



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

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

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

Ottawa Service Area Office
347 Preston St 4th Floor
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Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 10, 2015	2015_365194_0007	O-001748-15	Resident Quality Inspection

Licensee/Titulaire de permis

CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED
264 NORWICH AVENUE WOODSTOCK ON N4S 3V9

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

CARESSANT CARE ON MCLAUGHLIN ROAD
114 McLaughlin Road LINDSAY ON K9V 6L1

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

CHANTAL LAFRENIERE (194), CAROLINE TOMPKINS (166), MARIA FRANCIS-ALLEN (552), SAMI JAROUR (570)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): March 23, 24, 25, 26, 27, 30, 31, April 01, and 02, 2015

Concurrently inspected during the Resident Quality Inspection:

Follow up Inspection Log # O-001445-14, two complaints Logs #O-001570-15 and O-001677-15, three Critical Incidents Logs # O-000818-13, #O-001360-14 and #O-001682-15

During the course of the inspection, the inspector(s) spoke with Residents, Families, Administrator, Director of Care (DOC), Resident Care Co-ordinator (RCC), RAI Co-ordinator, Environmental Service Manager (ESM), Food Service Manager (FSM), Occupational Therapist (OT), Physio Therapist (PT), Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Worker (PSW), Ward Clerk,

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing**



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

**4 WN(s)
2 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. 8. (3)	CO #001	2014_365194_0024		194

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>Legendé</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. 31. Nursing and personal support services



Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this

Regulation; O. Reg. 79/10, s. 31 (3).

(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that the staffing mix is consistent with the resident's assessed care and safety needs, related to bathing.

An order for s. 31(3) was issued December 17, 2014 with a compliance date of February 5, 2014 under inspection # 2014_365194_0024

Review of clinical health records for Residents #1, 5, 15, 39 and 41 identified in the previous report as not receiving two baths a week was completed by inspector.

- Residents # 1, #5, #15 and #41 had received all baths as scheduled.
- Resident #39 did not receive a scheduled bath the week March 12, 2015.

The DOC provided a list to inspector #194 identifying 14 additional Residents that had not been provided their scheduled two baths per week, as indicated on the bathing schedules for the period of February 5, to March 22, 2015. The DOC stated that the baths had not been completed related to PSW staffing shortages in the home.

The DOC and Inspector #194 reviewed the PSW schedules for the Period of Feb 5, 2015 to March 22, 2015. Eight days were identified where 14 Residents were not provided their two baths a week. The DOC confirmed that on March 11, 12, 19 and 21, 2015, that PSW shifts were not filled. The remaining four shifts identified were fully staffed. The DOC confirmed that the back up plan for completing missed baths is; having the following shift complete the baths if able and providing extra PSW staffing the next day to complete the missed baths. The DOC has stated that a vacant PSW line has now been filled and has come into effect on March 21, 2015, stating that one 25 hour PSW weekend line remains unfilled but hopes it will be filled soon.

The management at the home has increased the staffing hours for the bath shift and the PSW shifts on weekends. A monitoring system has been implemented to identify residents who have not been provided their scheduled baths. The bathing practice in the home has improved but residents are still not being provided their scheduled baths related to staffing availability on the units. [s. 31. (3)]

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. 9. Doors in a home
Specifically failed to comply with the following:**

**s. 9. (1) Every licensee of a long-term care home shall ensure that the following
rules are complied with:**

**1. All doors leading to stairways and the outside of the home other than doors
leading to secure outside areas that preclude exit by a resident, including
balconies and terraces, or doors that residents do not have access to must be,**
i. kept closed and locked,
ii. equipped with a door access control system that is kept on at all times, and
iii. equipped with an audible door alarm that allows calls to be cancelled only at
the point of activation and,

**A. is connected to the resident-staff communication and response system, or
B. is connected to an audio visual enunciator that is connected to the nurses'
station nearest to the door and has a manual reset switch at each door. O. Reg.
79/10, s. 9. (1).**

**2. All doors leading to non-residential areas must be equipped with locks to
restrict unsupervised access to those areas by residents, and those doors must
be kept closed and locked when they are not being supervised by staff. O. Reg.
79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed
and maintained so they can be readily released from the outside in an emergency.**

**4. All alarms for doors leading to the outside must be connected to a back-up
power supply, unless the home is not served by a generator, in which case the
staff of the home shall monitor the doors leading to the outside in accordance with
the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg.
363/11, s. 1 (1, 2).**

Findings/Faits saillants :

1. The licensee failed to ensure that all doors leading to the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be, kept closed and locked.

On March 23, 2015 @ 10:10 hours during the initial tour for the Resident Quality Inspection, Inspector #166 noted a door leading to the outdoors in a resident activity room, unlocked.

On the main floor of the building, the activity room #43 with the pool table available for residents was noted to have a door that was unlocked and accessible to the outdoors.

During an interview the Environmental Services Manager (ESM) indicated that the door was equipped with an audible alarm system. ESM has indicated that the door cannot be locked, and once outside, it would be locked and access back into the home would not be possible. Interim measures were put into place by the home for the period of March 23, 2015 to March 27, 2015 to ensure resident safety related to the door. The activity room in question was locked to ensure resident safety, monitoring by inspectors during this period was completed and activity room remained locked.

On March 27, 2015 the identified door was repaired and a locking mechanism was put into place to ensure the residents safety. [s. 9. (1)]

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 by ensure that all doors leading to the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be, kept closed and locked., to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device



Specifically failed to comply with the following:

s. 110. (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

6. All assessment, reassessment and monitoring, including the resident's response. O. Reg. 79/10, s. 110 (7).

Findings/Faits saillants :

1. This area of non compliance was issued as a Written Notification/Voluntary Plan of Correction on December 17, 2014 under Resident Quality Inspection # 2014_365194_0024

The licensee has failed to ensure that the documentation of seat belt restraint for Resident #24 included all assessment, reassessment, monitoring, and the resident's responses.

On an identified date Resident #24 was observed sitting in wheelchair with front side release buckle seat belt in place. The resident was unable to remove seat belt when asked by inspector.

Review of clinical records for Resident #24 indicated the resident continues to have a seat belt restraint applied when up in wheelchair for safety.

Interview of PSWs #112 and #120 indicated that the application, removal, monitoring, and repositioning of resident restraints is completed electronically on Point of Care (POC) under restraints every 2 hours. PSW #112 indicated no hourly checks are done and the documentation is completed at the end of the shift and sometimes the documentation on POC is not completed for the whole shift.

The current plan of care for Resident #24 directs staff to:

- apply seat belt restraint when in wheelchair
- Remove/readjust q1hr.
- Complete documentation as per the home's policy and procedure.
- Monitor skin q2h and reposition the resident when restraint is applied to prevent breakdown.



Review of the POC documentation for an identified month for Resident #24 indicated there are three review questions to be completed related to the use of restraint:
Question #1-Is the restraint in use? (Responses: yes, no, resident not available, resident refused, not applicable);
Question#2-q1hr safety check and/or q2h repositioning completed? (Responses: yes, no, resident not available, resident refused, not applicable);
Question #3 -Resident response? (Responses: calm, agitated, sleeping, not available, refused, not applicable).
The documented times in POC for Resident #24, ranged from hourly to every eight hours with no indication whether the time selected was for "monitoring" the resident or for "repositioning" the resident. The Documented times in POC for Resident # 24 related to the response to restraint, ranged from hourly to every eight hours indicating the resident was calm or sleeping.

On an identified date Resident #24 was observed sitting in tilt wheelchair in TV lounge. The resident was tilted about 10 degrees with seat belt in place and buckled; the resident was sitting upright and was not sliding from the chair.

Interview of the DOC confirmed that the documentation related to monitoring of restraint for Resident #24 was not being documented hourly as required. The DOC was unable to identify whether the documentation on POC for Resident #24 was indicating that the Resident was being monitored or repositioned. [s. 110. (7) 6.]

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 by ensuring ensure that the documentation of seat belt restraint for all residents included all assessment, reassessment, monitoring, and the resident's responses, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 13. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy. O. Reg. 79/10, s. 13.



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Findings/Faits saillants :

1. The licensee has failed to ensure that each resident room which is occupied by more than one resident has sufficient privacy curtains to provide privacy.

The privacy curtains in a resident room did not provide full privacy to either resident occupying the room .

There was no privacy curtain around the foot and window side of Resident #29's bed. The privacy curtain for Resident #43 did not close fully around the resident's bed leaving a gap of approximately 6 feet at the head of the resident's bed on the entrance side of the residents' room. [s. 13.]

Issued on this 10th day of April, 2015

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

Original report signed by the inspector.



**Ministry of Health and
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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 System Accountability and Performance Division
Performance Improvement and Compliance Branch**

**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : CHANTAL LAFRENIERE (194), CAROLINE TOMPKINS (166), MARIA FRANCIS-ALLEN (552), SAMI JAROUR (570)

Inspection No. /

No de l'inspection : 2015_365194_0007

Log No. /

Registre no: O-001748-15

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Apr 10, 2015

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 ON MCLAUGHLIN ROAD
114 McLaughlin Road, LINDSAY, ON, K9V-6L1

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Paul Ludgate



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

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

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

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

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 # /

Ordre no : 001

Order Type /

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

Linked to Existing Order /

Lien vers ordre existant: 2014_365194_0024, CO #002;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 31. (3) The staffing plan must,
(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;
(b) set out the organization and scheduling of staff shifts;
(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;
(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and
(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
O. Reg. 79/10, s. 31 (3).

Order / Ordre :

The licensee shall ensure that the Personal Support Worker (PSW) staffing mix is consistent with resident's assessed care needs related to bathing. Residents in the home will be provided two baths a week.

Grounds / Motifs :



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*

1. An order for s. 31(3) was issued December 17, 2014 with a compliance date of February 5, 2014 under inspection # 2014_365194_0024

Review of clinical health records for Residents #1, 5, 15, 39 and 41 identified in the previous report as not receiving two baths a week was completed by inspector.

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The DOC and Inspector #194 reviewed the PSW schedules for the Period of Feb 5, 2015 to March 22, 2015. Eight days were identified where 14 Residents were not provided their two baths a week. The DOC confirmed that on March 11, 12, 19 and 21, 2015, that PSW shifts were not filled. The remaining four shifts identified were fully staffed. The DOC confirmed that the back up plan for completing missed baths is; having the following shift complete the baths if able and providing extra PSW staffing the next day to complete the missed baths. The DOC has stated that a vacant PSW line has now been filled and has come into effect on March 21, 2015, stating that one 25 hour PSW weekend line remains unfilled but hopes it will be filled soon.

The management at the home has increased the staffing hours for the bath shift and the PSW shifts on weekends. A monitoring system has been implemented to identify residents who have not been provided their scheduled baths. The bathing practice in the home has improved but residents are still not being provided their scheduled baths related to staffing availability on the units. (194)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 30, 2015



**Ministry of Health and
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Order(s) of the Inspector

Pursuant to section 153 and/or
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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

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



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

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

Health Services Appeal and Review Board and the Director

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

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

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



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 10th day of April, 2015

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Chantal Lafreniere

Service Area Office /

Bureau régional de services : Ottawa Service Area Office