

**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 East Service Area Office
33 King Street West, 4th Floor
OSHAWA ON L1H 1A1
Telephone: (905) 440-4190
Facsimile: (905) 440-4111

Bureau régional de services de
Centre-Est
33, rue King Ouest, étage 4
OSHAWA ON L1H 1A1
Téléphone: (905) 440-4190
Télécopieur: (905) 440-4111

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
Apr 06, 2022	2021_523461_0004 (A2)	018732-21	Critical Incident System

Licensee/Titulaire de permis

The Royale Development GP Corporation as general partner of The Royale
Development LP
302 Town Centre Blvd. Suite 300 Markham ON L3R 0E8

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

Case Manor Care Community
28 Boyd Street P.O. Box 670 Bobcaygeon ON K0M 1A0

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

Amended by CRISTINA MONTOYA (461) - (A2)

Amended Inspection Summary/Résumé de l'inspection modifié

The home had requested a timeline extension to comply with order #001 to May 5, 2022.

Issued on this 6 th day of April, 2022 (A2)

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

Original report signed by the inspector.

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28 Boyd Street P.O. Box 670 Bobcaygeon ON K0M 1A0

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

Amended by CRISTINA MONTOYA (461) - (A2)

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): On-site: December 13-
17, 20-22, 2021; Off-site: December 23, 2021, January 25 and 27, 2022.**

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The following logs were inspected:

Log # 016908-21, 018732-21 for a fall with injury.

**This inspection was concurrently conducted with complaint inspection
#2021_523461_0005 / 018866-21**

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Care (DOC), the Assistant Director of Care, Registered Nurses (RN), Registered Practical Nurses (RPN), Physiotherapist (PT), Physiotherapist Assistant (PTA), Personal Support Workers (PSW), Environmental Services Manager, (ESM), Care Support Assistants (CSA), and residents.

The Inspector also reviewed the licensee's internal records and investigation, resident health care records, applicable policies, audits and education records, observed the delivery of resident care and services, including staff to resident interactions. Infection Prevention and Control practices in the home were also observed.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Infection Prevention and Control
Safe and Secure Home**

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

**2 WN(s)
1 VPC(s)
1 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. 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 :

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durée**

1. The licensee shall ensure that all staff participate in the implementation of the Infection Prevention and Control (IPAC) program related to the use of personal protective equipment (PPE) and hand hygiene.

Observations throughout the inspection recognized improper hand hygiene. In all home areas' dining rooms, the residents were offered Alcohol-Based Hand Rub (ABHR) at the start of the lunch meal but not after finishing the meal.

Residents #005 and #007 reported that staff did not offer ABHR after the meals. PSW #106 wheeled resident #006 out of the dining room without offering hand hygiene. Interviews with PSW #106 and RPN #102 indicated that they passed around the hand sanitizers to the residents before but not after meals.

Dietary Aide #104 was clearing out the tables in the dining room while wearing gloves for at least 15 minutes during the meal service. No hand hygiene was noted between clearing tables and serving dessert to the residents. The Dietary Aide indicated that hand hygiene was not enough to protect them against the germs found on the tables and the residents.

CSA #110 served the afternoon snacks with inconsistent hand hygiene. The CSA did not perform hand hygiene when entering or exiting a resident's room and acknowledged they should have followed the "4 Moments for Hand Hygiene."

PSW #110 and #125 were in the elevator wearing masks and keeping social distancing. Neither staff performed hand hygiene when they exited the elevator as instructed in a sign posted on the elevator.

During observations of the COVID-19 screening process, screener #125 wore a medical mask but not eye protection. CSA #123 was wearing a medical mask and eye protection, but their gown was untied around the neck and waist while conducting a RAT on a visitor. When CSA #126 conducted a RAT on three different visitors, they did not change their gloves or perform hand hygiene. The inspector shared observations with the home's ADOC/IPAC lead #115.

Interview with ADOC/IPAC lead and DOC indicated that all staff had been trained in the proper use of PPEs. Screeners must wear a procedure mask and eye protection as no plexiglass had been placed at the entrance separating the individuals from the screeners. All staff had also been trained in the "Just Clean

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Your Hands Program - Your 4 Moments for Hand Hygiene". There were 29 audits completed in December 2021.

Public Health Ontario (PHO) – "COVID-19 – What We Know So Far About Reuse of Personal Protective Equipment" – a significant proportion of PPE, including gloves, gowns, procedure masks, respirators and eye protection, is recommended for single use. During a pandemic, increased demand for PPE can lead to a lack of supply.

ADOC/IPAC lead #115 indicated no shortage of PPEs in the home. After conducting a RAT on visitors or staff, screeners were expected to change their gloves and perform hand hygiene.

The DOC indicated that a new IPAC lead was assigned to ensure that all staff were trained and compliant with the home's hand hygiene program. The expectation was for all the staff to follow proper IPAC practices, including Sienna LTC COVID-19 Guide, to safe keep the residents. The DOC and RN/IPAC lead #121 acknowledged that further staff education was required.

Lack of staff participation in implementing the Infection Prevention and Control (IPAC) program related to proper hand hygiene presented a risk of exposing the residents to COVID-19.

Sources: Directive #3 (effective May 22, 2021), Directive #5 (effective April 7, 2021), observations throughout the home, interviews with RPNs, CSAs, PSWs, ADOC, RN/IPAC Lead and Director of Care. [s. 229. (4)]

Additional Required Actions:

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

(A2)**The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été
modifiés: CO# 001**

**WN #2: 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 shall ensure that the home is a safe and secure environment for its residents when the staff did not perform active COVID-19 screening according the Ministry of Health's COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes, effective December 7, 2021.

The Chief Medical Officer of Health (CMOH) implemented Directive #3 which has been issued to long-term care homes and sets out specific precautions and procedures that homes must follow to protect the health of residents and address the risks of an outbreak of COVID-19 in long-term care homes. Homes must follow the Ministry of Health's COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes, effective December 7, 2021, for minimum requirements and exemptions regarding active screening for all individuals entering the home. Staff and visitors must be actively screened once per day at the beginning of their shift or visit.

Observations conducted during the home's COVID-19 screening process, Care Support Assistants (CSAs) #123, #125, and #126 asked visitors and staff to change the procedure mask and sanitize hands before entering the home. The CSAs directed the visitors and staff to an electronic Kiosk containing the screening questions as per recent Directive #3. They did not conduct an active screening with everyone entering the home, including inspector #461.

The CSAs indicated they assist individuals at the Kiosk if they had questions or a positive answer to the screening questions triggered the system to conduct a

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Rapid Antigen Test (RAT).

During separate interviews with ADOC/IPAC lead #115 and the DOC, both indicated that all individuals entering the home must perform hand hygiene with Alcohol-Based Hand Rub (ABHR) and put on a new medical procedure mask. The answers to the COVID-19 screening tool were collected through the Sienna electronic Kiosk. The CSA or PSW working as a screener was expected to complete both a passive and active screening by asking the questions at the Sienna Kiosk. The DOC acknowledged that active screening was not consistent, only when visitors asked for assistance.

The lack of adherence to Directive #3 related to following the Ministry of Health's COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes, effective December 7, 2021, presented a risk of exposing the residents to COVID-19.

Sources: Directive #3 (effective May 22, 2021), COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes, observations, interviews with CSAs, ADOC/IPAC lead and Director of Care. [s. 5.]

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 home is a safe and secure environment for its residents, to be implemented voluntarily.

Issued on this 6 th day of April, 2022 (A2)



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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
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Inspection de soins de longue durée

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**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by CRISTINA MONTOYA (461) - (A2)

**Inspection No. /
No de l'inspection :** 2021_523461_0004 (A2)

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

**Log No. /
No de registre :** 018732-21 (A2)

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

**Report Date(s) /
Date(s) du Rapport :** Apr 06, 2022(A2)

**Licensee /
Titulaire de permis :** The Royale Development GP Corporation as
general partner of The Royale Development LP
302 Town Centre Blvd., Suite 300, Markham, ON,
L3R-0E8

**LTC Home /
Foyer de SLD :** Case Manor Care Community
28 Boyd Street, P.O. Box 670, Bobcaygeon, ON,
K0M-1A0

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Monica Cara

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
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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

To The Royale Development GP Corporation as general partner of The Royale
Development LP, 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 :**

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 be compliant with O.Reg. 79/10, s. 229 (4).

Specifically, the Licensee must:

1. Conduct daily audits of all staff compliance with the proper technique for donning and doffing of Personal Protective Equipment (PPE) and Hand Hygiene (HH), every shift, every meal service, until all staff have demonstrated proper technique consistently. Keep a record of the staff that were audited.
2. Provide further education to any staff who did not adhere to the proper technique for donning and doffing of PPE and HH. Keep a record of the staff that required further education and continue audits for the staff identified until the staff member has achieved compliance.

Grounds / Motifs :

(A1)

1. The licensee shall ensure that all staff participate in the implementation of the Infection Prevention and Control (IPAC) program related to the use of personal protective equipment (PPE) and hand hygiene.

Observations throughout the inspection recognized improper hand hygiene. In all home areas' dining rooms, the residents were offered Alcohol-Based Hand Rub (ABHR) at the start of the lunch meal but not after finishing the meal.

Residents #005 and #007 reported that staff did not offer ABHR after the meals.

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PSW #106 wheeled resident #006 out of the dining room without offering hand hygiene. Interviews with PSW #106 and RPN #102 indicated that they passed around the hand sanitizers to the residents before but not after meals.

Dietary Aide #104 was clearing out the tables in the dining room while wearing gloves for at least 15 minutes during the meal service. No hand hygiene was noted between clearing tables and serving dessert to the residents. The Dietary Aide indicated that hand hygiene was not enough to protect them against the germs found on the tables and the residents.

CSA #110 served the afternoon snacks on the third floor with inconsistent hand hygiene. The CSA did not perform hand hygiene when entering or exiting a resident's room and acknowledged they should have followed the "4 Moments for Hand Hygiene."

PSW #110 and #125 were in the elevator wearing masks and keeping social distancing. Neither staff performed hand hygiene when they exited the elevator as instructed in a sign posted on the elevator.

During observations of the COVID-19 screening process, screener #125 wore a medical mask but not eye protection. CSA #123 was wearing a medical mask and eye protection, but their gown was untied around the neck and waist while conducting a Rapid Antigen Test (RAT) on a visitor. When CSA #126 conducted a RAT on three different visitors, they did not change their gloves or perform hand hygiene. The inspector shared observations with the home's ADOC/IPAC lead #115.

Interview with ADOC/IPAC lead and DOC indicated that all staff had been trained in the proper use of PPEs. Screeners must wear a procedure mask and eye protection as no plexiglass had been placed at the entrance separating the individuals from the screeners. All staff had also been trained in the "Just Clean Your Hands Program - Your 4 Moments for Hand Hygiene". There were 29 audits completed in December 2021.

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use. During a pandemic, increased demand for PPE can lead to a lack of supply.

ADOC/IPAC lead #115 indicated no shortage of PPEs in the home. After conducting a RAT on visitors or staff, screeners were expected to change their gloves and perform hand hygiene.

The DOC indicated that a new IPAC lead was assigned to ensure that all staff were trained and compliant with the home's hand hygiene program. The expectation is for all the staff to follow proper IPAC practices, including Sienna LTC COVID-19 Guide, to safe keep the residents. The DOC and RN/IPAC lead #121 acknowledged that further staff education is required.

Lack of staff participation in implementing the Infection Prevention and Control (IPAC) program related to proper hand hygiene presented a risk of exposing the residents to COVID-19.

Sources: Directive #3 (effective May 22, 2021), Directive #5 (effective April 7, 2021), observations throughout the home, interviews with RPNs, CSAs, PSWs, ADOC, RN/IPAC Lead and Director of Care.

An order was made by considering the following factors:

Scope: this non-compliance was widespread because the IPAC, PPE, and hand hygiene deficiencies identified affect all residents in the Home.

Severity of non-compliance: there was an actual risk of harm to residents when the staff did not participate and adhere to appropriate IPAC practices.

Compliance History: the home has had non-compliance to the same subsection in the past 36 months, as follows:

- A Compliance Order (CO) was issued to the Licensee on June 11, 2021, related to O.Reg.79/10, s.229(4), during Critical Incident System inspection #2021_815623_0013.
(461)

May 05, 2022(A2)

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
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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

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

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
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2007, c. 8

Ordre(s) de l'inspecteur

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l'article 154 de la *Loi de 2007 sur les
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2007, chap. 8

REVIEW/APPEAL INFORMATION**TAKE NOTICE:**

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

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

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
Fax: 416-327-7603

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

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

Order(s) of the Inspector

Pursuant to section 153 and/or
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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

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
Fax: 416-327-7603

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

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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
438, rue University, 8^e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

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section 154 of the *Long-Term
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foyers de soins de longue durée*, L.O.
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 6 th day of April, 2022 (A2)

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

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

Amended by CRISTINA MONTOYA (461) - (A2)

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 East Service Area Office