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
Dec 13, 2012	2012_183135_0020	L-001815-12	Critical Incident System

Licensee/Titulaire de permis

THE HOMEWOOD CORPORATION
150 DELHI STREET, GUELPH, ON, N1E-6K9

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

THE VILLAGE OF GLENDALE CROSSING
3030 Singleton Avenue, LONDON, ON, N6L-0B6

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

BONNIE MACDONALD (135)

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): December 7, 2012.

During the course of the inspection, the inspector(s) spoke with Neighbourhood Coordinator, Director of Food Services, Dietitian, Registered Practical Nurse, RAI Coordinator/QI Nurse, Personal Care Aide, Dietary Aide, and resident.

During the course of the inspection, the inspector(s) observed resident and resident care, toured resident's room, neighbourhood home area, reviewed resident's clinical records, internal investigative reports and relevant policies and procedures.

Log# L-001815-12

The following Inspection Protocols were used during this inspection:
Critical Incident Response

Falls Prevention

Minimizing of Restraining

Nutrition and Hydration

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.)	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

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).

s. 6. (11) When a resident is reassessed and the plan of care reviewed and revised,
(a) subsections (4) and (5) apply, with necessary modifications, with respect to the reassessment and revision; and 2007, c. 8, s. 6 (11).
(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).

Findings/Faits saillants :

1. Plan of Care for resident does not provide clear direction for staff when the following was observed:
In record review resident's plan of care states, resident requires a restraint when up. A notice was posted that states resident requires a different restraint when up. Care plan does not provide clear direction for staff.
During observations of resident's room, resident has a bed with side rails. However this intervention and the directions as to the proper use of the bed side rails was not noted in resident's plan of care to provide clear direction for staff. [s. 6. (1) (c)]

2. Staff involved in the different aspects of care failed to collaborate in the assessment of resident so that the resident's assessments are integrated, consistent and complement each other.
A review of the clinical records for resident revealed, staff had not collaborated with the home's Dietitian for resident's ongoing poor fluid intake. The resident's average daily fluid intake was 622 mls./day or 36.5% of the resident's daily fluid requirement. It was noted in the MDS Assessment, that dehydration and UTI were observed, however there were no referrals to the home's Dietitian planned as part of MDS assessment.
Upon resident's return from hospital resident was not referred to the Dietitian for a Diet Texture Assessment.

In interview, the home's Neighbourhood Coordinator confirmed the staff involved in the different aspects of care for resident failed to collaborate in the assessment of the resident, related to poor fluid intake and the need for a diet texture change. [s. 6. (4) (a)]

3. During a review of clinical records for high risk resident for dehydration; it was observed resident had not been reassessed, nor were different approaches considered when care set out in the plan had not been effective for ongoing poor fluid intake.
Resident's average daily fluid intake was reviewed from the Nutrition and Hydration Flow sheet records. The flow sheets revealed an average daily fluid intake of 622 mls./day or 36.5 % of resident's daily fluid requirement of 1705 mls./day as per the plan of care.
The resident's poor fluid intake was also identified by nursing staff and the dietitian in the MDS assessment for Dehydration. Following those assessments record review revealed, different approaches for low fluid intake were not considered or trialled with

the resident.

During an interview with the home's Director of Food Services, she confirmed resident had not been reassessed or different approaches considered for ongoing low fluid intake. [s. 6. (11) (b)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".
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 ensuring staff collaborate in the assessment and reassessment of residents with low fluid intake and different approaches considered when care set out in the plan has not been effective for ongoing poor fluid intake, to be implemented voluntarily.

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. Home's Nutrition and Hydration Policy Tab# 04-46, November 2012, states:
Any resident who consumes less than 1500 mls. for 3 consecutive days will be referred to the Registered Dietitian and the Physician.
In one month resident had only one day, when resident's fluid consumption was greater than 1500 mls./day. During the month the resident's average daily fluid intake was noted to be 730 mls./day or 42.8 % of their daily fluid requirement.
The home's Home's Nutrition and Hydration Policy Tab# 04-46, November 2012, was not complied with when resident was not referred to the home's Registered Dietitian when resident's fluid consumption was less than 1500 mls./day for 3 consecutive days.

In interview, the Dietitian confirmed the resident had not been referred for ongoing poor fluid consumption. [s. 8. (1)]

2. Review of the clinical records for resident revealed resident and was unable to consume a regular texture diet.
The home's Diet Order policy Tab#07-06, July 2011, states:
A resident who is unable to eat regular meals due to a brief illness may be given an altered diet. If after 72 hours the resident is still having difficulty the Dietitian will be contacted for a Diet order.
The home did not comply with the Diet Order policy Tab#07-06, July 2011, when the resident was unable to consume a regular texture diet and after 72 hours was not referred to the home's Dietitian.

In interview, Dietary Aide confirmed resident was on a Regular diet with Regular texture as observed in the Servery Diet list.

In interview, the Dietitian confirmed the resident had not been referred for a Diet Texture Assessment. Resident was later ordered as a minced textured diet by the Dietitian. [s. 8. (1)]

3. Home's Head Injury Policy, Tab#04-37, December 2010, states for any known possible head injuries follow the procedures below:
The Team Leader in the neighbourhood is responsible to start the Head Injury Routine STAT, using the attached Neurological/Head Injury Vital Signs Record form with all sections being completed.
The home's Head Injury Policy, Tab#04-37, December 2010, was not complied with

when resident had falls that resulted in a head injuries. Record review revealed the Head Injury Routine was initiated on 4 occasions or 50 % of the time after resident fell resulting in a head injury.

In interview, the Neighbourhood Coordinator confirmed her expectation that the home's Head Injury Policy be followed when residents fall and sustain a head injury. [s. 8. (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 LTCHA, 2007 S.O. 2007, c.8, s. 29. Policy to minimize restraining of residents, etc.

Specifically failed to comply with the following:

s. 29. (1) Every licensee of a long-term care home,
(a) shall ensure that there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with this Act and the regulations; and 2007, c. 8, s. 29 (1).
(b) shall ensure that the policy is complied with. 2007, c. 8, s. 29 (1).

Findings/Faits saillants :

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1. Home's Restraint Procedures policy Tab#04-52, February 2012, #7 states:
PCA's will perform restraint monitoring using the Restraint Monitoring Chart and during the 10 day observation period, will also complete the 10 day Restraint Observation Period Chart. Both forms will be signed by PCA at end of the shift.

Resident was to be monitored for their restraint when awake, using the Restraint Monitoring Chart and the Restraint Observation Period Chart.

Record review revealed that the resident was not monitored as follows:
Resident was not monitored on 37 occasions or 28.5% of the time using the 10 day Restraint Observation Period form and not monitored on 42 occasions or 32.3% of the time using the Restraint Monitoring Chart.

In interview, the Neighbourhood Coordinator confirmed her expectation the home's Restraint Procedures policy Tab#04-52, February 2012, be complied with when monitoring resident's restraints. [s. 29. (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 ensuring the home's policy for monitoring restraints 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. A review of the plan of care for resident, identified the resident's daily intake is to be recorded on flow sheets in the Nutrition and Hydration binder.
Review of the resident's Nutrition and Hydration Flow Sheets for two months, revealed the resident's food and fluid intake was not documented on 55 occasions or 29.6% of the time for one month and not documented on 42 occasions or 23.3% of the time for the second month.

In an interview the Dietitian confirmed her expectation, that resident's responses to food and fluid interventions are to be documented. [s. 30. (2)]

2. Home's Head Injury Policy, Tab#04-37, December 2010, states for any known possible head injuries follow the procedures below:
The Team Leader in the neighbourhood is responsible to start the Head Injury Routine STAT using the attached Neurological/Head Injury Vital Signs Record form with all sections being completed for the following time periods:
Q15 min x once
Q 30 min x 2 hours
Q 1H x twice
Q4H for 24 hrs.
Q shift x 2 days

Resident fell and sustained a head injury.
Review of the Neurological/Head Injury Vital Signs Record for resident's fall, revealed there were 8 occasions or 36.4% of the time when resident's neurological/head injury vital signs were not documented following that fall.

In interview, the Neighbourhood Coordinator confirmed her expectation that resident's neurological/head injury vital signs are documented. [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 ensuring resident's responses to food and fluid interventions and resident's neurological/vital signs following a head injury are documented, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. A review of clinical records for resident revealed the resident had a number of falls. For 91.2% of those falls, a post-falls assessment was not conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

In interview, the Neighbourhood Coordinator confirmed her expectation that a post-falls assessment using a clinically appropriate assessment instrument is completed following a resident's fall. [s. 49. (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 ensuring when residents fall a post-falls assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following:

s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):
1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition. O. Reg. 79/10, s. 107 (3).
2. An environmental hazard, including a breakdown or failure of the security system or a breakdown of major equipment or a system in the home that affects the provision of care or the safety, security or well-being of residents for a period greater than six hours. O. Reg. 79/10, s. 107 (3).
3. A missing or unaccounted for controlled substance. O. Reg. 79/10, s. 107 (3).
4. An injury in respect of which a person is taken to hospital. O. Reg. 79/10, s. 107 (3).
5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital. O. Reg. 79/10, s. 107 (3).

Findings/Faits saillants :

1. Resident was transferred to hospital.

The Critical Incident Report was submitted to the Director, 9 days after the incident and not the required one business day when the injury resulted in resident being taken to hospital. [s. 107. (3)]

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 ensuring that the Director is informed no later than one business day after an injury that results in a resident being transferred to hospital, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following:

s. 110. (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:
3. That the resident is monitored while restrained at least every hour by a member of the registered nursing staff or by another member of staff as authorized by a member of the registered nursing staff for that purpose. O. Reg. 79/10, s. 110 (2).

Findings/Faits saillants :

1. Resident was to be monitored for 10 days for their restraint when awake, using the Restraint Monitoring Chart.
Record review revealed the resident was not monitored each hour on 42 occasions or 32.3% of the time, for the following:
#1. Status of restraint
#2. Repositioning
#3. Disposition of the resident

In interview,the Neighbourhood Coordinator confirmed her expectation that residents are monitored while restrained at least every hour. [s. 110. (2) 3.]

Issued on this 13th day of December, 2012

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

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

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) :	BONNIE MACDONALD (135)
Inspection No. / No de l'inspection :	2012_183135_0020
Log No. / Registre no:	L-001815-12
Type of Inspection / Genre d'inspection:	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Dec 13, 2012
Licensee / Titulaire de permis :	THE HOMEWOOD CORPORATION 150 DELHI STREET, GUELPH, ON, N1E-6K9
LTC Home / Foyer de SLD :	THE VILLAGE OF GLENDALE CROSSING 3030 Singleton Avenue, LONDON, ON, N6L-0B6
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	MICHELLE VERMEEREN

To THE HOMEWOOD CORPORATION, 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. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Order / Ordre :

The Licensee must review and revise resident's plan of care to ensure the plan provides clear direction to staff, to achieve compliance with LTCHA, 2007, S.O. 2007, s. c. 8, s. 6 (1) (c)

Grounds / Motifs :

1. Three Written Notifications of non-compliance and three Voluntary Plans of Correction have been previously issued under LTCHA, 2007, S.O. 2007, s. c. 8, s. 6 (1) (c)

Plan of Care for resident does not provide clear direction for staff when the following was observed:

In record review resident's plan of care states, resident requires a restraint when up. A notice was posted that states resident requires a different restraint when up. Care plan does not provide clear direction for staff.

During observations of resident's room, resident has a bed with side rails. However this intervention and the directions as to the proper use of the bed side rails was not noted in resident's plan of care to provide clear direction for staff. [s. 6. (1) (c)]

(135)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 28, 2012

Order # / Ordre no : 002 **Order Type / Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, 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
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The Licensee must prepare, submit and implement a plan for achieving compliance with O.Reg. 79/10, s.8(1)(b) to ensure policies are implemented and complied with under the Act.
The plan must entail how education will be provided to staff related to the implemented policies and how compliance for policies will be monitored.

Please submit the plan in writing to Bonnie MacDonald, Long-Term Care Homes Inspector, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 291 King Street, 4th Floor, London, ON N6B 1R8, by email, at bonnie.macdonald@ontario.ca by December 28, 2012.

Grounds / Motifs :

1. Four Written Notifications of non-compliance and four Voluntary Plans of Correction have been previously issued under O.Reg 79/10,s.8.(1)(b).

Home's Head Injury Policy, Tab#04-37, December 2010, states for any known possible head injuries follow the procedures below:

The Team Leader in the neighbourhood is responsible to start the Head Injury Routine STAT, using the attached Neurological/Head Injury Vital Signs Record form with all sections being completed.

The home's Head Injury Policy, Tab#04-37, December 2010, was not complied with when resident had falls that resulted in a head injuries. Record review revealed the Head Injury Routine was initiated on 4 occasions or 50 % of the time after resident fell resulting in a head injury.

In interview, the Neighbourhood Coordinator confirmed her expectation that the home's Head Injury Policy be followed when residents fall and sustain a head injury. [s. 8. (1)]
(135)

2. Review of the clinical records for resident revealed resident and was unable to consume a regular texture diet.

The home's Diet Order policy Tab#07-06, July 2011, states:

A resident who is unable to eat regular meals due to a brief illness may be given an altered diet. If after 72 hours the resident is still having difficulty the Dietitian will be contacted for a Diet order.

The home did not comply with the Diet Order policy Tab#07-06, July 2011, when the resident was unable to consume a regular texture diet and after 72 hours was not referred to the home's Dietitian.

In interview, Dietary Aide confirmed resident was on a Regular diet with Regular texture as observed in the Servery Diet list.

In interview, the Dietitian confirmed the resident had not been referred for a Diet Texture Assessment. Resident was later ordered a modified texture diet by the Dietitian. [s. 8. (1)]
(135)

3. Home's Nutrition and Hydration Policy Tab# 04-46, November 2012, states:

Any resident who consumes less than 1500 mls. for 3 consecutive days will be referred to the Registered Dietitian and the Physician.

In one month resident had only one day, when resident's fluid consumption was greater than 1500 mls./day. During the month the resident's average daily fluid

intake was noted to be 730 mls./day or 42.8 % of their daily fluid requirement.

The home's Home's Nutrition and Hydration Policy Tab# 04-46, November 2012, was not complied with when resident was not referred to the home's Registered Dietitian when resident's fluid consumption was less than 1500 mls./day for 3 consecutive days.

In interview, the Dietitian confirmed the resident had not been referred for ongoing poor fluid consumption. [s. 8. (1)]
(135)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jan 18, 2013

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.

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 13th day of December, 2012

Signature of Inspector / Signature de l'inspecteur : Bonnie MacDonald

Name of Inspector / Nom de l'inspecteur : BONNIE MACDONALD

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