

**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**

Central West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
Telephone: (888) 432-7901
Facsimile: (519) 885-2015

Bureau régional de services de Centre
Ouest
1e étage, 609 rue Kumpf
WATERLOO ON N2V 1K8
Téléphone: (888) 432-7901
Télécopieur: (519) 885-2015

Amended Public Copy/Copie modifiée 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
Feb 02, 2021	2021_781729_0004 (A1)	000714-21	Critical Incident System

Licensee/Titulaire de permis

Caessant-Care Nursing and Retirement Homes Limited
264 Norwich Avenue Woodstock ON N4S 3V9

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

Caessant Care Listowel Nursing Home
710 Reserve Avenue South Listowel ON N4W 2L1

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

Amended by KIM BYBERG (729) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

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durée**

This licensee inspection report has been revised to reflect an extension to compliance due date requested by the licensee and approved . The Critical Incident System inspection #2021_781729_0004 was completed on January 15, 2021.

A copy of the revised report is attached.

Issued on this 2 nd day of February, 2021 (A1)

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

Original report signed by the inspector.

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Caessant Care Listowel Nursing Home
710 Reserve Avenue South Listowel ON N4W 2L1

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

Amended by KIM BYBERG (729) - (A1)

Amended 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): January 15, 2021.

The following intake was completed during this critical incident inspection:

Log #000714-21, related to a COVID-19 outbreak.

During the course of the inspection, the inspector(s) spoke with the Administrator, Registered Practical Nurses (RPN), Personal Support Workers (PSW), Housekeeping staff and Wingham/Listowel Hospital Consultant.

During this inspection, the inspector toured the home and observed resident care areas and common areas of the home, observed infection prevention and control practices (IPAC), cleanliness and safety condition of the home and reviewed directives and best practices related to infection prevention and control practices (IPAC).

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Safe and Secure Home**

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

**1 WN(s)
0 VPC(s)
1 CO(s)
1 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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that a safe and secure environment was

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provided for its residents, specifically related to the home's implementation of their infection prevention and control program.

On March 17, 2020, the Premier of Ontario and Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil Protection Act.

On March 22 and 30, 2020, Directive #3 was issued and revised on December 7, 2020, to all Long-Term Care Homes (LTC Homes) under the Long-Term Care Homes Act (LTCHA), 2007, under section 77.7 of the Health Protection and Promotion Act (HPPA) R.S.O. 1990, c H.7. by the Chief Medical Officer of Health (CMOH) of Ontario. The CMOH advised that residents of LTC Homes were at immediate and increased risk of COVID-19 and an urgent requirement was made for all LTC Homes to implement measures to protect all residents and staff.

A Critical Incident (CI) report was submitted to the Ministry of Long-Term Care after Huron-Perth Public Health declared a COVID-19 outbreak at the home with staff and resident confirmed cases. Four days after the outbreak was declared there were 18 confirmed resident cases by day eight the number of resident cases rose to forty out of the forty five residents living in the home.

Despite directives, guidance documents and recommendations provided to the home since the Emergency Management and Civil Protection Act on March 17, 2020, the information gathered during the course of this inspection showed:

1. On-going personal protective equipment (PPE) breaches by staff during multiple observations that included:
 - staff not being aware of which type of PPE to be worn,
 - staff not changing PPE or performing hand hygiene after providing care to residents,
 - staff wearing contaminated PPE in the hallway and at nursing station,
 - staff not removing soiled gloves, instead performing hand hygiene with gloves on,
 - staff wearing PPE in their break rooms.
2. Signage indicating which PPE precautions staff were to take was not consistent.
3. PPE was not readily available to staff when applying or removing PPE.

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4. Appropriate methods/containers were not readily available for discarding PPE.
5. Dirty linen carts and garbage was stored directly beside clean linen, PPE carts and food carts in the hallways.
6. PPE carts outside of residents' rooms did not contain disinfectant wipes for staff to clean goggles or face shields after use.
7. Alcohol-Based Hand Rub (ABHR) was not available at all point-of-care areas.
8. Staff were not cohorted, resulting in staff having to provide care to both COVID-19 positive residents and COVID-19 negative residents.
9. Housekeeping staff were not following best practice guidelines for environmental cleaning.
10. Inadequate staff training for housekeeping staff in relation to the use of disinfectant equipment, chemical dilution and the arrival and use of new chemicals for disinfection.
11. Staff change rooms were cluttered and did not allow for safe distancing.
12. Hallways were cluttered and fire exit doors were blocked making passage difficult in an emergency situation.

Significant gaps in the implementation of the home's infection prevention and control program during the COVID-19 outbreak increased the risk of exposure and transmission of the virus to residents and staff throughout the home.

Sources: Observations, interviews with Administrator, Hospital Consultants, PSWs, and Housekeeping staff, Minister's Directive #3, issued on December 7, 2020, MOHLTC - Control of Respiratory Infection Outbreaks in Long-Term Care Homes 2018, PHO-PIDAC "Best Practices for hand hygiene in all Health Care settings, 4th edition, 2014, PHO-Routine Practices and Additional Precautions in All Health Care Settings, 3rd edition, November 2012. [s. 5.]

Additional Required Actions:

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

**(A1)
The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été
modifiés: CO# 001**

***DR # 001 – The above written notification is also being referred to the Director
for further action by the Director.***

Issued on this 2 nd day of February, 2021 (A1)

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

Amended Public Copy/Copie modifiée du rapport public

**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by KIM BYBERG (729) - (A1)

**Inspection No. /
No de l'inspection :** 2021_781729_0004 (A1)

**Appeal/Dir# /
Appel/Dir#:**

**Log No. /
No de registre :** 000714-21 (A1)

**Type of Inspection /
Genre d'inspection :** Critical Incident System

**Report Date(s) /
Date(s) du Rapport :** Feb 02, 2021(A1)

**Licensee /
Titulaire de permis :** Caressant-Care Nursing and Retirement Homes
Limited
264 Norwich Avenue, Woodstock, ON, N4S-3V9

**LTC Home /
Foyer de SLD :** Caressant Care Listowel Nursing Home
710 Reserve Avenue South, Listowel, ON,
N4W-2L1

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Lenora Belle

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

To Caressant-Care Nursing and Retirement Homes Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

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

Order # /

No d'ordre: 001

Order Type /

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Order / Ordre :

The licensee must be compliant with s. 5 of LTCHA

Specifically, the licensee must ensure that:

A) All staff appropriately use personal protective equipment (PPE) in accordance with the current best practices and Public Health guidelines.

B) Audits of PPE usage by staff in the home are conducted, documented and include at a minimum the date, person responsible, location, results and actions taken in response. The audits should continue for as long as PPE usage is included in Directive #3 and for the duration of the COVID-19 pandemic.

C) Appoint a lead for the development and implementation of the home's IPAC plan. The lead should have extensive knowledge in current best practices related to infection prevention and control.

D) An IPAC plan is developed and includes a detailed process for staff and resident cohorting that is in accordance with best practice guidelines. This should include:

- isolation procedures for both symptomatic and asymptomatic residents;
- residents awaiting testing results;
- residents that have recovered and still require isolation;
- strategies for wandering residents;
- a staffing contingency plan to ensure the same staff are not caring for both

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COVID-19 positive and negative residents. The plan must be documented, daily audits should be conducted, and the plan re-evaluated as resident status changes.

F) Hand Hygiene audits are conducted and documented and include at minimum the date, person being audited, person responsible, location, results and actions taken in response to the audit. The audits should be completed daily, on all shifts, on all home areas until compliance is achieved. The frequency of hand hygiene audits should decrease once compliance is achieved to monthly or in accordance with best practice guidelines.

G) The staff change rooms are reorganized to facilitate social distancing and provide donning and doffing stations of PPE.

H) A facility wide environmental assessment is conducted to ensure:

- proper signage of contact precautions is clear and legible,
- donning/doffing stations specific to individual resident rooms, break rooms and staff change rooms. This should include a covered garbage and a covered bin to discard soiled linen,
- adequate supply of PPE on infection control carts including supplies to disinfect equipment,
- adequate supply of hand sanitizer at point of care areas are accessible to both staff and residents,
- Remove all items in all hallways that are not required for resident care and ensure all hallways are free of clutter and have a clear path to emergency exits.

Audits of the home environment must be completed and documented including at a minimum the date, person responsible, location, results and actions taken in response. These audits are to be completed ongoing as the home's IPAC strategy.

I) Education to all housekeeping and environmental staff on proper cleaning and disinfecting as per guidelines outlined in the Provincial Infectious Disease Advisory Committee (PIDAC) Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition, April 2018. A record of the education and an evaluation of the understanding of the education provided must be documented and kept in

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the home.

Grounds / Motifs :

1. The licensee has failed to ensure that a safe and secure environment was provided for its residents, specifically related to the home's implementation of their infection prevention and control program.

On March 17, 2020, the Premier of Ontario and Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil Protection Act.

On March 22 and 30, 2020, Directive #3 was issued and revised on December 7, 2020, to all Long-Term Care Homes (LTC Homes) under the Long-Term Care Homes Act (LTCHA), 2007, under section 77.7 of the Health Protection and Promotion Act (HPPA) R.S.O. 1990, c H.7. by the Chief Medical Officer of Health (CMOH) of Ontario. The CMOH advised that residents of LTC Homes were at immediate and increased risk of COVID-19 and an urgent requirement was made for all LTC Homes to implement measures to protect all residents and staff.

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Significant gaps in the implementation of the home's infection prevention and control program during the COVID-19 outbreak increased the risk of exposure and transmission of the virus to residents and staff throughout the home.

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2007, chap. 8

edition, 2014, PHO-Routine Practices and Additional Precautions in All Health Care
Settings, 3rd edition, November 2012.

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

Severity: The licensee not ensuring that infection control practices prior to and during
the COVID-19 outbreak were followed posed actual risk of harm to residents and
may have contributed to the transmission of infection within the home. There is
ongoing immediate risk to all residents residing in the home as a result of breaches
in infection control practices.

Scope: This non-compliance was widespread as multiple breaches in infection
control practices impacted two out of two resident home areas and forty out of forty-
five residents.

Compliance History: sixteen written notifications (WN), eleven voluntary plans of
correction (VPCs) and one compliance orders (CO), of which has been complied,
were issued to the home related to different sections of the legislation in the past 36
months.

(729)

This order must be complied with by /

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

Feb 12, 2021(A1)

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

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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

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

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

Ordre(s) de l'inspecteur

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

Health 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

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section 154 of the *Long-Term
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2007, c. 8

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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, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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

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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
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 2 nd day of February, 2021 (A1)

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

Amended by KIM BYBERG (729) - (A1)

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

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

Central West Service Area Office