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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119 rue King Ouest 11iém étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 11, 2017	2017_690130_0001	020067-17, 020788-17	Critical Incident System

Licensee/Titulaire de permis

ST. JOSEPH'S HEALTH SYSTEM
56 GOVERNOR'S ROAD DUNDAS ON L9H 5G7

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

ST JOSEPH'S VILLA, DUNDAS
56 GOVERNOR'S ROAD DUNDAS ON L9H 5G7

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

GILLIAN TRACEY (130)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): August 28, September 6, 8 and 12, 2017.

Please note: This inspection was conducted concurrently with complaint inspection #019516-17.

During this inspection staff and residents were interviewed, residents were observed, clinical records and relevant policies and procedures were reviewed and critical incident reports and incident reports were reviewed.

During the course of the inspection, the inspector(s) spoke with the President, Director of Care (DOC), Assistant Director of Care (ADOC), Resident Care Coordinator (RCC), registered staff, personal support workers (PSWs), housekeeping staff and residents.

The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours

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

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the written policy that promoted zero tolerance of

abuse and neglect of residents was complied with.

The home's policy titled: Prevention of Abuse/Neglect of a Resident, revised June 27, 2017, stated: "An act or behaviour of staff toward residents can be considered abusive/neglectful regardless of whether or not harm was intended. Communication is essential regarding incidents or alleged incidents of abuse. Any concern or evidence regarding abuse/neglect, witnessed or suspected, must be reported immediately to the department manager, admin on call (if after business hours - depending on severity of the circumstances), Department Director and resident's substitute decision maker/first contact". Furthermore, the policy contained, "Utilizing the on-line Critical Incident (reporting) System (CIS), the Department Director, or designate, shall notify the Ministry of Health and Long Term Care based on the MOHLTC decision tree guidelines (May 2012) and mandatory reporting time frame requirements."

A) On an identified date in 2017, staff #101 reported an allegation of staff to resident abuse through the info-line. The incident allegedly occurred on a date in 2017. Staff #101 confirmed in an interview that they did not immediately report the alleged incident to their immediate supervisor nor the Director. Staff #101 stated they reported the alleged abuse to registered staff #103 the following day; however in an interview held in 2017, registered staff #103 denied receiving a report of staff to resident abuse from staff #101. The DOC and the RCC confirmed in an interview that they were not aware of the allegation of staff to resident abuse until it was brought to their attention by the Inspector. The DOC acknowledged that it was the expectation that staff immediately report all allegations of alleged abuse immediately to their immediate supervisor and the Director; had staff #101 witnessed an incident of staff to resident abuse on an identified date in 2017, they had not complied with the home's policy titled: Prevention of Abuse/Neglect of a Resident, when they failed to immediately report the incident.

Please note: This non compliance was issued as a result of Critical Incident (CI) 020067-17. (Inspector #130).

The home's policy titled, Prevention of Abuse/Neglect of a Resident", revised June 27, 2017, identified Sexual Abuse 3.3 (b) as any non-consensual touching, behaviour or remark of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member. Under s. 24 (1), reporting certain matters to the Director, a person who had 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 MOHLTC. 2. Abuse of a resident by anyone or neglect of a

resident.

B) On an identified date in 2017, a "SJV-Responsive Incident (V.3)" was completed after resident #004 was witnessed demonstrating specific responsive behaviours towards resident #006, The type of responsive behaviour was specified in the report. Resident #004 had a known history of this specific responsive behaviour. The ADOC confirmed there was no CI submitted to the Director for this incident.

Please note: This non compliance was issued as a result of CI 020788-17. (Inspector #130).

C) On a second identified date in 2017, a "SJV-Responsive Incident (V.3)" was completed after resident #004 was witnessed demonstrating a specific responsive behaviour toward resident #005. The type of responsive behaviour was specified in the report. The ADOC confirmed that a critical incident was not reported to the Director until four days after the incident occurred.

Please note: This non compliance was issued as a result of CI 020788-17-17. (Inspector #130).

D) On a third identified date in 2017, a "SJV-Responsive Incident (V.3)" was completed after resident #004, was witnessed demonstrating a specific responsive behaviour toward resident #006. The type of responsive behaviour was specified in the report. The ADOC confirmed that there was no CI submitted to the Director as required.

Please note: This non compliance was issued as a result of CI 020788-17-17. (Inspector #130).

E) On a fourth identified date in 2017, a "SJV-Responsive Incident (V.3)" was completed after resident #004 was witnessed demonstrating a specific responsive behaviour toward resident resident #006. The type of responsive behaviour was specified in the report. The ADOC confirmed that a critical incident was not reported to the Director until five days after the incident occurred.

Please note: This non compliance was issued as a result of CI 020788-17-17. (Inspector #130).

The home's policy titled: Prevention of Abuse/Neglect of a Resident, was not complied

with when the home failed to report immediately all incidents of abuse. [s. 20. (1)]

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. 19. Duty to protect

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that residents were protected from abuse by anyone.

A) On five separate identified dates in 2017, a "SJV-Responsive Incident (V.3)" was completed after resident #004 was witnessed demonstrating a specific responsive behaviour towards residents, #005, #006, #007. The type of responsive behaviour was specified in the report. Resident #004 had a known history of this specific responsive behaviour. The ADOC confirmed that on the identified dates in 2017, residents #005, #006 and #007 were not protected from abuse from resident #004.

Please note: This non compliance was issued as a result of CI 020788-17 (Inspector #130). [s. 19. (1)]

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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

The LTCHA, c. 8, s. 8 (1) (a) (b) requires the home to ensure that there is an organized program of nursing services and personal support services for the home to meet the assessed needs of the resident.

The home's policy and procedure titled "Resident Handling: Lifts, Transfers and Repositioning revised June 13, 2017, s. 6.3.1, indicated: "Two staff must assist when using any mechanical lifts and be present at all times when transferring resident from one surface to another using the mechanical lift".

A) Documentation in resident #100's clinical record revealed that on an identified date in 2017, the resident had been transferred to bed using a mechanical lift. During an interview, staff #101 confirmed they had transferred the resident to bed after dinner without the supervision or assistance of a second staff person. Staff # 102 confirmed in an interview that they had not been asked by staff #101 to participate in the transfer of resident #100 on the identified date in 2017.

On an identified date in 2017, staff #101 had not complied with the home's policy and procedure titled "Resident Handling: Lifts, Transfers and Repositioning revised June 13, 2017, s. 6.3.1, when transferring resident #100 to bed.

Please note: This non compliance was issued as a result of CI 020067-17. (Inspector #130).

Reg. 79/10, s. 53 required the licensee to ensure there is a program in place to manage responsive behaviours.

B) The home's policy titled, "Management of a Resident with Responsive Behaviours", revised February 14, 2017, stated the RN/RPN, when an aggressive incident occurred, to notify the resident's Power of Attorney/Substitute Decision Maker (POA/SDM) as soon as possible after the incident to advise of the incident, any injury or emotional upset caused by the incident and safety measures taken to protect the resident from further incidents.

On an identified date in 2017, a "SJV-Responsive Incident (V.3)" was completed after resident #004 was witnessed demonstrating a specific responsive behaviour towards resident #006. The type of responsive behaviour was specified in the report. The report revealed that the POA for resident #004 was not notified, as directed by the policy. This information was confirmed by the ADOC.

Please note: This non compliance was issued as a result of CI 020788-17 (Inspector #130). [s. 8. (1) (b)]

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 plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

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. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

A) On an identified date in 2017, a "SJV-Responsive Incident (V.3)" was completed after resident #004 was witnessed demonstrating a specific responsive behaviour towards resident #007. The type of responsive behaviour was specified in the report. The ADOC confirmed there was no documentation in the clinical of resident #007, to indicate the resident had been assessed, the resident's response to the incident, what support was provided, if any and whether or not the resident's SDM had been notified.

Please note: This non compliance was issued as a result of CI 020788-17 (Inspector #130).

B) On an identified date in 2017, a "SJV-Responsive Incident (V.3)" was completed after resident #004 was witnessed demonstrating a specific responsive behaviour towards resident #006. The type of responsive behaviour was specified in the report. The ADOC confirmed there was no documentation in resident #006's clinical record to indicate the resident had been assessed, what support if any had been provided, the resident's response to the incident and whether or not the resident's SDM had been notified.

Please note: This non compliance was issued as a result of CI 020788-17 (Inspector #130). [s. 30. (2)]

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 actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

Issued on this 3rd day of November, 2017

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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	GILLIAN TRACEY (130)
Inspection No. / No de l'inspection :	2017_690130_0001
Log No. / No de registre :	020067-17, 020788-17
Type of Inspection / Genre d'inspection:	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Oct 11, 2017
Licensee / Titulaire de permis :	ST. JOSEPH'S HEALTH SYSTEM 56 GOVERNOR'S ROAD, DUNDAS, ON, L9H-5G7
LTC Home / Foyer de SLD :	ST JOSEPH'S VILLA, DUNDAS 56 GOVERNOR'S ROAD, DUNDAS, ON, L9H-5G7
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	David Bakker

To ST. JOSEPH'S HEALTH SYSTEM, 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)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Order / Ordre :

1. The licensee shall provide training to all staff responsible for complying with the directions contained in the home's policy titled: Prevention of Abuse/Neglect of a Resident, revised June 27, 2017.

2.Attendance records will be maintained related to this training.

3. The licensee will develop and implement a system for monitoring staff's compliance with the directions contained in the above noted policy/procedure documents.

4. The licensee will ensure that all allegations of abuse are reported to the Director in accordance with the Mandatory reporting time frames.

Grounds / Motifs :

1. This order is based on the application of the factors of severity (1), scope (3) and compliance history (4) in keeping with O. Reg 79/10, s. 8 (1) b. This is in respect to the severity of the potential for actual harm for the identified residents, the scope of pattern of incidents and the licensee's history of non-compliance that included:

1. The licensee failed to ensure that the written policy that promoted zero tolerance of abuse and neglect of residents was complied with.

The home's policy titled: Prevention of Abuse/Neglect of a Resident, revised June 27, 2017, stated: "An act or behaviour of staff toward residents can be

considered abusive/neglectful regardless of whether or not harm was intended. Communication is essential regarding incidents or alleged incidents of abuse. Any concern or evidence regarding abuse/neglect, witnessed or suspected, must be reported immediately to the department manager, admin on call (if after business hours - depending on severity of the circumstances), Department Director and resident's substitute decision maker/first contact". Furthermore, the policy contained, "Utilizing the on-line Critical Incident (reporting) System (CIS), the Department Director, or designate, shall notify the Ministry of Health and Long Term Care based on the MOHLTC decision tree guidelines (May 2012) and mandatory reporting time frame requirements."

A) On an identified date in 2017, staff #101 reported an allegation of staff to resident abuse through the info-line. The incident allegedly occurred on a date in 2017. Staff #101 confirmed in an interview that they did not immediately report the alleged incident to their immediate supervisor nor the Director. Staff #101 stated they reported the alleged abuse to registered staff #103 the following day; however in an interview held in 2017, registered staff #103 denied receiving a report of staff to resident abuse from staff #101. The DOC and the RCC confirmed in an interview that they were not aware of the allegation of staff to resident abuse until it was brought to their attention by the Inspector. The DOC acknowledged that it was the expectation that staff immediately report all allegations of alleged abuse immediately to their immediate supervisor and the Director; had staff #101 witnessed an incident of staff to resident abuse on an identified date in 2017, they had not complied with the home's policy titled: Prevention of Abuse/Neglect of a Resident, when they failed to immediately report the incident.

Please note: This non compliance was issued as a result of Critical Incident (CI) 020067-17. (Inspector #130).

The home's policy titled, Prevention of Abuse/Neglect of a Resident", revised June 27, 2017, identified Sexual Abuse 3.3 (b) as any non-consensual touching, behaviour or remark of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member. Under s. 24 (1), reporting certain matters to the Director, a person who had 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 MOHLTC. 2. Abuse of a resident by anyone or neglect of a resident.

B) On an identified date in 2017, a "SJV-Responsive Incident (V.3)" was completed after resident #004 was witnessed demonstrating specific responsive behaviours towards resident #006, The type of responsive behaviour was specified in the report. Resident #004 had a known history of this specific responsive behaviour. The ADOC confirmed there was no CI submitted to the Director for this incident.

Please note: This non compliance was issued as a result of CI 020788-17. (Inspector #130).

C) On a second identified date in 2017, a "SJV-Responsive Incident (V.3)" was completed after resident #004 was witnessed demonstrating a specific responsive behaviour toward resident #005. The type of responsive behaviour was specified in the report. The ADOC confirmed that a critical incident was not reported to the Director until four days after the incident occurred.

Please note: This non compliance was issued as a result of CI 020788-17-17. (Inspector #130).

D) On a third identified date in 2017, a "SJV-Responsive Incident (V.3)" was completed after resident #004, was witnessed demonstrating a specific responsive behaviour toward resident #006. The type of responsive behaviour was specified in the report. The ADOC confirmed that there was no CI submitted to the Director as required.

Please note: This non compliance was issued as a result of CI 020788-17-17. (Inspector #130).

E) On a fourth identified date in 2017, a "SJV-Responsive Incident (V.3)" was completed after resident #004 was witnessed demonstrating a specific responsive behaviour toward resident resident #006. The type of responsive behaviour was specified in the report. The ADOC confirmed that a critical incident was not reported to the Director until five days after the incident occurred.

Please note: This non compliance was issued as a result of CI 020788-17-17. (Inspector #130).

The home's policy titled: Prevention of Abuse/Neglect of a Resident, was not

complied with when the home failed to report immediately all incidents of abuse. (130)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jan 11, 2018

Order # / Ordre no : 002

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that all residents are protected from physical abuse by resident #004.

The plan shall include but not be limited to the following:

a) Strategies to prevent sexual abuse by resident #004 towards any resident, specifically residents #005, #006 and #007.

b) Who will be responsible for providing staff education to all relevant staff on identification of risks associated with resident to resident sexual abuse, including dates that the education will be completed.

c) An interdisciplinary review of resident #004's plan of care to evaluate the effectiveness of interventions in place to manage sexual responsive behaviours.

Please submit your plan to Gillian.Tracey@ontario.ca on or before October 31, 2017.

Grounds / Motifs :

1. This order is based on the application of the factors of severity (2), scope (3) and compliance history (4) in keeping with LTCH Act, 2007c, 8, s. 19 (1) .This is in respect to the severity of the potential for actual harm for the identified residents,
the scope of pattern of incidents and the licensee's history of non-compliance that included: a VPC on October 2015.

The licensee failed to ensure that residents were protected from abuse by anyone.

1. The licensee failed to ensure that residents were protected from abuse by anyone.

A) On five separate identified dates in 2017, a "SJV-Responsive Incident (V.3)" was completed after resident #004 was witnessed demonstrating a specific responsive behaviour towards residents, #005, #006, #007. The type of responsive behaviour was specified in the report. Resident #004 had a known history of this specific responsive behaviour. The ADOC confirmed that on the identified dates in 2017, residents #005, #006 and #007 were not protected from abuse from resident #004.

Please note: This non compliance was issued as a result of CI 020788-17 (Inspector #130).
(130)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jan 11, 2018

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 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, 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:

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
Long-Term Care Inspections 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 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 de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603

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)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

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

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

Issued on this 11th day of October, 2017

Signature of Inspector /
Signature de l'inspecteur :

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

Name of Inspector / Nom de l'inspecteur : GILLIAN TRACEY

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