

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255Bureau régional de services de
Hamilton
119, rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255**Public Copy/Copie du rapport public**

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 21, 2022	2022_991214_0005	012713-21, 012714- 21, 012715-21	Follow up

Licensee/Titulaire de permis859530 Ontario Inc. (operating as Jarlette Health Services)
c/o Jarlette Health Services 711 Yonge Street Midland ON L4R 2E1**Long-Term Care Home/Foyer de soins de longue durée**Royal Rose Place
635 Prince Charles Drive North Welland ON L3C 0C7**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

CATHY FEDIASH (214)

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): February 24, 25, 28, March 1, 2, 3, 7, 8, 9, 10, and 11, 2022.

This inspection was conducted concurrently with complaint inspection #2022_991214_0003 and Critical Incident System (CIS) inspection #2022_991214_0004.

The following intakes were conducted during this Follow up inspection:

012713-21- related to follow up for previously issued compliance order in relation to clear directions in the plan of care.

012714-21- related to follow up for previously issued compliance order in relation to plan of care reviewed and revised when the resident's care needs change.

012715-21-related to follow up for previously issued compliance order in relation to the licensee's Hydration assessment and monitoring policy being complied with.

During the course of the inspection, the inspector(s) spoke with the acting Administrator, Director of Care (DOC), Co-Director of Care (Co-DOC), Corporate Nursing Consultant, Culinary Manager, Registered Dietitian (RD), registered nurses (RN), registered practical nurses (RPN), personal support workers (PSWs), and residents.

During the course of the inspection, the inspector(s) reviewed relevant records, including but not limited to clinical health records, electronic reports, policies and procedures, and observed the provision of care.

**The following Inspection Protocols were used during this inspection:
Contenance Care and Bowel Management
Falls Prevention
Nutrition and Hydration**

During the course of this inspection, Non-Compliances were issued.

**1 WN(s)
0 VPC(s)
1 CO(s)
0 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 # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 6. (1)	CO #001	2021_848748_0007		214
LTCHA, 2007 S.O. 2007, c.8 s. 6. (10)	CO #002	2021_848748_0007		214

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 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 failed to ensure that where the act or regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee was required to ensure that the policy was complied with.

In accordance with Ontario Regulation 79/10 section 30 (1) 1, the licensee was to ensure that there was an organized hydration program that included relevant policies and provided for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

The licensee's Hydration Assessment and Monitoring policy to ensure that methods to assess residents and reduce the risk of dehydration and monitoring of outcomes, had not been complied with.

Compliance order #003 related to O. Reg. 79/10, s. 8 (1) from inspection 2021_848748_0007 issued on July 28, 2021, with a compliance due date of October 27, 2021, is being re-issued as follows:

The licensee's policy indicated the following:

-The nurse would review the electronic 7-Day Look Back reports daily for undesirable intake trends and gaps over a 72-hour period. For residents drinking 750 millilitres (mls) or less of fluid for three consecutive days, assess for signs and symptoms of dehydration.

-The nurse will submit a dietary referral for low fluid intake and any resident uncharacteristic change in fluid intake.

-The nurse will initiate the Fluid Watch Point of Care (POC) task.

The DOC indicated the policy directed that every night, registered staff reviewed a seven-day, fluid Look Back report in Point Click Care (PCC), for all residents. Any resident with uncharacteristic changes in fluid intake and any resident that drank 750 ml or less of fluids for three consecutive days, had a Dietary Referral assessment conducted. The assessment contained two parts, the first in which nursing staff identified the reason for the referral; completed a nursing assessment to determine if the resident was dehydrated; identified nursing interventions in place or planned to resolve the issue and initiated the Fluid Watch task in POC. The DOC indicated dietary staff also received the same assessment and completed the second part of the referral that included their assessment and actions.

A fluid Look Back report was reviewed for a specified time period of two weeks, and a list provided by the home of residents who were on Fluid Watch, was reviewed.

A) A resident was observed to be on the home's Fluid Watch list for monitoring. A review of their fluid Look Back report indicated they had had consumed 750 ml or less of fluids, for three consecutive days, on two occasions.

A Dietary Referral assessment had not been initiated and the resident had not been assessed for dehydration by nursing or assessed by dietary staff, on either of these occasions.

Staff confirmed the policy had not been complied with.

B) A resident was observed to be on the home's Fluid Watch list for monitoring. A review of their fluid Look Back report for the time frame noted, indicated the resident had consumed 750 ml or less of fluids, for four consecutive days.

A Dietary Referral assessment had not been initiated and the resident had not been assessed for dehydration by nursing or assessed by dietary staff.

Four days prior, the resident had been assessed by the Registered Dietitian (RD) for an unrelated referral. The RD indicated at this time the resident's fluid intake was low and to continue with fluid watch. The following day, the resident was diagnosed with a specified illness.

Staff confirmed the policy had not been complied with.

C) A review of a resident's fluid Look Back report indicated they had consumed 750 ml or less of fluids, for five consecutive days. The resident was observed to have not been listed on the home's Fluid Watch list.

A Dietary Referral assessment had been initiated by nursing staff on the fifth day of the resident not having consumed enough fluids, with the reason for referral indicating, Fluid Watch. Questions regarding nursing staff's assessment of the resident for dehydration, were blank. The assessment indicated the POC task for Fluid Watch had been initiated. A review of this task indicated it had been resolved, approximately one month prior.

Staff confirmed the resident was to have the required assessment conducted on the third consecutive day of not consuming fluid requirements as per policy. It was confirmed that while staff had checked the intervention to initiate the Fluid Watch task in the assessment, the task had not been created in POC. They confirmed the resident had not been assessed for dehydration and the policy had not been complied with.

After conducting the interviews above, all three residents were assessed for dehydration and documentation indicated no resident was dehydrated.

When the licensee's hydration assessment and monitoring policy is not complied with, this has the potential to place the resident at risk for harm as assessments, interventions and monitoring are not implemented in a timely manner to minimize any risk of dehydration or the identification of actual dehydration.

The initial compliance order also required the home to have ensured that all registered staff were educated on the home's policy and to have kept a record of evaluation of knowledge. During a follow up interview, the DOC indicated staff would sign a letter of understanding, indicating they had understood the training provided. The DOC confirmed no letters of understanding were able to be located for the education provided, as required in the initial compliance order.

Sources: resident progress notes, assessments, documentation task, identified reports, licensee's Hydration Assessment and Monitoring policy (revised February 22, 2022), and interviews with the DOC, Corporate Nursing Consultant, and other staff.

Additional Required Actions:

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

Issued on this 5th day of April, 2022

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

Original report signed by the inspector.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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 Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : CATHY FEDIASH (214)

Inspection No. /

No de l'inspection : 2022_991214_0005

Log No. /

No de registre : 012713-21, 012714-21, 012715-21

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Mar 21, 2022

Licensee /

Titulaire de permis : 859530 Ontario Inc. (operating as Jarlette Health
Services)
c/o Jarlette Health Services, 711 Yonge Street, Midland,
ON, L4R-2E1

LTC Home /

Foyer de SLD : Royal Rose Place
635 Prince Charles Drive North, Welland, ON, L3C-0C7

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :** Lauren Lostracco

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

To 859530 Ontario Inc. (operating as Jarlette Health Services), you are hereby
required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

Order # /

No d'ordre : 001

Order Type /

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

Linked to Existing Order / 2021_848748_0007, CO #003;
Lien vers ordre existant:

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 :

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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

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

The licensee must be compliant with s. 8 (1) of the O. Reg. 79/10.

Specifically, the licensee shall prepare, submit and implement a plan to ensure the licensee's policy regarding hydration assessment and monitoring, is complied with for the identified residents, and any other resident who meet the requirements of the policy.

The plan must include but is not limited to:

1. How the licensee will ensure their policy is complied with for resident's who meet the requirements for assessment, interventions, and monitoring of their hydration status.
2. The person(s) responsible for implementing training of the licensee's policy to all staff who are required to assess, implement interventions, and monitor resident's hydration status. This training shall be documented and include the content of the training, names of all staff, their designation, and date training provided. Training records shall be retained.
3. What method(s) the licensee will implement to conduct a knowledge check to all staff who attend the training.
4. The person(s) responsible for ensuring retention of the knowledge check records.
5. An auditing schedule to ensure the licensee's policy is complied with for resident's who meet the requirements for assessment, interventions, and monitoring of their hydration status. Auditing shall continue until no further concerns arise with complying of the licensee's policy. Documentation of the audits shall be retained.

Please submit the written plan for achieving compliance for inspection 2022_991214_0005 to Cathy Fediash, LTC Homes Inspector, MLTC, by email to HamiltonSAO.moh@ontario.ca by April 4, 2022.

Please ensure that the submitted written plan does not contain any PI/PHI.

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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

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

Grounds / Motifs :

1. The licensee failed to ensure that where the act or regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee was required to ensure that the policy was complied with.

In accordance with Ontario Regulation 79/10 section 30 (1) 1, the licensee was to ensure that there was an organized hydration program that included relevant policies and provided for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

The licensee's Hydration Assessment and Monitoring policy to ensure that methods to assess residents and reduce the risk of dehydration and monitoring of outcomes, had not been complied with.

Compliance order #003 related to O. Reg. 79/10, s. 8 (1) from inspection 2021_848748_0007 issued on July 28, 2021, with a compliance due date of October 27, 2021, is being re-issued as follows:

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-The nurse will submit a dietary referral for low fluid intake and any resident uncharacteristic change in fluid intake.

-The nurse will initiate the Fluid Watch Point of Care (POC) task.

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assessment to determine if the resident was dehydrated; identified nursing interventions in place or planned to resolve the issue and initiated the Fluid Watch task in POC. The DOC indicated dietary staff also received the same assessment and completed the second part of the referral that included their assessment and actions.

A fluid Look Back report was reviewed for a specified time period of two weeks, and a list provided by the home of residents who were on Fluid Watch, was reviewed.

A) A resident was observed to be on the home's Fluid Watch list for monitoring. A review of their fluid Look Back report indicated they had had consumed 750 ml or less of fluids, for three consecutive days, on two occasions.

A Dietary Referral assessment had not been initiated and the resident had not been assessed for dehydration by nursing or assessed by dietary staff, on either of these occasions.

Staff confirmed the policy had not been complied with.

B) A resident was observed to be on the home's Fluid Watch list for monitoring. A review of their fluid Look Back report for the time frame noted, indicated the resident had consumed 750 ml or less of fluids, for four consecutive days.

A Dietary Referral assessment had not been initiated and the resident had not been assessed for dehydration by nursing or assessed by dietary staff.

Four days prior, the resident had been assessed by the Registered Dietitian (RD) for an unrelated referral. The RD indicated at this time the resident's fluid intake was low and to continue with fluid watch. The following day, the resident was diagnosed with a specified illness.

Staff confirmed the policy had not been complied with.

C) A review of a resident's fluid Look Back report indicated they had consumed 750 ml or less of fluids, for five consecutive days. The resident was observed to have not been listed on the home's Fluid Watch list.

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

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The initial compliance order also required the home to have ensured that all registered staff were educated on the home's policy and to have kept a record of evaluation of knowledge. During a follow up interview, the DOC indicated staff would sign a letter of understanding, indicating they had understood the training provided. The DOC confirmed no letters of understanding were able to be located for the education provided, as required in the initial compliance order.

Sources: resident progress notes, assessments, documentation task, identified reports, licensee's Hydration Assessment and Monitoring policy (revised February 22, 2022), and interviews with the DOC, Corporate Nursing Consultant, and other staff.

An order was made by taking the following factors into account:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Severity: There was a potential risk for harm to all three residents when they had not consumed fluid requirements as directed in the licensee's Hydration assessment and monitoring policy, and the policy with regard to assessment, interventions and monitoring, was not complied with.

Scope: This non-compliance was widespread as the licensee's policy had not been complied for three out of three residents reviewed.

Compliance History: A compliance order (CO) is being re-issued for the licensee failing to comply with s. 8 (1) (b) of O. Reg 79/10. This subsection was issued as a CO on July 28, 2021, during inspection # 2021_848748_0007 with a compliance due date of October 27, 2021. No other COs to this subsection, were issued to the home in the past 36 months.

(214)

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

May 05, 2022

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
Fax: 416-327-7603

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

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

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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 Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
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.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8^e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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

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

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

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

Issued on this 21st day of March, 2022

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