Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 11, 2014	2014_248214_0013	H-000449-13,H-000575-13	Complaint

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

CATHY FEDIASH (214), DARIA TRZOS (561), JENNIFER ROBERTS (582), KELLY HAYES (583)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): April 3, 8, 9, 10, 2014

This inspection was conducted simultaneously with inspection #H-000571-13,H-000116-14,H-000811-13.

Please Note: One non-compliance was found related to the Licensee's failure to ensure that actions taken with respect to a resident under a program, were documented. This non-compliance[s.30(2)] was issued in Inspection #2014_248214_0013, conducted on April 8, 9, 10, 2014, and is contained in the Report of that Inspection.

During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Assistant Director of Care(ADOC), Resident Care Coordinator (RCC),Registered Staff, Personal Support Workers, Maintenance Staff.

During the course of the inspection, the inspector(s) reviewed clinical records, relevant policies and procedures, reviewed meeting minutes, toured the home, observed care.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Medication
Personal Support Services
Responsive Behaviours
Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

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 O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

**s. 50. (2) Every licensee of a long-term care home shall ensure that,
(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; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :

1. The licensee did not ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds received 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.

Resident #011's open pressure wound was assessed using the incorrect skin assessment tool from January to April, 2014. The Skin and Wound Care Management Program policy (NUR-POL/11) directs registered staff to complete a skin assessment using the Progress Note Wound Care (PN-WC) for pressure ulcers. The tool used did not contain the following required components per policy: current (NUR-POL/11) stage of ulcer, exact measurements, type and amount of exudate, description of wound edges and periwound skin, presence of undermining or necrotic tissue, observation and notification to Registered Dietitian if new or worse wound. All of the assessments for resident #011 were completed using the Progress Note Skin (PN-SK). Those assessments for resident #011's open pressure wound completed between February to April, 2014, did not contain current stage of ulcer and measurements. The ADOC confirmed that a clinically appropriate wound assessment tool specifically designed for pressure ulcers, was not used. [s. 50. (2) (b) (i)]

2. The licensee did not ensure that resident's exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, were reassessed at least weekly by a member of the registered nursing staff.

The home's skin and wound care management program indicates that if a rash is present, registered staff will complete a weekly skin assessment progress note. A review of the clinical record from December 2013 until March 2014, for resident #002, with identified alteration in their skin integrity, indicated that in the month of December 2013, no skin assessment progress notes were completed for two weeks. For the month of January 2014, no weekly skin assessments were completed for one week. For the month of March 2014, no weekly skin assessments were completed for four weeks. An interview with the ADOC confirmed that registered staff were to reassess the resident with altered skin integrity, weekly, until healed. [s. 50. (2) (b) (iv)]

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. 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 did not ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

A) The home's policy, Skin and Wound Care Management Program (Nursing-NUR-POL/11), indicated that if a skin tear is present (on admission, on return from hospital, a new wound or found on the weekly bath day assessment), the registered staff were to create a progress note skin assessment (PN-SK) in Gold Care and complete the PN-SK weekly until it is healed. A review of resident #003's progress notes indicated that on an identified date in February 2014, a skin tear was noted on the resident's left lower leg and although this was documented in the daily progress notes, a PN-SK was not created as per the home's policy. A review of the resident's progress notes from February to March 2014 revealed that no PN-SK documentation was created for two weeks in February 2014 and two weeks in March 2014, until the time that the skin tear was healed. An interview with a member of the registered staff on April 9, 2014 confirmed that the home's policy was not complied with.(582)

B) The home's policy, Scabies (INF-POL/4), indicated that following the application of the prescribed treatment, the resident was to be showered or bathed, 8 hours later. A review of resident #002's progress notes indicated that on an identified date in January 2014, the prescribed treatment cream had been applied at 2107 hours. Progress notes dated the following day at 1301 hours indicated that the resident had not received their shower until after lunch hour, which was at least 16 hours following the application of the prescribed treatment. The ADOC confirmed that the home's policy was not complied with.(214) [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 #3: 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 did not ensure that all actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

A) Bath Day Skin Assessments, which were part of the home's skin and wound program, and were to be completed during the first bath of the week, were not consistently completed. According to the assessments for resident #002, with identified skin issues, the resident had one documented assessment in the month of October 2013 and did not have assessments documented on four other identified dates during the month. For the month of November 2013, the resident had one documented assessment and did not have assessments documented on four other identified dates during the month. For the month of December 2013, the resident had one documented assessment and did not have assessments documented on four other identified dates during the month. For the month of January 2014, the resident had no documented assessments on four identified dates during the month. For the month of February 2014, the resident had two documented assessments and did not have assessments documented on two other identified dates during the month. For the month of March 2014, the resident had two documented assessments and did not have assessments documented on one identified date during the month. The DOC

confirmed that the resident would have been examined during the activity of bathing and this information should have been documented. (214)

B) Bath flow sheet records, which were to be completed twice weekly, as per the residents bathing schedule, were reviewed for resident #002, from October to March, 2014. A review of these records indicated that during the month of October 2013, no documentation was completed on one identified date. For the month of November 2013, no documentation was completed on two identified dates. For the month of December 2013, no documentation was completed on three identified dates. For the month of January 2014, no documentation was completed on two identified dates. For the month of February 2014, no documentation was completed on two identified dates and for the month of March 2014, no documentation was completed on three identified dates. The DOC confirmed that the care was not being consistently documented in the bath flow sheet records.(214)

C) A review of the plan of care for resident #010 from July 1, 2013 to March 31, 2014 revealed that there was no documentation for required bathing intervention or resident response to bathing interventions on the nursing flow sheets on ten identified dates in 2013 and one identified date in 2014. An interview conducted with registered staff, confirmed that the care was not being consistently documented in the bath flow sheet records.(583)

D) A review of the plan of care for resident #011 from January 1 to March 31, 2014 revealed that there was no documentation for required bathing intervention or resident response to bathing intervention on the nursing flow sheets on five identified dates in 2014. Skin and Wound Care Management Program Policy (NUR-POL/11) indicates each resident shall be offered a minimum of two baths/showers per week and the schedule shall be posted on the bathing assignment on each RHA. Resident #010 and #011 were scheduled for bath/shower two times per week. A bath day assessment audit, that was completed by the home on resident #010's and #011's unit for March 2014 showed a 70% completion rate of bathing intervention or resident response to bathing intervention documentation on nursing flow sheets. An interview conducted with registered staff, confirmed that the care was not being consistently documented in the bath flow sheet records.(583)

E) A review of the plan of care for resident #003, including the posted Bath/Shower Assignment, Nursing Flow Sheets and Bath Day Skin Assessment, over a three month period (from January to March 2014) revealed that there was no documentation

in the bathing section on the Nursing Flow Sheets related to the interventions offered to resident #003 on two identified dates in January 2014 and one identified date in March 2014. According to the ADOC and a member of the registered staff, the home's expectation is that each resident should be offered a minimum of two baths/showers per week and this information should be documented on the Nursing Flow Sheets when completed, as well as when a resident has declined the option of a bath/shower. A notation indicating if the resident refused and the alternatives offered should also be documented on these flow sheets. An interview with a member of the front line staff confirmed that this information was not recorded in the resident's flow sheets on the three dates listed.(582)

F) Resident #004 was prescribed an antibiotic while they were in the hospital on an identified date in November 2013. The antibiotic was to continue after the resident returned to the home. According to the medication administration record (MAR), the antibiotic was not signed for that it was given on an identified date in November 2013. Review of progress notes indicated that the resident continued to be on the antibiotic and staff were awaiting response from the physician whether to continue the order. The following day, the antibiotic was discontinued by the physician.(561) [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 all 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.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

1. The licensee did not ensure that drugs were administered to residents in accordance with the directions for use specified by the prescriber.

A review of the physician's orders for resident #002 indicated that on an identified date in December 2013, a prescribed skin treatment cream was to be administered twice daily until the area was clear. A review of the resident's progress notes as well as the medication administration record (MAR), indicated that this prescribed treatment was withheld and not administered for ten days in the month of January 2014. A review of the original physician's orders and confirmed by the ADOC, indicated that no physician's order had been obtained to place the treatment on hold and that staff did not administer the prescribed treatment as per the direction of the prescriber. [s. 131. (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 drugs are administered to residents in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

1. The licensee did not ensure that the staff and others involved in the different aspects of care of the resident collaborated with each other, in the assessment of the resident so that their assessments were integrated and were consistent with and complemented each other.

A) A review of the clinical record from October 2013 - February 2014 for resident #002, with identified alteration in their skin integrity, indicated that the bath day assessment that was completed on an identified date in October 2013, did not identify any alteration in the resident's skin integrity. Skin assessments that were completed by registered staff the week before, the day before and the week after, indicated that the resident had red patchy areas, and an ongoing rash on their chest, back and shoulders. The bath day assessment that was completed on an identified date in November 2013 did not identify any alteration in the resident's skin integrity. Skin assessments that were completed by registered staff two days prior and 5 days later, indicated that the resident had an ongoing rash to their arms, shoulders, back, abdomen and thighs. The bath day assessment that was completed on an identified date in February 2014, indicated that there were no problems noted with the resident's skin. Skin assessments that were completed by registered staff 3 days before and four days after, indicated the presence of ongoing reddened, excoriated patches on the skin and opened and unopened blisters. The DOC confirmed that staff did not collaborate with each other and that the skin assessments were not consistent and did not complement each other.

B) A review of the clinical record from January 2013 - April 2014 for resident #011, with identified alteration in their skin integrity, identified that on a known date in January 2014, it was documented on the bath day skin assessment that no skin problems were noted while the progress note-skin care assessment showed altered skin with the documentation, "R buttocks – approx. .5cm x 5cm". On an identified date in April 2014, the bath day skin assessment was signed and dated but left blank and no skin issues were identified while the progress note-skin care assessment it was documented "coccyx skin pink and nearly intact".
The Assistant Director of Care confirmed that staff did not collaborate with each other and that the skin assessments were not consistent and did not complement each other.(583) [s. 6. (4) (a)]

Issued on this 1st day of May, 2014

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

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

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Name of Inspector (ID #) / Nom de l'inspecteur (No) :	CATHY FEDIASH (214), DARIA TRZOS (561), JENNIFER ROBERTS (582), KELLY HAYES (583)
Inspection No. / No de l'inspection :	2014_248214_0013
Log No. / Registre no:	H-000449-13,H-000575-13
Type of Inspection / Genre d'inspection:	Complaint
Report Date(s) / Date(s) du Rapport :	Apr 11, 2014
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 :

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 ensure that every resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds 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 and is to be reassessed weekly by a member of the registered nursing staff, if clinically indicated, including resident #002 and #011.

Grounds / Motifs :

1. (a) Previously identified as non-compliance with a CO on May 16, 2013.

The licensee did not ensure that a resident exhibiting altered skin integrity including skin breakdown, pressure ulcers, skin tears or wounds received 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.

(b) Resident #011's open pressure wound was assessed using the incorrect skin assessment tool from January to April, 2014. The Skin and Wound Care Management Program policy (NUR-POL/11) directed registered staff to complete a skin assessment using the Progress Note Wound Care (PN-WC) for pressure ulcers. The tool used, did not contain the following required components per policy: current (NUR-POL/11) stage of ulcer, exact measurements, type and amount of exudate, description of wound edges and periwound skin, presence of undermining or necrotic tissue, observation and notification to Registered Dietitian if new or worse wound. All of the assessments for resident #011 were completed using the Progress Note Skin (PN-SK). Those assessments of resident #011 open pressure wound completed between February - April, 2014, did not contain current stage of ulcer and measurements. The ADOC confirmed that a clinically appropriate wound assessment specifically designed for pressure ulcers, was not used. (583)

2. The licensee did not ensure that resident's exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, were reassessed at least weekly by a member of the registered nursing staff.

The home's skin and wound care management program indicated that if a rash is present, registered staff will complete a weekly skin assessment progress note. A review of the clinical record from December 2013 until March 2014, for

resident #002, with identified alteration in their skin integrity, indicated that in the month of December 2013, no skin assessment progress notes were completed for two weeks in the month of December 2013. For the month of January 2014, no weekly skin assessments were completed for one week. For the month of March 2014, no weekly skin assessments were completed for four weeks. An interview with the ADOC confirmed that registered staff were to reassess the resident with altered skin integrity, weekly, until healed.

(214)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Apr 30, 2014

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

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

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

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

Health Services Appeal and Review Board and the Director

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

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

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

Ministry of Health and Long-Term Care

Ministére 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

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

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

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

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

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

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

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

Issued on this 11th day of April, 2014

Signature of Inspector / Signature de l'inspecteur :

Name of Inspector / Nom de l'inspecteur : CATHY FEDIASH

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