



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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, 11ième étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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

Table with 4 columns: Report Date(s) / Date(s) du Rapport, Inspection No / No de l'inspection, Log # / Registre no, Type of Inspection / Genre d'inspection. Row 1: Nov 4, 2013, 2013_122156_0030, H-000389-13, Follow up

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

CAROL POLCZ (156)

Inspection Summary/Résumé de l'inspection



**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**

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soins de longue durée**

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

This inspection was conducted on the following date(s): October 9, 16, 17, 2013

This inspection is in relation to RQI H-000212-13

During the course of the inspection, the inspector(s) spoke with Administrator, registered staff, personal support workers, Registered Dietitian, Food Services Manager, dietary aides, cooks, and residents

During the course of the inspection, the inspector(s) observed meal service and a.m. beverage cart delivery, reviewed menus and kitchen food production, and resident council minutes.

**The following Inspection Protocols were used during this inspection:
Food Quality**

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks; O. Reg. 79/10, s. 71 (1).

s. 71. (3) The licensee shall ensure that each resident is offered a minimum of,
(b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and O. Reg. 79/10, s. 71 (3).

Findings/Faits saillants :



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1. The licensee failed to ensure that the home's menu cycle, includes menus for regular, therapeutic and texture modified diets for both meals and snacks. The menu cycle did not include menus for a) vegetarian, b) no added salt (NAS) (low sodium) c) modified diabetic, low lactose d) reducing, modified diabetic, NAS e) modified diabetic, low lactose, regular low fat, low spicy and f) low fat, low spicy, NAS diets for both meals and snacks. At the time of this inspection, this would affect twenty-six residents.

On October 17, 2013, the Registered Dietitian (RD) confirmed that the no added salt (NAS) diet was the same as the low sodium diet and that there should be a therapeutic menu for this diet. The RD also confirmed that there should be a therapeutic menu or an individualized menu plan developed for residents on the above noted diets for both meals and snacks. [s. 71. (1) (b)]

2. The licensee failed to ensure that each resident was offered a minimum of, (b) a between-meal beverage in the morning.

On October 16, 2013 the a.m. beverage cart was not observed being provided to all residents. In an identified home area just prior to lunch, eight out of eight residents in the activity room said that they did not get a beverage that morning. They indicated that they only get a beverage in the morning occasionally and not on a consistent basis.

In another identified home area, several residents stated that they did not receive a beverage that day. One resident indicated "the odd time we will get a drink between breakfast and lunch but not on a regular basis" while others indicated "no, we don't get a drink in the morning, only in the afternoon".

On October 17, 2013, in an identified home area, eight out of eight residents in the activity room indicated that the pass was not done and they did not receive a beverage that day.

The beverage pass also did not occur in two other identified home areas. The staff on the floor indicated that the cart is not provided consistently.

Several residents indicated that they do not come around with a beverage cart in the a.m. and that they only see the cart in the afternoon and evening. [s. 71. (3) (b)]

Additional Required Actions:

CO # - 001, 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".



WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Findings/Faits saillants :

1. The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production
Specifically failed to comply with the following:

s. 72. (2) The food production system must, at a minimum, provide for,
(c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s. 72 (2).

s. 72. (2) The food production system must, at a minimum, provide for,
(d) preparation of all menu items according to the planned menu; O. Reg. 79/10, s. 72
(2).

s. 72. (2) The food production system must, at a minimum, provide for,
(g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10,
s. 72
(2).

s. 72. (3) The licensee shall ensure that all food and fluids in the food production
system are prepared, stored, and served using methods to,

(a) preserve taste, nutritive value, appearance and food quality; and O. Reg. 79/10, s.
72 (3).

Findings

1. There were not standardized recipes and production sheets for all menus.

a) On October 17, 2013, the therapeutic menu indicated that residents on a minced textured diet were to receive a cheese and lettuce sandwich, however, on the date of the inspection, cheese sandwiches without lettuce were prepared; the inspector was told that those on a minced textured diet do not get lettuce on their sandwiches. The recipe for minced cheese and lettuce sandwich indicated that no texture modification was required.

The menu also indicated that residents on a puree texture were to receive a pureed cheese and lettuce sandwich, however, the pureed product was bread pudding with cheese wiz, without lettuce. The recipe indicated that the puree sandwich was to be prepared with bread, cheese, milk and mayonnaise.

b) On October 9, 2013, the therapeutic menu indicated that those on a minced textured diet were to receive a ground chicken burger and bread, and the portion size was one each. On two observed home areas, a #10 scoop was used for ground chicken. For pureed texture, the menu and recipe indicated that the chicken burger and bread were pureed together, and that a #6 scoop was to be used. Staff used a #10 scoop for puree chicken and the pureed bread was separate in three observed



home areas.

c) The recipe for pureed cabbage soup indicated that the soup included crackers, however, as confirmed by the cook, they do not include the crackers and just puree the regular product with added instant potatoes.

d) The therapeutic menu indicated that those on a minced textured diet could have regular textured fish; no texture modification was required. The cooks, however, indicated that residents on a minced textured diet would receive fish cakes and those on a pureed textured diet would get pureed fish cakes.

e) The production sheets were not consistently used by the kitchen staff. For example, the production sheet indicated that 72 portions of pureed soup were to be prepared, however, the cook confirmed that they go by the census number of 88 portions of pureed soup.

f) Recipes were not always followed. The cook confirmed that a recipe was not followed for scalloped potatoes and the cook also confirmed that the recipe for cabbage soup was not followed on October 17, 2013.

2. Not all menu items were prepared according to the planned menu.

a) On October 9, 2013, the therapeutic menu indicated a #10 scoop was to be used for minced tossed salad, however, a #8 scoop was used instead. A #8 scoop was indicated for regular tossed salad, however, tongs were used instead. A #10 scoop was indicated for applesauce, however, a #8 was used instead. A #8 scoop was indicated for lactose free pudding, however, a #12 scoop was used instead.

b) On October 16, 2013, the therapeutic menu indicated that a #8 scoop was to be used for spinach salad, however, tongs were used instead. A #6 scoop was indicated for puree hotdog, however, in two home areas, a #10 scoop was used instead. A #10 scoop was indicated for pureed spinach salad, however, a #16 scoop was used instead. A #8 scoop was indicated for pickled beets, however, a fork was used to portion the beets in two home areas.

The therapeutic menu did not indicate a scoop size for minced hotdog; it indicated 1 -each, however, a #10 scoop was observed being used in two home areas.

On October 9, 2013, the menu indicated that lactose free cream of mushroom soup was to be prepared, however, the home provided consommé instead.

c) On October 17, 2013, the therapeutic menu indicated that a #10 scoop was to be used for sweet & sour chicken, however a #8 scoop was used instead. A #8 scoop was indicated for rice, however, a #10 scoop was used instead. A #8 scoop was indicated for oriental vegetables, however, a spoon was used in one observed home area. A #16 scoop was indicated for puree cheese & lettuce sandwich, however, a #10 scoop was used instead. A #8 scoop was indicated for chick pea salad, however,



a #10 scoop was used in two observed home areas. On October 17, 2013, it was noted that the home did not provide residents on Birch Trail and Heritage Trail with crackers for their soup

3. Menu substitutions were not documented on the production sheets

The home substituted pumpkin tarts for fruit tarts on October 17, 2013, however, this was not indicated on the production sheets. The home also changed the menu to include an Oktoberfest meal including potato soup, Oktoberfest sausage, raspberry cheesecake, green beans, and cottage cheese fruit plate, however this was not changed on the production sheet.

4. Not all food and fluids were prepared, stored, and served using methods which preserved taste nutritive value, appearance and food quality.

a) The preparation of foods several days in advance of the meal being served decreased the food quality by changing the food characteristics including the appearance, texture, and flavour of the food. The nutritive value of the food was decreased and the susceptibility of food contamination during the production process was increased with so many steps in the process of food preparation.

i) As confirmed by the FSS and a cook, the process for several minced and puree textured items including beef stew, beef macaroni, and cabbage roll casserole were to prepare textured items from products that were cooked during the last cycle (three weeks prior) and then frozen. The items were then thawed, cooked, minced or pureed, cooled, packed/panned and then re-thermed resulting in decreased quality and nutritive value.

ii) On Thursday October 17, 2013, around noon, it was noted that puree pancakes, minced and puree turkey pie, as well as minced and puree sausages were prepared and panned for Saturday lunch.

b) Not all items were available to residents and food did not always appear appetizing.

i) On October 17, 2013, in the Heritage Trail home area, the pureed sweet and sour chicken appeared to be of a minced texture.

ii) During the inspection, it was noted that the cabbage soup was quite stringy. In several home areas, the residents on minced texture were not able to eat it and received pureed soup or broth instead. The recipe indicated that the cabbage was to be finely chopped. The cook indicated that the cabbage came in pre-cut but agreed that it should be cut finer for the soup. On October 17, 2013, the prepared minced sausages appeared to have chunks of skin in it which may compromise resident safety and food quality.

The cook also confirmed that the recipe for cabbage soup was not followed on



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October 17, 2013.

iii) On October 17, 2013, in the Birch Trail home area, the sweet and sour chicken appeared to have the liquid and solid separated from each other. The pureed rice appeared to be dried out. The bread pudding with cheese wiz had liquid separating from the solid.

On Lilac home area, pureed sweet and sour chicken appeared to be dried out. [s. 72.]

Additional Required Actions:

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

Issued on this 3rd day of February, 2014

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

Carol Polcz, RD.



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : CAROL POLCZ (156)

Inspection No. /

No de l'inspection : 2013_122156_0030

Log No. /

Registre no: H-000389-13

Type of Inspection /

Genre d'

inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Nov 4, 2013

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:



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Ordre(s) de l'inspecteur
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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) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 71. (3) The licensee shall ensure that each resident is offered a minimum of,

- (a) three meals daily;
- (b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and
- (c) a snack in the afternoon and evening. O. Reg. 79/10, s. 71 (3).

Order / Ordre :

The licensee shall prepare, submit and implement a plan that outlines how the home will ensure that all residents are offered a between meal beverage in the morning and afternoon and a beverage in the evening after supper.

The plan shall include how the home will ensure that residents are offered between meal beverages on a continual basis to ensure compliance is maintained.

The plan is to be submitted to carol.polcz@ontario.ca by December 15, 2013.

Grounds / Motifs :

1. Previously issued as VPC in January 2012 and CO in June, 2013. Beverages were not offered to residents in four separate home areas during the morning on two dates during the inspection. Staff and residents confirmed that beverages were not offered in the morning on a consistent basis.

(156)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 15, 2013



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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 :

O.Reg 79/10, s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

- (a) is a minimum of 21 days in duration;
- (b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;
- (c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner;
- (d) includes alternative beverage choices at meals and snacks;
- (e) is approved by a registered dietitian who is a member of the staff of the home;
- (f) is reviewed by the Residents' Council for the home; and
- (g) is reviewed and updated at least annually. O. Reg. 79/10, s. 71 (1).

Order / Ordre :

The licensee shall ensure that the menu cycle includes menus for all therapeutic diets including a) vegetarian, b) no added salt (NAS) (low sodium) c) modified diabetic, low lactose d) reducing or modified diabetic, NAS e) modified diabetic, low lactose, regular low fat, low spicy and f) low fat, low spicy, NAS diets for both meals and snacks.

Grounds / Motifs :

1. Previously issued as a CO in June, 2013.
The homes menu cycle did not include menus for a) vegetarian, b) no added salt (NAS) (low sodium) c) modified diabetic, low lactose d) reducing or modified diabetic, NAS e) modified diabetic, low lactose, regular low fat, low spicy and f) low fat, low spicy, NAS diets for both meals and snacks. At the time of this inspection, this would affect twenty-six residents.
(156)



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Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
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**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Dec 16, 2013



Ministry of Health and
Long-Term Care

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Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
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de soins de longue durée*, L.O. 2007, chap. 8

Order # /
Ordre no : 003 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 72. Food production

Order / Ordre :

Order

The licensee shall prepare, submit and implement a plan that outlines how the home will ensure that:

- a) recipes are available for all food items including textured modified foods
- b) recipes are followed
- c) portion sizes are followed consistently in all home areas
- d) foods are not prepared too far in advance of meal service
- e) the same level of quality is provided for all items being prepared for the textured modified menus
- f) all menu items are consistently available
- g) foods appear appetizing to residents

The plan is to be submitted to carol.polcz@ontario.ca by November 29, 2013.

Grounds / Motifs :

1. Previously issued as a VPC in January 2013 and CO in June, 2013.
The home did not have standardized recipes and production sheets for all menus including minced and pureed items. Recipes were not followed. Portion sizes were not followed in all home areas. Menu items were cooked too far in advance of the meal being served, including textured modified items. Food items were not always available nor did food always appear appetizing, as several items looked dried out or overcooked. Resident food comments and suggestions were not consistently followed up on to ensure food quality.

(156)



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

Jan 31, 2014



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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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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

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 4th day of November, 2013

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

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

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