

**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  
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Hamilton  
119, rue King Ouest 11<sup>ième</sup> étage  
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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 1, 2021	2021_704682_0015	005387-21, 008263- 21, 012873-21	Critical Incident System

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**Licensee/Titulaire de permis**

Chippawa Creek Care Centre Ltd.

c/o Bella Senior Care Residences 8720 Willoughby Drive Niagara Falls ON L2G 7X3

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

Bella Senior Care Residences

8720 Willoughby Drive Niagara Falls ON L2G 7X3

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

AILEEN GRABA (682), JOBBY JAMES (694267)

**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): September 9, 10, 13, 14, 15, 16, 17, 20, 21, 22, 2021.**

**The following Critical Incident System (CIS) inspections were completed:  
008263-21 related to falls prevention  
012873-21 related to falls prevention**

**The following Compliance Order Follow Up was completed concurrently with the Critical Incident System Inspection:  
005387-21 related to policy**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Associate Director of Care (ADOC), Environmental Services Manager (ESM), Physiotherapist (PT), housekeeping, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW) and residents.**

**During the course of this inspection, the inspector(s) observed the provision of the care and infection prevention and control (IPAC) practices and reviewed clinical health records, investigation notes, staffing schedules, heating/cooling requirements, pain assessment audits, staff training records, meeting minutes, policy and procedures.**

**The following Inspection Protocols were used during this inspection:  
Falls Prevention  
Infection Prevention and Control  
Pain  
Safe and Secure Home  
Skin and Wound Care**

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

- 4 WN(s)**
- 1 VPC(s)**
- 1 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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>

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**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 has failed to ensure that where the Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy was complied.

In accordance with Ontario Regulation 79/10 s. 48 (1) 1 and in reference to O. Reg s.30 (1) 1, which states that in respect of the organized falls prevention and management program there must be a written description of the program that includes relevant policies to reduce risk and monitor outcomes.

Specifically, staff did not comply with the licensee's policy for Falls Prevention and Management and Neurological Signs/Head Injury Routine. The licensee's policy stated that when a fall is unwitnessed the home will initiate head injury routine hourly for four consecutive hours and then every eight hours for 72 hours.

A Registered Nurse (RN) completed a post fall assessment and indicated that personal support worker (PSW) staff discovered the resident on the floor. Further review of the resident's clinical record did not include hourly neurological signs for four consecutive hours.

The RN confirmed that the resident's fall was unwitnessed and that they did not initiate hourly neurological signs/head injury routine. The Director of Care (DOC) confirmed that registered staff were to initiate neurological signs/head injury routine with all unwitnessed falls.

By staff not completing neurological signs/head injury routine as required, the resident was at risk for staff missing cognitive and behavioural deficits and changes in condition related to the unwitnessed fall.

Sources: The licensee's policies; Neurological signs/head injury routine; Falls Prevention and Management program, electronic medical record (EMR), Interviews with RN and DOC [s. 8. (1)]

2. The licensee failed to ensure that where the Act and Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy was complied.

In accordance with O. Reg. 79/10, s. 48 (4) , and in reference to O. Reg. 79/10, s. 52 (1) 4 , the licensee was required to monitor residents responses to and effectiveness of pain management strategies.

Specifically, staff did not comply with the licensee's pain policy which directed registered staff to complete a pain assessment for 72 hours on the day, evening shifts and on nights only if the resident is awake for the following indications;

a. Breakthrough pain medication is used for 3 consecutive days.

A review of a resident's electronic medication administration record (EMAR) indicated that they were administered analgesic orally for breakthrough pain management for four consecutive days on an identified date. The resident was administered analgesic orally for three consecutive days on an identified date, and subsequently for another three consecutive days on an identified date. No comprehensive pain assessment was documented when the resident had been administered breakthrough pain medication for three consecutive days or greater.

In an interview, the Associate Director of Care (ADOC) confirmed that a comprehensive pain assessment was not completed when the resident was administered breakthrough pain medication for three consecutive days or greater.

Because the resident did not receive a comprehensive pain assessment when indicated, the resident was at risk for inadequate pain management.

Sources: Electronic medical record, Pain Identification and Management policy,

Interview with ADOC and other staff. [s. 8. (1)]

***Additional Required Actions:***

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

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**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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
  - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
  - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a resident's plan of care was reviewed and revised when care set out in the plan was no longer necessary regarding transfers.

A resident fell and sustained an injury, resulting in transfer to the hospital and subsequent surgery. The physiotherapist (PT) assessed the resident and recommended an intervention and included it in the resident's plan of care.

During interviews with the Inspector, two Personal Support Worker's (PSW) stated that the intervention was no longer required. The PT and Director of Care (DOC) confirmed that this intervention was no longer necessary and that the plan of care was not revised when the resident's care needs changed.

The resident's fall interventions and plan of care was not revised when their care needs changed. By failing to revise the resident's plan of care, the resident was at risk of not having their falls prevention care goals and needs met.

Sources: The resident's post fall assessments, progress notes, care plan, interviews with PSW's, PT, and DOC. [s. 6. (10) (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 the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the residents care needs changed, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature**

**Specifically failed to comply with the following:**

**s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:**

**1. At least two resident bedrooms in different parts of the home. O. Reg. 79/10, s. 21 (2).**

**s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:**

**2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor. O. Reg. 79/10, s. 21 (2).**

**s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the temperature was measured and documented in writing at a minimum, in at least two residents bedrooms in different parts of the home and one resident common area on every floor of the home at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The Inspector requested temperature logs of resident care areas, both the Administrator and Environmental Services Manager (ESM) acknowledged that they have not measured temperatures within the home and had not maintained temperature logs.

By not measuring and recording temperatures in at least two resident bedrooms in different parts of the home and one resident common area on every floor at required frequencies, there was risk that inappropriate temperatures may not have been identified.

Sources: Interview with the Administrator and ESM. [s. 21. (3)]



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**WN #4: 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. The licensee has failed to ensure that when a resident had fallen, a post-fall assessment was completed using a clinically appropriate assessment tool specifically designed for falls.

A resident fell on an identified date. The licensee's fall prevention policy directed registered staff to complete the post-fall assessment in Point Click Care (PCC). The Registered Nurse (RN) and Director of Care (DOC) confirmed that the post-fall assessment tool was not completed.

Sources: CIS submission, resident's electronic medical record, assessments, progress notes, Falls Prevention and Management Program policy and interviews with RN and the DOC. [s. 49. (2)]

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Issued on this 4th day of October, 2021

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

**Original report signed by the inspector.**

**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

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**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** AILEEN GRABA (682), JOBBY JAMES (694267)

**Inspection No. /**

**No de l'inspection :** 2021\_704682\_0015

**Log No. /**

**No de registre :** 005387-21, 008263-21, 012873-21

**Type of Inspection /**

**Genre d'inspection:** Critical Incident System

**Report Date(s) /**

**Date(s) du Rapport :** Oct 1, 2021

**Licensee /**

**Titulaire de permis :** Chippawa Creek Care Centre Ltd.  
c/o Bella Senior Care Residences, 8720 Willoughby  
Drive, Niagara Falls, ON, L2G-7X3

**LTC Home /**

**Foyer de SLD :** Bella Senior Care Residences  
8720 Willoughby Drive, Niagara Falls, ON, L2G-7X3

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Veronica Swartz

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To Chippawa Creek Care Centre Ltd., 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

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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

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**Order # /**

**No d'ordre :** 001

**Order Type /**

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

**Linked to Existing Order /** 2021\_704682\_0002, CO #001;  
**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

Compliance order #001 related to O. Reg. 79/10, s. 8. (1) from inspection 2021\_704682\_0002 issued on March 12, 2021, with a compliance due date of July 1, 2021, is being re-issued as follows:

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

Specifically, the licensee must:

1. Ensure that a resident has a comprehensive pain assessment for 72 hours on the day, evening shifts and on night shift when awake for the following indications:
  - ii. breakthrough pain medication is used for 3 consecutive days.

A) Perform weekly audits to ensure pain assessments are completed at the required frequency at any time a resident is administered breakthrough pain medication for three consecutive days.

B) Document the weekly audits and continue auditing until no further concerns arise with registered staff completing pain assessments according to the home's pain policy.

2. Ensure that a resident has neurological signs/ head injury routines initiated hourly for four consecutive hours and then every eight hours for 72 hours post fall or as per current policy with any unwitnessed fall or when otherwise clinically indicated.

A) Perform weekly audits to ensure neurological signs/head injury routine is completed at the required frequency at the time a resident has an unwitnessed fall.

B) Document the weekly audits and continue auditing until no further concerns arise with registered staff implementing neurological signs/head injury routine according to the home's fall prevention policy.

**Grounds / Motifs :**

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

In accordance with Ontario Regulation 79/10 s. 48 (1) 1 and in reference to O.

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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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Reg s.30 (1) 1, which states that in respect of the organized falls prevention and management program there must be a written description of the program that includes relevant policies to reduce risk and monitor outcomes.

Specifically, staff did not comply with the licensee's policy for Falls Prevention and Management and Neurological Signs/Head Injury Routine. The licensee's policy stated that when a fall is unwitnessed the home will initiate head injury routine hourly for four consecutive hours and then every eight hours for 72 hours.

A Registered Nurse (RN) completed a post fall assessment and indicated that personal support worker (PSW) staff discovered the resident on the floor. Further review of the resident's clinical record did not include hourly neurological signs for four consecutive hours.

The RN confirmed that the resident's fall was unwitnessed and that they did not initiate hourly neurological signs/head injury routine. The Director of Care (DOC) confirmed that registered staff were to initiate neurological signs/head injury routine with all unwitnessed falls.

By staff not completing neurological signs/head injury routine as required, the resident was at risk for staff missing cognitive and behavioural deficits and changes in condition related to the unwitnessed fall.

Sources: The licensee's policies; Neurological signs/head injury routine; Falls Prevention and Management program, electronic medical record (EMR), Interviews with RN and DOC [s. 8. (1)]

2. The licensee failed to ensure that where the Act and Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy was complied.

In accordance with O. Reg. 79/10, s. 48 (4) , and in reference to O. Reg. 79/10, s. 52 (1) 4 , the licensee was required to monitor residents responses to and effectiveness of pain management strategies.

Specifically, staff did not comply with the licensee's pain policy which directed

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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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registered staff to complete a pain assessment for 72 hours on the day, evening shifts and on nights only if the resident is awake for the following indications;  
a. Breakthrough pain medication is used for 3 consecutive days.

A review of a resident's electronic medication administration record (EMAR) indicated that they were administered analgesic orally for breakthrough pain management for four consecutive days on an identified date. The resident was administered analgesic orally for three consecutive days on an identified date, and subsequently for another three consecutive days on an identified date. No comprehensive pain assessment was documented when the resident had been administered breakthrough pain medication for three consecutive days or greater.

In an interview, the Associate Director of Care (ADOC) confirmed that a comprehensive pain assessment was not completed when the resident was administered breakthrough pain medication for three consecutive days or greater.

Because the resident did not receive a comprehensive pain assessment when indicated, the resident was at risk for inadequate pain management.

Sources: Electronic medical record, Pain Identification and Management policy, Interview with ADOC and other staff. [s. 8. (1)]

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

**Severity:** There was risk for harm, potential for clinical deterioration and ineffective pain management when the home did not follow their policies for head injury routine and pain management.

**Scope:** The scope was isolated because two out of six residents did not have comprehensive pain assessments and /or neurological signs/ head injury routine completed when indicated.

**Compliance History:** A compliance order (CO) is being re-issued for the licensee failing to comply with s. 8 (1) of O. Reg 79/10. This subsection was issued as a CO on March 12, 2021, during inspection #2021\_704682\_0002 with a

**Order(s) of the Inspector**

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

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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

compliance due date of July 1, 2021. In the past 36 months, two other CO's  
were issued to different sections of the legislation, all of which have been  
complied. (682)

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

Oct 21, 2021



**Order(s) of the Inspector**

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

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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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  
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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](http://www.hsarb.on.ca).

**Order(s) of the Inspector**

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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

**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<sup>e</sup> 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

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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

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](http://www.hsarb.on.ca).

**Issued on this 1st day of October, 2021**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Aileen Graba

**Service Area Office /**

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