

**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**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
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Bureau régional de services de
Sudbury
159, rue Cedar Bureau 403
SUDBURY ON P3E 6A5
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 4, 2021	2021_879621_0001	023721-20	Follow up

Licensee/Titulaire de permis

St. Joseph's Care Group
35 North Algoma Street Thunder Bay ON P7B 5G7

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

Bethammi Nursing Home
63 Carrie Street Thunder Bay ON P7A 4J2

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

JULIE KUORIKOSKI (621)

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): April 12 - 15, 2021.

**The following Compliance Order (CO), issued during inspection
#2020_768693_0025 was inspected during this Follow Up Inspection:**

**- One intake, regarding CO #001, related to s. 48 (1) of Ontario Regulation (O. Reg)
79/10.**

**During the course of the inspection, the inspector(s) spoke with the Administrator,
Director of Care (DOC), Assistant Clinical Manager, Best Practice Lead (BPL), St.
Joseph's Care Group Infection Prevention and Control (SJCG IPAC) Manager,
Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), a
Housekeeping Aide (HA), a Dietary Aide (DA), and residents.**

**The Inspector also conducted a daily tour of the resident care areas, observed
provision of care and services to the residents, and reviewed applicable resident
healthcare records and the home's supporting documentation, including the
home's required Falls Management and Infection Prevention and Control (IPAC)
program policies and procedures.**

**The following Inspection Protocols were used during this inspection:
Falls Prevention
Infection Prevention and Control**

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

2 WN(s)

0 VPC(s)

2 CO(s)

0 DR(s)

0 WAO(s)

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. 48. Required programs

Specifically failed to comply with the following:

s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

- 1. A falls prevention and management program to reduce the incidence of falls and the risk of injury. O. Reg. 79/10, s. 48 (1).**
- 2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions. O. Reg. 79/10, s. 48 (1).**
- 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable. O. Reg. 79/10, s. 48 (1).**
- 4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that an interdisciplinary falls prevention and management program to reduce the incidence of falls and the risk of injury was implemented in the home, with respect to two residents

Compliance order (CO) #001 related to Ontario Regulation (O. Reg.) 79/10, s. 48 (1) from inspection #2020_768693_0025, with a compliance due date (CDD) of January 11, 2021, is being re-issued as follows:

The licensee was ordered to be compliant with s. 48 (1) 1. of O. Reg 79/10, to ensure the falls prevention and management program was implemented in the home. One resident was documented to have had a fall, for which the home's falls program identified a "Clinical Monitoring Record" was to be completed. On review of the Clinical Monitoring Record for the identified fall, the DOC confirmed that staff had not completed the record at the required intervals, and consequently, the falls program had not been implemented with this resident's falls incident.

Additionally, the home was ordered to ensure that falls prevention interventions were implemented, at all times, as required. A second resident was documented to have sustained a fall. Falls incident documentation identified that a particular safety device was not working at the time of the fall. The home's falls program identified that for prevention of falls, strategies and interventions, as outlined on the resident's plan of care, were to be implemented. On review of resident care plan at the time of the incident, it identified that the safety device was to be in working condition at all times when the resident was engaged in particular activity. The DOC confirmed that for identified fall, the resident's care plan had not been implemented consistent with the falls program.

Sources: Review of Extendicare policy titled "Falls Management and Prevention Program – RC-15-01-01"; Two specified resident's care plans and falls documentation; and interviews with the DOC and other relevant staff members. [s. 48. (1) 1.]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

Inspection Report under
the Long-Term Care
Homes Act, 2007Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée

1. The licensee has failed to ensure that PSWs #107 and #108, participated in the implementation of the infection prevention and control (IPAC) program.

On a date in April 2021, Inspector #621 observed twice, PSW #107 enter a room, which had been identified to be on “Enhanced Additional Droplet Precautions” (EADP), to complete a specific care activity. During exit on both occasions, PSW #107 was observed to continue wearing a specific PPE item. PSW #107 confirmed to the Inspector, that they had not removed and replaced the identified PPE item on leaving the EADP room on either occasion. Signage posted on entrance to the resident’s room identified that staff were to remove this PPE item as part of doffing procedures. Later that same shift, the Inspector observed PSW #107 and #108 in another room, also on EADP, and providing care to a resident without the use of a specific form of PPE. On exit of the room PSW #107 confirmed to the Inspector that they were required to remove one type of PPE and apply another specific type, prior to entering an EADP room when in contact with the resident, and/or their environment. They also confirmed the time of the incident that neither they nor PSW #108 completed doffing/donning procedures related this this specific PPE item, prior to entering the resident’s room to provide care, as required.

The DOC reported that all staff received education on the home's IPAC policies, including the IMS COVID-19 operating policies and procedures for proper PPE donning and doffing for EADP, and that staff were expected to follow flow sheet signage provided at the entrance/exit of specified resident rooms, on how to complete the task. The DOC reported that staff were to perform complete PPE donning/doffing if entering an EADP space, including replacement of one specific form of PPE with another when donning PPE before entering the room, and removing two specific types of PPE during the doffing stage, with application of a new PPE for both items, before returning to regular duties.

Sources: Observations on one unit area, conducted on a day in April 2021; Record reviews, including three resident care plans, EADP signage for two resident rooms, and the home’s COVID-19 Operating Policies & Procedures - IMS-01-001 and IMS-03-001; as well as Interviews conducted with a PSW, the DOC, Best Practice Lead, Administrator and SJCG IPAC Manager, and other applicable staff. [s. 229. (4)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the “Order(s) of the Inspector”.

Issued on this 6th day of May, 2021

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) : JULIE KUORIKOSKI (621)

Inspection No. /

No de l'inspection : 2021_879621_0001

Log No. /

No de registre : 023721-20

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : May 4, 2021

Licensee /

Titulaire de permis : St. Joseph's Care Group
35 North Algoma Street, Thunder Bay, ON, P7B-5G7

LTC Home /

Foyer de SLD : Bethammi Nursing Home
63 Carrie Street, Thunder Bay, ON, P7A-4J2

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Randy Middleton

To St. Joseph's Care Group, 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) (a)**Linked to Existing Order /** 2020_768693_0025, CO #001;
Lien vers ordre existant:**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.
2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.
3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.
4. A pain management program to identify pain in residents and manage pain.

O. Reg. 79/10, s. 48 (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 comply with s. 48 (1) 1 of O. Reg. 79/10.

Specifically, the licensee must:

- 1) Ensure that falls prevention interventions are implemented for one specific resident at risk for falls, at all times, as required in their plan of care;
- 2) Ensure that for any resident requiring clinical monitoring of neurological vital signs after a fall, that documentation is fully completed, as per the home's falls management and prevention program; and
- 3) Implement an auditing process to ensure all resident falls care plans are implemented as specified in the plan. The home is to keep a record of audits completed, including who completed the audit, the date/time of the audit, the name of the resident, details of the falls care plan in place, any variances found, and corrective action taken.
- 4) Audits must continue until there are no further concerns with the implementation of resident falls interventions in accordance with the home's policy.

Grounds / Motifs :

1. The licensee has failed to ensure that an interdisciplinary falls prevention and management program to reduce the incidence of falls and the risk of injury was implemented in the home, with respect to two residents.

Compliance order (CO) #001 related to Ontario Regulation (O. Reg.) 79/10, s. 48 (1) from inspection #2020_768693_0025, with a compliance due date (CDD) of January 11, 2021, is being re-issued as follows:

The licensee has failed to ensure that an interdisciplinary falls prevention and management program to reduce the incidence of falls and the risk of injury was implemented in the home, with respect to two residents

Compliance order (CO) #001 related to Ontario Regulation (O. Reg.) 79/10, s. 48 (1) from inspection #2020_768693_0025, with a compliance due date (CDD) of January 11, 2021, is being re-issued as follows:

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 was ordered to be compliant with s. 48 (1) 1. of O. Reg 79/10, to ensure the falls prevention and management program was implemented in the home. One resident was documented to have had a fall, for which the home's falls program identified a "Clinical Monitoring Record" was to be completed. On review of the Clinical Monitoring Record for the identified fall, the DOC confirmed that staff had not completed the record at the required intervals, and consequently, the falls program had not been implemented with this resident's falls incident.

Additionally, the home was ordered to ensure that falls prevention interventions were implemented, at all times, as required. A second resident was documented to have sustained a fall. Falls incident documentation identified that a particular safety device was not working at the time of the fall. The home's falls program identified that for prevention of falls, strategies and interventions, as outlined on the resident's plan of care, were to be implemented. On review of resident care plan at the time of the incident, it identified that the safety device was to be in working condition at all times when the resident was engaged in particular activity. The DOC confirmed that for identified fall, the resident's care plan had not been implemented consistent with the falls program.

Sources: Review of Extendicare policy titled "Falls Management and Prevention Program – RC-15-01-01"; Two specified resident's care plans and falls documentation; and interviews with the DOC and other relevant staff members.

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

Severity: There was risk of harm to one identified resident, with the falls care plan not implemented with respect to a safety device, and an incomplete clinical monitoring record for another resident's fall, which resulted in the resident being monitored in a manner inconsistent with the home's falls prevention and management program.

Scope: The scope of this non-compliance was a pattern, as it was identified in two of the three residents reviewed during this inspection.

Compliance History: The licensee continued to be in non-compliance with s. 48

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

(1) of O. Reg. 79/10, resulting in a compliance order (CO) being re-issued. CO #001 was issued on November 24, 2020 (inspection #2020_768693_0025) with a compliance due date of January 11, 2021. (621)

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

May 25, 2021

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 : 002

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Order / Ordre :

The licensee must comply with s. 229 (4) of Ontario Regulation 79/10.

Specifically, the licensee must:

- a) Conduct daily documented infection prevention and control (IPAC) procedure audits for staff on each home unit, across all shifts;
- b) Daily audits must include, at a minimum, observation of hand hygiene and personal protective equipment (PPE) practices consistent with home's IPAC program for Enhanced Additional Droplet Precautions (EADP);
- c) The home is to keep a record of all audits completed, including who completed the audit, the date/time of the audit, the name of the staff member(s) observed, details of the IPAC practices observed, any variances found, and corrective action taken; and
- d) The audits must continue until 100% overall compliance has been achieved over seven consecutive days.

Grounds / Motifs :

1. The licensee has failed to ensure that PSWs #107 and #108, participated in the implementation of the infection prevention and control (IPAC) program.

On a date in April 2021, Inspector #621 observed twice, PSW #107 enter a room, which had been identified to be on "Enhanced Additional Droplet Precautions" (EADP), to complete a specific care activity. During exit on both occasions, PSW #107 was observed to continue wearing a specific PPE item. PSW #107 confirmed to the Inspector, that they had not removed and replaced

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 identified PPE item on leaving the EADP room on either occasion. Signage posted on entrance to the resident's room identified that staff were to remove this PPE item as part of doffing procedures. Later that same shift, the Inspector observed PSW #107 and #108 in another room, also on EADP, and providing care to a resident without the use of a specific form of PPE. On exit of the room PSW #107 confirmed to the Inspector that they were required to remove one type of PPE and apply another specific type, prior to entering an EADP room when in contact with the resident, and/or their environment. They also confirmed the time of the incident that neither they nor PSW #108 completed doffing/donning procedures related to this specific PPE item, prior to entering the resident's room to provide care, as required.

The DOC reported that all staff received education on the home's IPAC policies, including the IMS COVID-19 operating policies and procedures for proper PPE donning and doffing for EADP, and that staff were expected to follow flow sheet signage provided at the entrance/exit of specified resident rooms, on how to complete the task. The DOC reported that staff were to perform complete PPE donning/doffing if entering an EADP space, including replacement of one specific form of PPE with another when donning PPE before entering the room, and removing two specific types of PPE during the doffing stage, with application of a new PPE for both items, before returning to regular duties.

Sources: Observations on one unit area, conducted on a day in April 2021; Record reviews, including three resident care plans, EADP signage for two resident rooms, and the home's COVID-19 Operating Policies & Procedures - IMS-01-001 and IMS-03-001; as well as Interviews conducted with a PSW, the DOC, Best Practice Lead, Administrator and SJCG IPAC Manager, and other applicable staff.

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

Severity: There was actual risk, with two PSWs not following required PPE donning and doffing for contact with residents and entry into resident rooms that were designated EADP, as per home's IPAC policies and procedures for COVID-19.

Scope: The scope of this non-compliance was a pattern, as it identified that two

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

out of three PSW's were not following required PPE donning/doffing procedures for EADP.

Compliance History: The licensee had previous non-compliance in a different subsection of the legislation over the previous 36 months. (621)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

May 25, 2021

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
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, 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
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.

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

**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
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
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
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
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 4th day of May, 2021

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Julie Kuorikoski

Service Area Office /

Bureau régional de services : Sudbury Service Area Office