

**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**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130, avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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
Oct 26, 2021	2021_747725_0030 (A1)	011211-21, 012491-21	Critical Incident System

Licensee/Titulaire de permis

The Corporation of the Municipality of Chatham-Kent
519 King Street West Chatham ON N7M 1G8

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

Riverview Gardens
519 King Street West Chatham ON N7M 1G8

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

Amended by CASSANDRA TAYLOR (725) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

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durée**

Licensee has requested extension of Compliance Order #002 served during inspection #2021_747725_0030 with a compliance due date of November 1, 2021, to be extended to November 30, 2021 with has been reviewed and approved by inspection team.

Issued on this 26th day of October, 2021 (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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519 King Street West Chatham ON N7M 1G8

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

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

Amended by CASSANDRA TAYLOR (725) - (A1)

Amended Inspection Summary/Résumé de l'inspection

**Inspection Report under
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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): September 15,16, 21,22 and 23, 2021.

During the course of this inspection the following intakes were inspected:

Log #012491-21/ CI M626-000029-21 relating to Falls Prevention and Management;

Log #011211-21/ CIM626-000026-21 relating to Falls Prevention and Management

During the course of this inspection the inspector(s) also completed inspections relating to Infection Prevention and Control.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Manger of Long-term Care, one Registered Nursed, three Registered Practical Nurses, six Personal Support Workers, the Maintenance Supervisor, one Maintenance staff, four housekeepers, two screeners, a Public Health Inspector and residents.

During the course of this inspection the inspector(s) also conducted record reviews and observations relevant to the inspection.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Infection Prevention and Control
Safe and Secure Home**

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

- 3 WN(s)**
- 0 VPC(s)**
- 2 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Légende
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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home was a safe and secure environment when all persons, including staff were not actively screened for COVID-19 upon their entrance to the home.

During an observation on September 22, 2021, Inspector #670 noted visitor #110 enter the home and during the screening process visitor #110 inquired if the process was new when speaking with the screening staff. Inspector #670 interviewed visitor #110 who indicated that prior to September 22, 2021, visitors would passively screen themselves in. During an interview with the Long-term Care Manager it was indicated that the home was not actively screening staff or visitors as the staff and visitors would self screen. No date range was provided as to when the home began passively screening or a time frame of how soon after the sign in sheets were reviewed.

Residents were placed at risk when the licensee failed to actively screen all persons for COVID-19 when entering the home.

Sources: Inspector observations, visitor, staff and Public Health Inspector interviews and COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007 (Effective Date of Implementation: July 16, 2021). [s. 5.]

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 O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

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

Findings/Faits saillants :

**Inspection Report under
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Homes Act, 2007*****Rapport d'inspection en vertu
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durée**

1. The licensee has failed to ensure that all staff participate in the infection control program by; using the required personal protective equipment properly, assisting or offering to assist residents with hand hygiene prior to or after meals and practicing social distancing as per the Ministers Directive during the COVID-19 pandemic in place at the time of the inspection.

Inspector #725 observed during a tour on September 15, 2021, on the "4 East" unit, Personal Support Worker (PSW) #115 walk out of a residents' room with their face mask below their chin and on the "6 East" unit, PSW #116 sitting less than 2 meters next to an unmasked resident while charting with their mask below their chin. During that same tour inspector #725 also observed dietary aide #117 working behind the servery without a mask on.

During an observation on September 22, 2021, inspectors #670 and #725 observed the "2 West" and "5 East" dining rooms. Residents independently entered the dining room and were assisted into the dining room with no residents being observed to have been offered or completing hand hygiene prior to or after their meal.

Inspector #670 observed on September 22, 2021, at 1445 hours prior to shift exchange staff entering the building unmasked standing side by side while applying their Personal Protective Equipment (PPE) at the PPE station. Then again at the sign in table there were groups of 4 and 5 staff standing next to each other. Inspector #725 observed shift exchange on "4 East" unit and noted multiple staff behind the nursing desk not social distancing.

During an interview with the DOC it was indicated that all staff should be participating in the infection control program, wearing their PPE properly and assisting residents with hand hygiene.

By the licensee not ensuring all staff participate in the infection control program placed residents at risk by decreasing potential barriers in place to reduce the risk of infection.

Sources: Inspector observations, staff interview with the DOC and COVID-19 Directive #3 for Long-Term Care Homes under the Long- Term Care Homes Act, 2007 (Effective Date of Implementation: July 16, 2021). [s. 229. (4)]

Additional Required Actions:

CO # - 002 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# 002**

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature

Findings/Faits saillants :

1. The licensee has failed to ensure that the temperature of the home was maintained at a minimum of 22 degrees Celsius.

During record review for the time frame of Sept 1-15, 2021, variations in temperature were noted. Temperatures as low as 20.1 degrees Celsius were documented for the "3 East" TV room and temperatures as low as 21 degrees Celsius in both the "4 and 6 East" TV rooms. During an interview with the homes Maintenance Supervisor it was indicated that there was no alert system for when temperatures went below 22 degrees Celsius to note for corrective action.

Not maintaining a minimum temperature of 22 degrees Celsius placed residents at a minimal risk to experience uncomfortable air temperatures.

Sources: Temperature logs and staff interview with the Maintenance Supervisor.
[s. 21.]

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Issued on this 26th day of October, 2021 (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 CASSANDRA TAYLOR (725) - (A1)

**Inspection No. /
No de l'inspection :** 2021_747725_0030 (A1)

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

**Log No. /
No de registre :** 011211-21, 012491-21 (A1)

**Type of Inspection /
Genre d'inspection :** Critical Incident System

**Report Date(s) /
Date(s) du Rapport :** Oct 26, 2021(A1)

**Licensee /
Titulaire de permis :** The Corporation of the Municipality of Chatham-
Kent
519 King Street West, Chatham, ON, N7M-1G8

**LTC Home /
Foyer de SLD :** Riverview Gardens
519 King Street West, Chatham, ON, N7M-1G8

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Mary Alice Searles

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 Corporation of the Municipality of Chatham-Kent, 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) (a)**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.
2007, c. 8, s. 5.

Order / Ordre :

Specifically, the licensee must:

A) Follow the most updated Directive #3 and the applicable guidance documents related to the active screening of all people, including but not limited to, staff and visitors entering the Long-Term Care home.

B) Educate the management team and any persons working the designated screening area regarding their specific roles and responsibilities related to the active screening of all persons entering the Long-Term Care home at any time throughout the day, evening and night, as outlined in Directive #3.

C) A written record will be maintained by the home including,
- The content of the materials used to educate staff
- The dates of each education session with an attendance list, including printed names and signatures of all attendees
- The name of the staff member providing the education for staff

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

Grounds / Motifs :

1. The licensee has failed to ensure that the home was a safe and secure environment when all persons, including staff were not actively screened for COVID-19 upon their entrance to the home.

During an observation on September 22, 2021, Inspector #670 noted visitor #110 enter the home and during the screening process visitor #110 inquired if the process was new when speaking with the screening staff. Inspector #670 interviewed visitor #110 who indicated that prior to September 22, 2021, visitors would passively screen themselves in. During an interview with the Long-term Care Manager it was indicated that the home was not actively screening staff or visitors as the staff and visitors would self screen. No date range was provided as to when the home began passively screening or a time frame of how soon after the sign in sheets were reviewed.

Residents were placed at risk when the licensee failed to actively screen all persons for COVID-19 when entering the home.

Sources: Inspector observations, visitor, staff and Public Health Inspector interviews and COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007 (Effective Date of Implementation: July 16, 2021).

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

Scope: The scope was determined to be a pattern as the home was not actively screening visitors or staff that frequently attended the home.

Severity: Residents were placed at risk when the licensee failed to actively screen all persons for COVID-19 when entering the home.

Compliance History: In the past 36 months the home has had previous non-compliance to different sub-sections of the legislation. (725)

This order must be complied with by /

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

Oct 04, 2021

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: 002

Order Type /

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

Pursuant to / Aux termes de :

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

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

Specifically, the licensee must:

A) Immediately ensure that all residents are offered or assisted with hand hygiene prior to and after meals.

B) Ensure all staff participate in the Infection Prevention and Control (IPAC) program.

C) Educate the management team, registered staff and non-registered staff regarding their specific roles and responsibilities related to the use of Personal Protective Equipment (PPE) specifically the use of universal masking as outlined in Directive #3.

D) A written record will be maintained by the home including,
- The content of the materials used to educate staff
- The dates and signatures of the staff educated
- The name of the staff member providing the education for staff

E) The licensee must ensure that the Director of Care or designate completes weekly audits of each unit to ensure that, PPE is worn appropriately as per the current prevailing practice, hand hygiene for residents is completed and social distancing is practiced when required. The audits will be completed for three months or until such time as compliance is achieved.

F) The licensee must ensure that the Director of Care or designate keeps records of the audits completed, any deficiencies noted and the responsible individual(s) for addressing any deficiencies noted

Grounds / Motifs :

1. The licensee has failed to ensure that all staff participate in the infection control program by; using the required personal protective equipment properly, assisting or offering to assist residents with hand hygiene prior to or after meals and practicing social distancing as per the Ministers Directive during the COVID-19 pandemic in place at the time of the inspection.

Inspector #725 observed during a tour on September 15, 2021, on the "4 East" unit, Personal Support Worker (PSW) #115 walk out of a residents' room with their face

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

mask below their chin and on the "6 East" unit, PSW #116 sitting less than 2 meters next to an unmasked resident while charting with their mask below their chin. During that same tour inspector #725 also observed dietary aide #117 working behind the servery without a mask on.

During an observation on September 22, 2021, inspectors #670 and #725 observed the "2 West" and "5 East" dining rooms. Residents independently entered the dining room and were assisted into the dining room with no residents being observed to have been offered or completing hand hygiene prior to or after their meal.

Inspector #670 observed on September 22, 2021, at 1445 hours prior to shift exchange staff entering the building unmasked standing side by side while applying their Personal Protective Equipment (PPE) at the PPE station. Then again at the sign in table there were groups of 4 and 5 staff standing next to each other. Inspector #725 observed shift exchange on "4 East" unit and noted multiple staff behind the nursing desk not social distancing.

During an interview with the DOC it was indicated that all staff should be participating in the infection control program, wearing their PPE properly and assisting residents with hand hygiene.

By the licensee not ensuring all staff participate in the infection control program placed residents at risk by decreasing potential barriers in place to reduce the risk of infection.

Sources: Inspector observations, staff interview with the DOC and COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007 (Effective Date of Implementation: July 16, 2021).

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

Scope: The scope was determined to be a pattern based on multiple observations of staff and resident interactions.

Severity: There was potential risk associated with the non-compliance as staff not participating in the infection control program eliminates the effectiveness of interventions put in place to reduce the risk of infection

Order(s) of the Inspector

Pursuant to section 153 and/or
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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

Compliance History: The licensee was found to be non-compliant with s. 229 (5) of O. Reg. 70/10 in the past 36 months, and a Compliance Order was issued to the home and has since been complied. (725)

This order must be complied with by /

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

Nov 30, 2021(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
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, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
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
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

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
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
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.

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Pursuant to section 153 and/or
section 154 of the *Long-Term
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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
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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
438, rue University, 8^e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

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

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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
438, rue University, 8e étage
Toronto ON M7A 1N3
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 26th day of October, 2021 (A1)

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

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

Amended by CASSANDRA TAYLOR (725) - (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
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

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

London Service Area Office