Ontario

**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**

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## Public Copy/Copie du public

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Aug 25, 2014 | 2014_288549_0033 | O-000752-14 | Resident Quality Inspection |

**Licensee/Titulaire de permis**

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

CARLINGVIEW MANOR
2330 CARLING AVENUE, OTTAWA, ON, K2B-7H1

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

RENA BOWEN (549), KATHLEEN SMID (161), LINDA HARKINS (126), LISA KLUKE (547), MELANIE SARRAZIN (592)

**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): August 12, 13,14,15, 18, 19, 20, 21, 2014**

**Critical Incident inspection log #O-000252-14,O-000271-14, O-000349-14,O-000444-14,O-000534-14,O-000539-14,O-000706-14 and O-000795-14 were conducted at the same time as the Resident Quality Inspection.**

**During the course of the inspection, the inspector(s) spoke with several residents and family members, the Executive Director, the Assistant Executive Director, Clinical Care Managers, several Registered Nurse (RNs),several Registered Practical Nurses (RPNs), several Personal Support Workers (PSWs),several Housekeeping Aides, several Dietary Aides, a Registered Dietician, the Administrative Assistant, several Recreation Aides, the Environmental Manager, a Physio Therapist , the Food Services Manager and the Presidents of the Family and Resident Councils.**

**During the course of the inspection, the inspector(s) conducted a tour of the resident care areas, observed care provided to residents, observed the lunch meal service on Aug 12 and the breakfast meal service on Aug. 18, 2014, observed resident medication administration, reviewed resident health care records, the Family Council and Resident Council meeting minutes, several of the Licensee's policy and procedures.**

**The following Inspection Protocols were used during this inspection:**

**Accommodation Services - Housekeeping**
**Continence Care and Bowel Management**
**Critical Incident Response**
**Dignity, Choice and Privacy**
**Dining Observation**
**Falls Prevention**
**Family Council**
**Infection Prevention and Control**
**Medication**
**Minimizing of Restraining**
**Personal Support Services**
**Prevention of Abuse, Neglect and Retaliation**
**Recreation and Social Activities**
**Residents' Council**
**Responsive Behaviours**
**Skin and Wound Care**
**Sufficient Staffing**

**Findings of Non-Compliance were found during this inspection.**

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|---|
| Legend<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Legendé<br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>WAO – Ordres : travaux et activités |
| 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.)<br><br>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. | 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.<br><br>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD. |

**WN #1: 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. (10) The licensee shall ensure that the following immunization and screening measures are in place:**
**3. Residents must be offered immunizations against pneumoccocus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. O. Reg. 79/10, s. 229 (10).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that residents are offered immunization against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.

On August 12, 2014 the Assistant Executive Director identified the home's Infection Control Practitioner (IPC) as being Clinical Manager S#120. On August 19, 2014 IPC S#120 stated to Inspector #549 that a record of Resident's immunizations are located in the home's electronic documentation system under the immunization tab.

On August 19, 2014 Inspector #549 reviewed 10 resident electronic immunization records for documentation of pneumococcus; tetanus and diphtheria immunization. There was no documentation of pneumococcus, tetanus or diphtheria found in 10/10 Resident electronic health records.

On Aug. 19, 2014 the IPC S#120 stated to Inspector #549 that the home does not offer pneumococcus, tetanus and diphtheria to residents. The IPC S#120 also stated the home does not have pneumococcus vaccine on site for the residents as she had not picked up the vaccine from Ottawa Public Health Unit.

The licensee has a history of non-compliance with O. Reg. 79/10 s. 229. (10) 3 related to not offering immunization against pneumococcus, tetanus and diphtheria. A Voluntary Plan of Correction was issues on May 9, 2013 as a result of a Resident Quality Inspection: 2013_199161_0013. [s. 229. (10) 3.]

***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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

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**Findings/Faits saillants :**

1. The licensee has failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Resident #012 requires total assistance for all Activities of Daily Living, total assistance for bed mobility with two staff. A slider sheet is used for repositioning. Resident # 012 has an area where the skin has broken down.

The current written plan of care in Point Click Care(PCC) and the Kardex in the Point of Care (POC) for Resident #012 related to interventions for the area of skin breakdown states "initiate turning schedule, every 2 hours and assist in repositioning as applicable during the day and evening shift and PRN for the night shift.

On Aug. 15, 2014 during an interview with RPN S#114 it was indicated to Inspector #549 that the intervention in the current written plan of care "initiate turning schedule, every 2 hours" means repositioning the resident every 2 hours. The Clinical Manager S#113 confirmed the "initiate turning schedule every 2 hours" means repositioning the resident every 2 hours.

RPN S#114 indicated to Inspector #549 that staff get Resident #012 up in a wheelchair for breakfast at 7:30 am , toilet the resident once between breakfast and lunch then put the resident to bed after lunch until the evening meal. RPN S#114 stated to Inspector #549 the resident was up in a wheelchair during the day shift on average for 5 hours a day. RPN S#114 could not confirm if Resident #012 is repositioned every 2 hours after the resident is put in bed.

RPN#114 stated the documentation for repositioning would be in the POC for the PSW's to sign off.

PSW S#117 stated to Inspector #549 during an interview that the PSW gets Resident #012 up for breakfast , toilets the resident at approximately 11:00 am and then puts the resident back to bed after lunch. PSW S#117 stated the resident is not reposition every two hours when in a wheelchair or when in bed. PSW S#117 also stated to Inspector #549 there is no area for documentation on the POC for repositioning of resident.

Inspector #549 observed on Aug. 15, 2014 that Resident #012 was in the dining room for breakfast at 8:00am sitting in a wheelchair. At 11:00am Resident #012 was assisted by PSW S#117 from the dining room for toileting and then the resident was

returned to the dining room at 11:20am to wait for lunch. Lunch was served at 12:10 pm. The resident was taken from the dining room at 1: 00 pm to be toileted and assisted to bed by PSW S#117.

Resident #012 had been sitting in a wheelchair for a period of five and half hours during the day shift on Aug. 15, 2014 without being repositioned. [s. 6. (7)]

2. On August 12, 2014 Inspector #592 observed the lunch service for Resident #022.

Resident #022 required honey thick consistency for all fluids as indicated in the residents care plan.

PSW S#100 added the home's thickening agent to the resident's water and Inspector #592 noted that the fluid remained regular consistency when the water was stirred with a spoon.

Inspector #592 asked RN S#124 to assess if the resident's water consistency was actually honey thickened. RN S#124 indicated that it was not the correct consistency and asked PSW S#100 to re-adjust the water consistency to make it honey thick as per the care plan for resident safety.

On August 18, 2014 Inspector #547 interviewed PSW S#130 and PSW S#110 regarding Resident #019 fluid consistency requirements during the lunch service.

PSW S#110 indicated that fluids are to be honey thickened using the Thicken-Up product. Inspector #547 noted the fluid consistency provided to the resident by the PSW's is not the honey consistency as indicated in the resident's care plan. PSW S#130 and PSW S#110 indicated to Inspector #547 they thicken the fluids to a consistency the resident prefers.

During the same lunch service, Inspector #547 interviewed RPN S#121 who provided a nutritional supplement to Resident #019; RPN S#121 indicated that the resident's care plan stated fluids are to be thickened to honey consistency. RPN S#121 stated the resident is able to decide the fluid consistency when alert.

Inspector #547 reviewed the resident's care plan with RPN S#102 who indicated the resident's care plan states that all fluids are to be thickened to honey consistency.

RPN S#102 also reviewed the notes from the Dietician in the resident's health care file, and it does not indicate that the resident can request to alter the consistency of fluids.

RPN S#102 observed the resident's fluid consistency offered at this lunch service and stated to Inspector #547 that the water was not honey consistency, and that the supplement was not thickened at all and that she would ask staff to adjust the consistency immediately. RPN S#102 indicated that staff should be following the care plan interventions related to thickened fluids as stated by the Dietician.

On August 19, 2014 Inspector #547 interviewed Resident #019 regarding the fluid consistency indicated in his/her written care plan. Resident #019 indicated his/her water was thickened today, but his/her supplement and coffee were not. Resident #019 indicated that his/her supplement makes him/her cough if not thickened, so he/she will not drink it. Resident #019 is aware that there is Thicken-Up available in the kitchen, and that he/she can ask staff to add it however the resident indicated to Inspector #547 that he/she does not want to bother staff and indicated that he/she would just drink the water today as it was thickened properly.

On August 19, 2014 Inspector #547 interviewed the home's Dietician who indicated residents require the consistency of fluid as indicated in the care plan, and staff or residents should not alter the consistency until this is reviewed with a new swallowing assessment for the resident's safety. [s. 6. (7)]

***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 care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents**

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

**s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):**
**4. An injury in respect of which a person is taken to hospital. O. Reg. 79/10, s. 107 (3).**

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**Findings/Faits saillants :**

1. The licensee has failed to ensure that the Director be informed no later than one business day of an occurrence of an incident that caused an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident’s health condition.

On a specific date  Resident #16 had a witnessed fall landing on the left side of his/her body. An assessment was completed by the registered staff, the assessment indicated the resident was alert, range of motion was noted for limbs, there was no discrepancies noted in his/her legs, no bruising noted.

The next day care staff was not able to provide personal care for Resident #16 as the resident was screaming and holding his/her left hip.

The Resident #16 was transferred to hospital to rule out possible injury. The unit RPN contacted the hospital a day after the transfer and confirmed Resident #16 had sustained an injury

Resident #16 had an incident that caused an injury for which the resident was taken to hospital and resulted in a significant change in the resident’s health condition on a specific date; the Director was notified of the resident’s change in condition more than one business day after the occurrence of the incident.

Resident #26 had an unwitnessed fall on a specific date. The resident sustained an injury. Resident #26 was transferred to hospital for assessment. The homes unit RPN contacted the hospital the day after the transfer and was informed that the resident was admitted and was now palliative.

Resident #26 had an incident that caused an injury for which the resident was taken to hospital and resulted in a significant change in the resident's health condition on a specific date; the Director was notified of the resident's change in condition more than one business day after the occurrence of the incident. [s. 107. (3) 4.]

***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 Director be informed no later than one business day after an occurrence of an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 32. Every licensee of a long-term care home shall ensure that each resident of the home receives individualized personal care, including hygiene care and grooming, on a daily basis. O. Reg. 79/10, s. 32.**

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**Findings/Faits saillants :**

1. The licensee has failed to ensure that appropriate grooming such as shaving of male and female facial hair and cutting of finger nails occurs.

Resident # 005 was interviewed by Inspector #126 the morning of Wednesday August 14, 2014. It was observed that resident #005 had a few white facial hairs on his/her chin and that his/her finger nails were long and unclean with dark matter under the nails.

The morning of Monday August 18, 2014, Inspector #126 observed resident #005 sitting in the dining room. It was noted that resident #005 still had not received the appropriate grooming.[s. 32.]

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 37. Personal items and personal aids**

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

**s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,**
**(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and O. Reg. 79/10, s. 37 (1).**
**(b) cleaned as required. O. Reg. 79/10, s. 37 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that each resident of the home has his or her personal items, including glasses labelled within 48 hours of admission and acquiring, in the case of new items.

On August 18, 2014 Inspector #547 noted the fourth floor PSW bath cart had a used unlabelled deodorant stick with no cap and an unlabelled nail clipper inside a plastic blue box on the top of the bath cart.

Inspector #547 in the company of the Clinical Manager S#111 observed the shower room on the fifth floor, and it was noted in the plastic bin inside this room next to the door had an unlabelled deodorant stick, an unlabelled hair brush with visible hair in it, and an unlabelled used toothbrush.

Inspector #547 and the Clinical Manager S#111 observed in the shared bathrooms for rooms #526 and #528 several personal care items such as; unlabelled razors that were visibly used and unlabelled toothbrushes. The Clinical Manager S#111 indicated to Inspector #547 that all these items were not labelled or stored properly for the residents. The home's expectation is that all staff are responsible to label personal care items with a black sharpie. [s. 37. (1) (a)]

**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal**

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

**s. 136. (3) The drugs must be destroyed by a team acting together and composed of,**
**(b) in every other case,**
**(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and**
**(ii) one other staff member appointed by the Director of Nursing and Personal Care. O. Reg. 79/10, s. 136 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that drugs be destroyed by a team acting together and composed of, when the drug is not a controlled substance, one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and one other staff member appointed by the Director of Nursing and Personal Care. For the purposes of this section a drug is considered to be destroyed when it is altered or denatured to such an extent that its consumption is rendered impossible or improbable.

On August 19, 2014 a discussion was held with the Administrative Assistant S#119 who indicated to inspector #161 that all drugs that are to be destroyed and disposed of, other than narcotics, are kept in the sharps containers located in each unit's locked medication room. Once a week, a registered staff member brings the used sharps containers to the locked Sharps Disposal Room located in the basement of the home. These containers are picked up on a monthly basis by Daniels Sharpsmart Canada Limited who picks up the red sharps container and returns it to the pharmacy for destruction.

On August 19, 2014 Clinical Manager S#120 verified that that drugs are not destroyed by a team acting together and composed of, when the drug is not a controlled substance, one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and one other staff member appointed by the Director of Nursing and Personal Care. [s. 136. (3) (b)]

**Issued on this 25th day of August, 2014**

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

Ontario

**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

**Ministére 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

**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) :** | RENA BOWEN (549), KATHLEEN SMID (161), LINDA HARKINS (126), LISA KLUKE (547), MELANIE SARRAZIN (592) |
| **Inspection No. / No de l'inspection :** | 2014_288549_0033 |
| **Log No. / Registre no:** | O-000752-14 |
| **Type of Inspection / Genre d'inspection:** | Resident Quality Inspection |
| **Report Date(s) / Date(s) du Rapport :** | Aug 25, 2014 |
| **Licensee / Titulaire de permis :** | REVERA LONG TERM CARE INC.<br>55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2 |
| **LTC Home / Foyer de SLD :** | CARLINGVIEW MANOR<br>2330 CARLING AVENUE, OTTAWA, ON, K2B-7H1 |
| **Name of Administrator / Nom de l'administratrice ou de l'administrateur :** | CATHY DROUIN |

To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

**Order # / Ordre no :** 001

**Order Type / Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.
2. Residents must be offered immunization against influenza at the appropriate time each year.
3. Residents must be offered immunizations against pneumoccocus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.
4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

O. Reg. 79/10, s. 229 (10).

**Order / Ordre :**

The licensee shall prepare, submit and implement a plan for achieving compliance to ensure that there is a process in place to ensure residents are offered immunization against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.

The plan shall be submitted in writing by September 12, 2014 to Inspector Rena Bowen,
Ministry of Health and Long Term Care, by email to Rena.Bowen@ontario.ca

**Grounds / Motifs :**

1. The licensee has failed to ensure that residents are offered immunization against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.

On August 12, 2014 the Assistant Executive Director identified the home's Infection Control Practitioner (IPC) as being Clinical Manager S#120. On August 19, 2014 IPC S#120 stated to Inspector #549 that a record of Resident's immunizations are located in the home's electronic documentation system under the immunization tab.

On August 19, 2014 Inspector #549 reviewed 10 resident electronic immunization records for documentation of pneumococcus; tetanus and diphtheria immunization. There was no documentation of pneumococcus, tetanus or diphtheria found in 10/10 Resident electronic health records.

On Aug. 19, 2014 the IPC S#120 stated to Inspector #549 that the home does not offer pneumococcus, tetanus and diphtheria to residents. The IPC S#120 also stated the home does not have pneumococcus vaccine on site for the residents as she had not picked up the vaccine from Ottawa Public Health Unit.

The licensee has a history of non-compliance with O. Reg. 79/10 s. 229. (10) 3 related to not offering immunization against pneumococcus, tetanus and diphtheria. A Voluntary Plan of Correction was issues on May 9, 2013 as a result of a Resident Quality Inspection: 2013_199161_0013.

(549)

**This order must be complied with by /**
**Vous devez vous conformer à cet ordre d'ici le :** Sep 30, 2014

## 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

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.

## 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, 11e 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.

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 25th day of August, 2014**

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

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

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