Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

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

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

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130 avenue Dufferin 4ème étage
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Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 24, 2016	2016_229213_0018	008410-16	Follow up

Licensee/Titulaire de permis

SHARON FARMS & ENTERPRISES LIMITED
1340 HURON STREET LONDON ON N5V 3R3

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

Earls Court Village
1390 Highbury Avenue North LONDON ON 000 000

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

RHONDA KUKOLY (213), MELANIE NORTHEY (563), NATALIE MORONEY (610)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): June 13, 14, 15, 16, 17, 21, 2016

This follow up inspection was completed related to:
Log #017625-16 Order #001 (duty to protect) issued in a complaint inspection #2016_303563_0011, log #008504-16, with a compliance date of May 31, 2016.
Log #014827-16 Order #002 (clear direction in plan of care), Order #003 (care plan based on assessment of resident's needs and preferences), Order #004 (care provided as specified in the plan), and Order #005 (resident's right to be cared for in a manner consistent with needs), issued May 11, 2016 in a follow up inspection #2016_229213_0013, log #008403-16 with a compliance date of June 6, 2016.
Log #008410-16 Order #003 (24/7 RN), Order #005 (investigate, respond and act), Order #008 (residents assessed for the use of bed rails), and Order #015 (immunizations), issued March 8, 2016 in the Resident Quality Inspection with a compliance date of June 6, 2016

A finding of non-compliance identified in Critical Incident #3047-000044-16 / Log # 017201-16, inspection #2016_303563_0017 related to suspected resident abuse has been issued in this report.

Inspector #658 Neil Kikuta was present during and also participated in this inspection.

During the course of the inspection, the inspector(s) spoke with the President and Chief Executive Officer, the Administrator, the Director of Care, the Office Manager, the Director of Dietary Services, the Resident Assessment Instrument (RAI) Coordinator, a Pharmacist, the Registered Dietitian, a Physiotherapy Assistant, a Respiratory Therapist, three Registered Nurses, ten Registered Practical Nurses, 24 Personal Support Workers, one Dietary Aide, 39 residents and 1 family member.

The Inspectors also made observations, reviewed health records, internal investigation records, policies and procedures and other relevant documentation.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management
Critical Incident Response
Dignity, Choice and Privacy
Infection Prevention and Control
Minimizing of Restraining
Pain
Personal Support Services
Sufficient Staffing

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

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2016_303563_0011	563
O.Reg 79/10 s. 229. (10)	CO #015	2016_229213_0005	610
LTCHA, 2007 S.O. 2007, c.8 s. 23.	CO #005	2016_229213_0005	213
LTCHA, 2007 S.O. 2007, c.8 s. 3. (1)	CO #005	2016_229213_0013	563
LTCHA, 2007 S.O. 2007, c.8 s. 6. (1)	CO #002	2016_229213_0013	213
LTCHA, 2007 S.O. 2007, c.8 s. 8. (3)	CO #003	2016_229213_0005	610

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. 15. Bed rails

Specifically failed to comply with the following:

s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,
(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).
(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).
(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that where bed rails were used the resident had been assessed to minimize risk to the resident.

The current plan of care for resident #061 indicated that the resident used bed rails for positioning. Further review of the assessments in Point Click Care (PCC) showed that there was no completed "Bedrail Use Risk Assessment 2014 (SVCH)". There was no task for staff to check or monitor when bed rails were being used.

Bed rails were observed in use for resident #014 on June 13, 2016. The current plan of care for resident #014 indicated that the resident used bed rails for repositioning, turning, and for safety when in bed per care plan. Further review of the assessments in Point Click Care (PCC) showed that there was no completed "Bedrail Use Risk Assessment 2014 (SVCH)". There was no task for staff to check or monitor when bed rails were being used.

Resident #004 was observed using beds rail on June 13, 2016. The current plan of care for resident #004 indicated that the resident used bed rails. Further review of the assessments in Point Click Care (PCC) showed that there was no completed "Bedrail Use Risk Assessment 2014 (SVCH)".

Personal Support Worker #116 said that resident #061 used bed rails in the evening and when in bed and that resident # 014 used bed rails when in bed at all times, and both residents should have had tasks for documentation of checks in Point of Care (POC) for use of bed rails.

The home's policy "Bed Rail Entrapment" policy #CPM-E-50, revised February 2016, stated "upon admission, the Bed Rail Use Risk Assessment will be completed by Registered Staff on Point Click Care". "Further assessments will be completed: when a resident or family will request for a bedrail for use for bed mobility; when there is a significant change in status".

The home's audit list for bed rail assessments showed that 42 residents including resident #004, #014 and #061 had not had a completed "Bedrail Use Risk Assessment 2014 (SVCH)".

Administrator #101 on June 13, 2016 said that resident #004, #014, #061 and the 39 other residents should have had a completed "Bedrail Use Risk Assessment" in PCC and a task would be set up for documented checks when bed rails were in use. [s. 15. (1) (a)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care was based on an assessment of the resident and the resident's needs and preferences.

Previous inspection completed in April 2016, revealed resident #007 did not receive a pain assessment for a period of eleven weeks related to various pain sites and

intensities. Documentation in the progress notes for a period of nine weeks stated resident #007 had pain in specific sites and resident was unsettled with a pain scale of 8/10.

Record review of the "MD Progress Note" on two specific dates indicated the resident had pain confirming the identified pain sites.

There was only one other pain assessment completed in "Assessments" tab in PointClickCare (PCC) since the admission pain assessment in 2014. The one pain assessment was completed indicating pain due to the injection of an immunization. No other pain assessments were completed indicating any of the resident’s complaints of pain related to the various pain sites and intensities.

The current care plan for resident #007 identified pain as a concern; however, there were no goals or interventions related to the specific pain the resident was noted as having to guide the staff to meet the resident's pain needs.

On June 16, 2016 in an interview with Inspector #563, resident #007 voiced pain in an identified site.

On June 16, 2016, Registered Practical Nurse (RPN) #121 said that the assessment to be completed in PCC was called the Pain Assessment 2015 (SVCH) and that a pain assessment should be completed when the resident had new pain or a change in condition affecting pain.

On June 16, 2016, Director of Care (DOC) #102 said that a pain assessment was not completed related to the voiced complaints of new pain in identified sites and should have been completed.

The resident's plan of care related to pain was not based on an assessment of resident #007's pain. [s. 6. (2)]

2. The licensee has failed to provide care set out in the plan of care as specified in the plan.

The current plan of care for resident #020 indicated that the resident used an assistive device. This assistive device had been ordered in 2015 and a current list of residents

using assistive devices indicated resident #020 used this specified assistive device.

On June 16 and 17, 2016, resident #020 was not using the specified assistive device.

On June 16, 2016, PSWs #131, 132, 133, and 134 all stated that resident #020 did not use the identified assistive device and did not refer to the current list of residents using assistive devices.

On June 16, 2016, the Director of Dietary Services #130 stated that all staff should have been aware of residents who required assistive devices, and that they should have been following the provided list. Director of Dietary Services #130 indicated that as the assistive device was indicated on the care plan for resident #020, it was the expectation of the home to provide resident #020 with the care as specified in the plan.

Care was not provided as specified in the plan of care for resident #020. [s. 6. (7)]

Additional Required Actions:

CO # - 002, 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".
DR # 001 – The above written notification is also being referred to the Director for further action by the Director.

Issued on this 11th day of July, 2016

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

Original report signed by the inspector.

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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

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

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	RHONDA KUKOLY (213), MELANIE NORTHEY (563), NATALIE MORONEY (610)
Inspection No. / No de l'inspection :	2016_229213_0018
Log No. / Registre no:	008410-16
Type of Inspection / Genre d'inspection:	Follow up
Report Date(s) / Date(s) du Rapport :	Jun 24, 2016
Licensee / Titulaire de permis :	SHARON FARMS & ENTERPRISES LIMITED 1340 HURON STREET, LONDON, ON, N5V-3R3
LTC Home / Foyer de SLD :	Earls Court Village 1390 Highbury Avenue North, LONDON, ON, 000-000
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Tracy Richardson

To SHARON FARMS & ENTERPRISES LIMITED, 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)

Linked to Existing Order / Lien vers ordre existant: 2016_229213_0005, CO #008;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,
(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;
(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and
(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

Order / Ordre :

The licensee will ensure bed rail assessments are completed for residents #061, #014, #004, and the other 39 residents that were noted to be incomplete at the time of this inspection.

The licensee will also ensure the bed rail assessments will be completed for any new application of bed rails.

Grounds / Motifs :

1. The licensee has failed to ensure that where bed rails were used the resident had been assessed to minimize risk to the resident.

The current plan of care for resident #061 indicated that the resident used bed rails for positioning. Further review of the assessments in Point Click Care (PCC) showed that there was no completed "Bedrail Use Risk Assessment 2014 (SVCH)". There was no task for staff to check or monitor when bed rails were being used.

Bed rails were observed in use for resident #014 on June 13, 2016. The current plan of care for resident #014 indicated that the resident used bed rails for

repositioning, turning, and for safety when in bed per care plan. Further review of the assessments in Point Click Care (PCC) showed that there was no completed "Bedrail Use Risk Assessment 2014 (SVCH)". There was no task for staff to check or monitor when bed rails were being used.

Resident #004 was observed using beds rail on June 13, 2016. The current plan of care for resident #004 indicated that the resident used bed rails. Further review of the assessments in Point Click Care (PCC) showed that there was no completed "Bedrail Use Risk Assessment 2014 (SVCH)".

Personal Support Worker #116 said that resident #061 used bed rails in the evening and when in bed and that resident # 014 used bed rails when in bed at all times, and both residents should have had tasks for documentation of checks in Point of Care (POC) for use of bed rails.

The home's policy "Bed Rail Entrapment" policy #CPM-E-50, revised February 2016, stated "upon admission, the Bed Rail Use Risk Assessment will be completed by Registered Staff on Point Click Care". "Further assessments will be completed: when a resident or family will request for a bedrail for use for bed mobility; when there is a significant change in status".

The home's audit list for bed rail assessments showed that 42 residents including resident #004, #014 and #061 had not had a completed "Bedrail Use Risk Assessment 2014 (SVCH)".

Administrator #101 on June 13, 2016 said that resident #004, #014, #061 and the 39 other residents should have had a completed "Bedrail Use Risk Assessment" in PCC and a task would be set up for documented checks when bed rails were in use.

The scope of this issue was isolated. The severity of the issue was determined to be a level two with a potential for risk or harm to residents. The home did have a history of non-compliance with this sub-section of the regulation. It was issued as a compliance order on October 21, 2014 and was complied January 28, 2015. It was issued again as a voluntary plan of correction during the Resident Quality Inspection on April 28, 2015. It was re-issued as a compliance order on March 8, 2016 during the Resident Quality Inspection with

a compliance date of June 6, 2016.
(610)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jul 04, 2016

Order # / Ordre no : 002

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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Order / Ordre :

The licensee will ensure that the care set out in the plan of care is provided to the resident as specified in the plan related to the use of eating aids, for all residents and specifically:
a) The care set out in the plan of care for resident #020 related to the use of assistive devices.

Grounds / Motifs :

1. The licensee has failed to provide care set out in the plan of care as specified in the plan.

The current plan of care for resident #020 indicated that the resident used an assistive device. This assistive device had been ordered in 2015 and a current list of residents using assistive devices indicated resident #020 used this specified assistive device.

On June 16 and 17, 2016, resident #020 was not using the specified assistive device.

On June 16, 2016, PSWs #131, 132, 133, and 134 all stated that resident #020 did not use the identified assistive device and did not refer to the current list of residents using assistive devices.

On June 16, 2016, the Director of Dietary Services #130 stated that all staff should have been aware of residents who required assistive devices, and that they should have been following the provided list. Director of Dietary Services #130 indicated that as the assistive device was indicated on the care plan for resident #020, it was the expectation of the home to provide resident #020 with the care as specified in the plan.

Care was not provided as specified in the plan of care for resident #020.

The scope of this issue was isolated. The severity of the issue was determined to be a level two with a potential for risk or harm to residents. The home did have a history of non-compliance with this sub-section of the regulation. It was issued as a voluntary plan of correction on April 28, 2015 and on April 30, 2015, and again on June 19, 2015. It was issued as a compliance order on March 8, 2016 during the Resident Quality Inspection with a compliance date of April 4, 2016. It was reissued on May 11, 2016 as a compliance order in a follow up inspection with a compliance date of June 6, 2016.
(213)

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jul 04, 2016

Order # / Ordre no : 003

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

Linked to Existing Order / Lien vers ordre existant:
2016_229213_0013, CO #003;
2016_229213_0013, CO #004;

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Order / Ordre :

The licensee will ensure that the plan of care is based on an assessment of the resident and the resident's needs and preferences for all residents and specifically:
a) The plan of care for resident #007 is to be reviewed and revised based on an assessment of the resident' current needs regarding pain and pain management.

Grounds / Motifs :

1. The licensee has failed to ensure that the plan of care was based on an assessment of the resident and the resident's needs and preferences.

Previous inspection completed in April 2016, revealed resident #007 did not receive a pain assessment for a period of eleven weeks related to various pain sites and intensities. Documentation in the progress notes for a period of nine weeks stated resident #007 had pain in specific sites and resident was unsettled with a pain scale of 8/10.

Record review of the "MD Progress Note" on two specific dates indicated the resident had pain confirming the identified pain sites.

There was only one other pain assessment completed in "Assessments" tab in PointClickCare (PCC) since the admission pain assessment in 2014. The one pain assessment was completed indicating pain due to the injection of an immunization. No other pain assessments were completed indicating any of the resident's complaints of pain related to the various pain sites and intensities.

The current care plan for resident #007 identified pain as a concern; however, there were no goals or interventions related to the specific pain the resident was noted as having to guide the staff to meet the resident's pain needs.

On June 16, 2016 in an interview with Inspector #563, resident #007 voiced pain in an identified site.

On June 16, 2016, Registered Practical Nurse (RPN) #121 said that the assessment to be completed in PCC was called the Pain Assessment 2015 (SVCH) and that a pain assessment should be completed when the resident had new pain or a change in condition affecting pain.

On June 16, 2016, Director of Care (DOC) #102 said that a pain assessment was not completed related to the voiced complaints of new pain in identified sites and should have been completed.

The resident's plan of care related to pain was not based on an assessment of resident #007's pain.

The scope of this issue was isolated. The severity of the issue was determined to be a level two with a potential for risk or harm to residents. The home did have a history of non-compliance with this sub-section of the regulation. It was issued as a voluntary plan of correction on April 28, 2015 and April 30, 2015. It was issued as a compliance order on March 8, 2016 during the Resident Quality Inspection with a compliance date of April 4, 2016. It was re-issued on May 11, 2016 as a compliance order in a follow up with a compliance date of June 6, 2016.
(563)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jul 04, 2016

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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

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
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

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

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

Health Services Appeal and Review Board and the Director

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

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

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

RENSEIGNEMENTS 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
Inspection de soins de longue durée
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
Inspection de soins de longue durée
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 24th day of June, 2016

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : RHONDA KUKOLY

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