



**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  
prévus 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

Toronto Service Area Office  
55 St. Clair Avenue West, 8th Floor  
TORONTO, ON, M4V-2Y7  
Telephone: (416) 325-9297  
Facsimile: (416) 327-4486

Bureau régional de services de Toronto  
55, avenue St. Clair Ouest, 8<sup>ième</sup> étage  
TORONTO, ON, M4V-2Y7  
Téléphone: (416) 325-9297  
Télécopieur: (416) 327-4486

Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jan 9, 10, 11, 17, 27, 30, 31, Feb 1, 2012	2012_083178_0001	Follow up

**Licensee/Titulaire de permis**

RYKKA CARE CENTRES LP  
50 SAMOR ROAD, SUITE 205, TORONTO, ON, M6A-1J6

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

HAWTHORNE PLACE CARE CENTRE  
2045 FINCH AVENUE WEST, NORTH YORK, ON, M3N-1M9

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

SUSAN LUI (178)

**Inspection Summary/Résumé de l'inspection**

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

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Business Manager, Social Worker, Registered Staff, Personal Support Workers (PSWs), residents.

During the course of the inspection, the inspector(s) reviewed resident health records, reviewed home education records, reviewed home policies, reviewed records and audit of residents' trust accounts and observed resident care.

The following Inspection Protocols were used during this inspection:

Personal Support Services

Trust Accounts

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. 50. Skin and wound care**  
**Specifically failed to comply with the following subsections:**

**s. 50. (2) Every licensee of a long-term care home shall ensure that,**  
**(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,**  
**(i) within 24 hours of the resident's admission,**  
**(ii) upon any return of the resident from hospital, and**  
**(iii) upon any return of the resident from an absence of greater than 24 hours;**  
**(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**  
**(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**  
**(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**  
**(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**  
**(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;**  
**(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and**  
**(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**

1. An identified resident has a history of pressure ulcers, and is noted to have potential for impaired skin integrity related to "inability to turn and reposition on his/her own". Resident is listed on the home's Turning and Repositioning document, which lists the residents who require assistance with repositioning. Resident's plan of care states that resident requires extensive assistance with bed mobility, but does not address the resident's need for assistance with repositioning while in the wheelchair. Resident is not assisted to reposition at least every two hours while in the wheelchair.

The identified resident's PSW informed the inspector that she does not reposition the resident while in the wheelchair unless the resident is sliding out or appears uncomfortable.

Turning and Repositioning Record for the identified resident for an identified period of time, indicates that for 9 out of 10 days, the resident was repositioned no more than once every four hours while in the wheelchair.

[r.50.(2)(d)]

**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 subsections:**

**s. 76. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:**

- 1. Abuse recognition and prevention.**
- 2. Mental health issues, including caring for persons with dementia.**
- 3. Behaviour management.**
- 4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations.**
- 5. Palliative care.**
- 6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).**

---

**Findings/Faits saillants :**

1. The Licensee has failed to ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in behaviour management.

Inspection # 2011\_152\_2586\_06Jan140523 conducted in January 2011, found that the home's staff did not receive training in behaviour management in 2010. A Compliance Order was issued in February 2011, directing the Licensee to implement a training program in behaviour management for all staff who provide direct care to residents as a condition of continuing to have contact with residents.

During 2011, more than one third of the home's direct care staff failed to attend training in behaviour management. Records and interviews provided by the home's educator indicate that the behaviour management training held in the home throughout 2011 was attended by a total of 65 % of Personal Support Workers, 56 % of Registered Practical Nurses and 23 % of Registered Nurses.

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

**Specifically failed to comply with the following subsections:**

**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).**

**s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).**

---

**Findings/Faits saillants :**

1. Staff were not kept aware of the plan of care for Resident A.

The PSW who was assigned to Resident A informed the inspector that the resident did not require assistance for repositioning. The PSW was not aware that Resident A's care plan states that the resident requires extensive assistance to turn and reposition in bed.

[s.6.(8)]

2. Plan of care for Resident A does not set out clear directions for staff regarding the resident's repositioning needs.

Resident A's plan of care indicates that he/she is at risk for skin impairments. Plan of care states that the Resident A requires total assistance with bed mobility related to physical limitation, that the resident will be turned and repositioned in bed with extensive assistance, and that the resident requires one staff to turn and reposition.

Plan of care does not indicate frequency that resident will be repositioned in bed.

Plan of care does not include need to reposition the resident while in the wheelchair.

Contradictions exist within Resident A's plan of care.

Resident's written care plan states that resident requires total assistance with bed mobility and will be turned and repositioned with extensive assistance from staff.

The home's Turning and Repositioning sheet has the resident listed, indicating that the resident needs to be turned and repositioned.

However, the unit's PSW Assignment Binder lists the resident, but the column for Repositioning is not checked off for this resident.

[s.6.(1)(c)]

3. Plan of care for Resident B does not set out clear directions for the resident's repositioning needs.

Resident B's plan of care indicates that the resident is partial weight bearing, has a history of a pressure ulcer which is now healed, and is at high risk for skin breakdown.

Plan of care instructs staff to provide physical assistance to reposition the resident in bed, but does not instruct staff as to frequency of repositioning in bed, and does not instruct staff to assist the resident to reposition at all while in wheelchair.

[s.6.(1)(c)]

4. Plan of care for Resident C does not set out clear directions to staff regarding the resident's repositioning needs.

Resident C has a history of pressure ulcers, and is noted to have potential for impaired skin integrity related to "inability to turn and reposition on his/her own". Resident C's plan of care states that the resident requires extensive assistance with bed mobility, and that "one staff to provide weight bearing support when repositioning while in bed". Plan of care does not indicate frequency that resident should be assisted to reposition.

Plan of care does not address the need to assist the resident with repositioning other than while he/she is in bed. [s.6.(1)(c)]

**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 each resident's plan of care provides clear directions to staff regarding the resident's repositioning needs, and that staff are kept aware of each resident's plan of care, to be implemented voluntarily.***

---

**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director**

Specifically failed to comply with the following subsections:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
4. Misuse or misappropriation of a resident's money.
5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, ss. 24 (1), 195 (2).

**Findings/Faits saillants :**

1. The Licensee failed to notify the Director under the Long-Term Care Homes Act (LTCHA) of an incident of misappropriation of a resident's funds from the resident's personal bank account.

An identified resident informed the home's office manager that he/she believed a friend was misappropriating money from his/her personal bank account. It was determined that an identified sum of money had been removed from the resident's account by this friend without the resident's knowledge. The home assisted the resident to take measures to stop the thefts and inform police.

The Licensee did not notify the Director under the LTCHA of the financial abuse. [s.24.(1)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 any matters listed under section 24 of the LTCHA are reported to the Director under the LTCHA as directed within the Act, 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:**

**CORRECTED 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. 19.	CO #003	2011_080189_0011	178
O.Reg 79/10 r. 241.	CO #001, #002	2011_080189_0011	178
O.Reg 79/10 r. 241.	CO #001, #002	2011_080189_0011	178

Issued on this 1st day of February, 2012





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  
prévus le Loi de 2007 les  
foyers de soins de longue

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

*Aileen Liu (178)*



**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

**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**

---

<b>Name of Inspector (ID #) / Nom de l'inspecteur (No) :</b>	SUSAN LUI (178)
<b>Inspection No. / No de l'inspection :</b>	2012_083178_0001
<b>Type of Inspection / Genre d'inspection:</b>	Follow up
<b>Date of Inspection / Date de l'inspection :</b>	Jan 9, 10, 11, 17, 27, 30, 31, Feb 1, 2012
<b>Licensee / Titulaire de permis :</b>	RYKKA CARE CENTRES LP 50 SAMOR ROAD, SUITE 205, TORONTO, ON, M6A-1J6
<b>LTC Home / Foyer de SLD :</b>	HAWTHORNE PLACE CARE CENTRE 2045 FINCH AVENUE WEST, NORTH YORK, ON, M3N-1M9
<b>Name of Administrator / Nom de l'administratrice ou de l'administrateur :</b>	CHRIS ROBINSON (ACTING)

---

To RYKKA CARE CENTRES LP, you are hereby required to comply with the following order(s) by the date(s) set out below:



**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





**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

**Order # /**

**Ordre no :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,  
(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,  
(i) within 24 hours of the resident's admission,  
(ii) upon any return of the resident from hospital, and  
(iii) upon any return of the resident from an absence of greater than 24 hours;  
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,  
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,  
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,  
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and  
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;  
(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and  
(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

**Order / Ordre :**

The Licensee shall create and implement a plan to ensure that any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. This plan shall address repositioning residents while in their wheelchairs as well as while in bed.

**Grounds / Motifs :**

1. An identified resident has a history of pressure ulcers, and is noted in the resident's plan of care to have potential for impaired skin integrity related to "inability to turn and reposition on his/her own".  
Resident is not assisted to reposition at least every two hours when the resident is in the wheelchair.

The identified resident's Personal Support Worker (PSW) informed the inspector that she does not reposition the resident while in the wheelchair unless the resident is sliding out or appears uncomfortable.

Turning and Repositioning Record for the identified resident for an identified period of time, indicates that for 9 out of 10 days, the resident was repositioned no more than once every four hours while in the wheelchair.  
[r.50.(2)(d)]

On February 3, 2011 a previous order was issued related to repositioning of residents who are dependent on staff for repositioning. See inspection # 2011\_152\_2586\_06Jan140523. (178)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Mar 30, 2012



**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

---

**Order # /**

**Ordre no :** 002

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 76. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

1. Abuse recognition and prevention.
2. Mental health issues, including caring for persons with dementia.
3. Behaviour management.
4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations.
5. Palliative care.
6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).

**Order / Ordre :**

The Licensee shall create and implement a plan to ensure that all staff who provide direct care to residents receive training for behaviour management, as a condition of continuing to have contact with residents.

**Grounds / Motifs :**

1. The Licensee has failed to ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in behaviour management.  
Inspection # 2011\_152\_2586\_06Jan140523 conducted in January 2011, found that the home staff did not receive training in behaviour management in 2010. A Compliance Order was issued in February 2011 directing the Licensee to implement a training program in behaviour management for all staff who provide direct care to residents as a condition of continuing to have contact with residents.  
During 2011, more than one third of the home's direct care staff failed to attend training in behaviour management. Records and interviews provided by the home's educator indicate that the behaviour management training held in the home throughout 2011 was attended by a total of 65 % of Personal Support Workers, 56 % of Registered Practical Nurses and 23 % of Registered Nurses.

On February 3, 2011 a previous order was issued related to lack of training in behaviour management. See inspection # 2011\_152\_2586\_06Jan140523. (178)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Mar 30, 2012



**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

**REVIEW/APEAL 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

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

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](http://www.hsarb.on.ca).



**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

**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](http://www.hsarb.on.ca).

**Issued on this 1st day of February, 2012**

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

*Susan Lui (178)*

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

SUSAN LUI

**Service Area Office /**

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