focus application of an external device for prevention of injury the following was listed:
- Apply the other type of restraining device while in wheelchair.

Inspector interviewed registered S#102 who confirmed that resident #001 should not have both restraining devices applied while up in their wheelchair, only one. S#102 confirmed that the care plan did not provide clear direction to staff in regards to the use of restraints for resident #001. [s. 6. (1) (c)]

3. The licensee has failed to ensure that the plan of care set out clear direction to staff and others who provided direct care to resident #002.

Inspector interviewed S#104 and S#103 who stated that when resident #002 was up in their wheelchair they applied two restraining devices.

Inspector reviewed resident #002's care plan. The following was listed under the focus application of an external device for prevention of injury:
- Apply the restraining device while in wheelchair
Under the risk for falls focus the following was listed:
- Ensure two restraining devices while in wheelchair.

Inspector interviewed registered S#102 who confirmed that resident #002 should not have both restraining devices while up in their wheelchair, only one. S#102 confirmed that the care plan did not provide clear direction to staff in regards to resident #002's restraints. [s. 6. (1) (c)]

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. 76. Training

Specifically failed to comply with the following:

s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:
1. The Residents' Bill of Rights. 2007, c. 8, s. 76. (2).
2. The long-term care home's mission statement. 2007, c. 8, s. 76. (2).
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents. 2007, c. 8, s. 76. (2).
4. The duty under section 24 to make mandatory reports. 2007, c. 8, s. 76. (2).
5. The protections afforded by section 26. 2007, c. 8, s. 76. (2).
6. The long-term care home's policy to minimize the restraining of residents. 2007, c. 8, s. 76. (2).
7. Fire prevention and safety. 2007, c. 8, s. 76. (2).
8. Emergency and evacuation procedures. 2007, c. 8, s. 76. (2).
9. Infection prevention and control. 2007, c. 8, s. 76. (2).
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities. 2007, c. 8, s. 76. (2).
11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that S#106 received training related to Residents' Bill of Rights, policy to minimize the restraining of residents, and Disclosure of Wrong Doing/Whistle Blowing before performing their responsibilities.

Inspector #627 reviewed the course enrollment report and noted S#106 had not completed the following mandatory training during their orientation:
-Disclosure of wrongdoing/whistle blowing policy
-Residents' Bill of Rights
-Policy to minimize restraining of residents.

Inspector reviewed the schedule and noted that S#106 then worked on the Long-Term Care Unit providing care to residents subsequent to their orientation.

Inspector spoke with the Chief Nursing Officer who confirmed that S#106 had not completed the mandatory training mentioned above prior to performing their responsibilities. [s. 76. (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 :

1. The licensee has failed to ensure that the home's Restraints (use of) for Interim (ILTC) Long-Term Care was complied with.

On Oct 7, 2015 inspector #612 observed that resident #001 was in a wheelchair with two restraining devices in place.

Inspector #612 interviewed S#104 and registered S#103 who stated that resident used both restraining devices.

Inspector reviewed the resident's most recent physician order, which was a three month medication review, signed by the physician on September 28, 2015. The restraint order was for one restraining device only.

Inspector reviewed resident #001's physical restraint assessment and consent which consented to one restraining device only and was signed by the resident's substitute decision maker (SDM).

Inspector reviewed the resident's care plan which stated:
- Dependent in wheelchair or gerichair with the restraining device
- Apply the other type of restraining device while in wheelchair

Inspector reviewed the home's policy titled, Restraints (use of) for ILTC Policy #605H-18, approved December 2006, revised June 2015.

The policy stated the following requirements for restraining with a physical device:
- the restraining device must be ordered or approved by a physician or RN(EC)
- there must be consent from the resident or the SDM
- a resident can only be restrained by a physical device if it is part of the care plan. [s. 8. (1) (b)]

2. The licensee has failed to ensure that the home's Restraints (use of) for Interim (ILTC) Long-Term Care was complied with.

Inspector #612 interviewed S#104 and registered S#103 who stated that resident #002 had two restraining devices in place.

Inspector reviewed resident's most recent physician order, which was a three month medication review, signed by the physician on August 21, 2015. The restraint order was for one restraining device only.

Inspector reviewed the resident's care plan which stated:
- Apply the restraining device while in wheel chair
- Ensure both restraining devices while in wheelchair

Inspector reviewed the home's policy titled, Restraints (use of) for ILTC Policy #605H-18, approved December 2006, revised June 2015.

The policy stated the following requirements for restraining with a physical device:
- the restraining device must be ordered or approved by a physician or RN(EC)
- a resident can only be restrained by a physical device if it is part of the care plan. [s. 8. (1) (b)]

Additional Required Actions:

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

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:
1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).
2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).
3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that there was a written description of the Recreation and Social Activities program that included the goals and objectives, relevant policies, procedures, protocols, methods to reduce risk, methods to monitor outcomes, and protocols for referral of resident to specialized resources where required.

During an interview on October 6, 2015 S#100 stated that there was no written description of the Recreation and Social Activities program.

Inspector #627 spoke with the Chief Nursing Officer who confirmed that there was no written description of the Recreational and Social Activities program that outlined the goals, objectives and relevant policies, procedures and protocols. [s. 30. (1) 1.]

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

Issued on this 30th day of November, 2015

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

Original report signed by the inspector.

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) :	SARAH CHARETTE (612), SYLVIE BYRNES (627)
Inspection No. / No de l'inspection :	2015_320612_0018
Log No. / Registre no:	011827-15
Type of Inspection / Genre d'inspection:	Follow up
Report Date(s) / Date(s) du Rapport :	Nov 25, 2015
Licensee / Titulaire de permis :	The West Nipissing General Hospital 725 Coursol, STURGEON FALLS, ON, P2B-2Y6
LTC Home / Foyer de SLD :	THE WEST NIPISSING GENERAL HOSPITAL 725 COURSOL, STURGEON FALLS, ON, P2B-2Y6
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Cynthia Desormiers

To The West Nipissing General Hospital, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001

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

Linked to Existing Order / Lien vers ordre existant: 2015_331595_0006, CO #001;

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Order / Ordre :

The licensee is ordered to complete a thorough review of resident #001 and #002's plans of care to ensure the following:
- that the planned care for each resident is reviewed and updated
- that the plan of care sets out clear direction to staff and others who provide direct care to the residents
- that education is provided to all staff who provide direct care to residents, related to plan of care development and implementation.

Grounds / Motifs :

1. The licensee has failed to ensure that the plan of care set out clear direction to staff and others who provided direct care to resident #002.

Inspector interviewed S#104 and S#103 who stated that when resident #002 was up in their wheelchair they applied two restraining devices.

Inspector reviewed resident #002's care plan. The following was listed under the focus application of an external device for prevention of injury:
- Apply the restraining device while in wheelchair
Under the risk for falls focus the following was listed:
- Ensure two restraining devices while in wheelchair.

Inspector interviewed registered S#102 who confirmed that resident #002 should

not have both restraining devices while up in their wheelchair, only one. S#102 confirmed that the care plan did not provide clear direction to staff in regards to resident #002's restraints. (612)

2. The licensee has failed to ensure that the plan of care set out clear direction to staff and others who provided direct care to resident #001.

On October 7, 2015, inspector #612 observed resident #001 in their wheelchair with two different restraining devices.

Inspector interviewed S#104 and S#103 who stated that when resident #001 was up in their wheelchair they applied both restraining devices for safety.

Inspector reviewed resident #001's care plan. The following was listed under the mobility focus:
- Dependent in wheelchair or gerichair with the restraining device.

Under the focus application of an external device for prevention of injury the following was listed:
- Apply the other type of restraining device while in wheelchair.

Inspector interviewed registered S#102 who confirmed that resident #001 should not have both restraining devices applied while up in their wheelchair, only one. S#102 confirmed that the care plan did not provide clear direction to staff in regards to the use of restraints for resident #001. (612)

3. The licensee has failed to ensure that the plan of care set out clear direction to staff and others who provided direct care to resident #001.

Inspector #627 reviewed resident #001's care plan and noted there was no focus, goal or intervention related to activation.

Inspector #627 spoke with S#100 and the Chief Nursing Officer who confirmed that resident #001's preferences related to activation should be included in the care plan.

Non-compliance has been previously identified under inspection 2015_331595_0006, including a compliance order served May 20, 2015 to be complied with by May 29, 2015.

The decision to re-issue this compliance order was based on the scope which involved two out of the three residents inspected during the Follow Up, the severity which indicates a potential for actual harm and the compliance history which despite previous non-compliance (NC) issued including a compliance order, NC continues with this area of the legislation. (627)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 30, 2015

Order # / Ordre no : 002

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

Linked to Existing Order / Lien vers ordre existant: 2015_331595_0006, CO #002;

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

1. The Residents' Bill of Rights.
2. The long-term care home's mission statement.
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
4. The duty under section 24 to make mandatory reports.
5. The protections afforded by section 26.
6. The long-term care home's policy to minimize the restraining of residents.
7. Fire prevention and safety.
8. Emergency and evacuation procedures.
9. Infection prevention and control.
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).

Order / Ordre :

The licensee shall ensure that S#106 receives the training as required by s. 76 (2) prior to performing any further responsibilities in the Long-Term Care Home.

Grounds / Motifs :

1. The licensee has failed to ensure that S#106 received training related to Residents' Bill of Rights, policy to minimize the restraining of residents, and Disclosure of Wrong Doing/Whistle Blowing before performing their responsibilities.

Inspector #627 reviewed the course enrollment report and noted S#106 had not completed the following mandatory training during their orientation:
-Disclosure of wrongdoing/whistle blowing policy
-Residents' Bill of Rights
-Policy to minimize restraining of residents.

Inspector reviewed the schedule and noted that S#106 then worked on the Long-Term Care Unit providing care to residents subsequent to their orientation.

Inspector spoke with the Chief Nursing Officer who confirmed that S#106 had not completed the mandatory training mentioned above prior to performing their responsibilities.

The decision to re-issue this compliance order was based on the scope which was isolated, the severity which indicates a potential for actual harm and the compliance history which despite previous non-compliance (NC) issued including a compliance order, NC continues with this area of the legislation. (627)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 09, 2015

Order # / Ordre no : 003

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

Linked to Existing Order / Lien vers ordre existant: 2015_331595_0006, CO #004;

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 :

The licensee shall ensure that training is provided to all Long-Term Care Home staff regarding the home's Restraint (use of) policy so that the policy is complied with.

Grounds / Motifs :

1. The licensee has failed to ensure that the home's Restraints (use of) for Interim (ILTC) Long-Term Care was complied with.

Inspector #612 interviewed S#104 and registered S#103 who stated that resident #002 had two restraining devices in place.

Inspector reviewed resident's most recent physician order, which was a three month medication review, signed by the physician on August 21, 2015. The restraint order was for one restraining device only.

Inspector reviewed the resident's care plan which stated:
- Apply the restraining device while in wheel chair
- Ensure both restraining devices while in wheelchair

Inspector reviewed the home's policy titled, Restraints (use of) for ILTC Policy #605H-18, approved December 2006, revised June 2015.

The policy stated the following requirements for restraining with a physical device:
- the restraining device must be ordered or approved by a physician or RN(EC)
- a resident can only be restrained by a physical device if it is part of the care plan. (612)

2. The licensee has failed to ensure that the home's Restraints (use of) for Interim (ILTC) Long-Term Care was complied with.

On Oct 7, 2015 inspector #612 observed that resident #001 was in a wheelchair with two restraining devices in place.

Inspector #612 interviewed S#104 and registered S#103 who stated that resident used both restraining devices.

Inspector reviewed the resident's most recent physician order, which was a three month medication review, signed by the physician on September 28, 2015. The restraint order was for one restraining device only.

Inspector reviewed resident #001's physical restraint assessment and consent which consented to one restraining device only and was signed by the resident's substitute decision maker (SDM).

Inspector reviewed the resident's care plan which stated:
- Dependent in wheelchair or gerichair with the restraining device
- Apply the other type of restraining device while in wheelchair

Inspector reviewed the home's policy titled, Restraints (use of) for ILTC Policy #605H-18, approved December 2006, revised June 2015.

The policy stated the following requirements for restraining with a physical device:
- the restraining device must be ordered or approved by a physician or RN(EC)
- there must be consent from the resident or the SDM
- a resident can only be restrained by a physical device if it is part of the care plan.

Non-compliance has been previously identified under inspection

2015_331595_0006, including a compliance order served May 20, 2015 to be complied with by June 19, 2015.

The decision to re-issue this compliance order was based on the scope which is widespread, the severity which indicates minimal risk of harm and the compliance history which despite previous non-compliance (NC) issued including a compliance order, NC continues with this area of the legislation. (612)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 30, 2015

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.

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 25th day of November, 2015

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Sarah Charette

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