



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
prévus le Loi de 2007 les
foyers de soins de longue

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

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jan 25, 27, 31, Feb 1, 2012	2012_029134_0002	Complaint

Licensee/Titulaire de permis

CENTRE D'ACCUEIL ROGER SEGUIN
435 Lemay Street, Clarence Creek, ON, K0A-1N0

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

CENTRE D'ACCUEIL ROGER SEGUIN
435 Lemay Street, Clarence Creek, ON, K0A-1N0

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

COLETTE ASSELIN (134)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, one Registered Nurse (RN), two residents and four Personal Support Workers (PSWs)

During the course of the inspection the inspector conducted a complaint inspection log # O-002743-11

During the course of the inspection, the inspector(s) inspected the tub and shower room, reviewed Resident #1's health profile, plan of care, care flow sheets and monthly weight flow sheet.

The following Inspection Protocols were used during this inspection:

Dignity, Choice and Privacy

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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.) 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. 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. 33. Bathing
Specifically failed to comply with the following subsections:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The Licensee has failed to comply with section 33 (1) of the O. Reg 79/10, in that two residents are not bathed by the method of their choice.

Resident #1, has a right side paralysis and has a speech impediment. This resident has been assessed as being unable to get into the tub due to weight gain in the last six months.

The unit RN, was interviewed. It was reported to the inspector that resident #1 is getting a full body sponge bath twice a week, that the expressed preferred method of bathing at admission was identified as a tub bath. According to the RN Resident #1 has not been bathed in the tub since June 2011 due to weight gain. The RN indicated the bath chair lift could no longer accommodate the resident's weight. The RN indicated that a shower was not offered or considered as an alternative until proper equipment was received.

On December 22, 2011, the Director of Care (DOC) held a resident care conference with resident #1's SDM and another family member. The care conference notes were reviewed. There is an entry made by the DOC regarding the SDM's request for Resident #1 to have a tub bath. The notes specify that the resident is currently getting two sponge baths per week and that the home is in the process of evaluating equipment to accommodate the resident in the tub bath.

During an inspection conducted at the home November 16, 2011, Resident #2 had reported to the inspector that his/her preferred method of bathing was to be showered. This resident was interviewed during the inspection of January 25, 2012 and it was reported to the inspector that a sponge bath is given in bed twice a week and that he/she has not had a shower in two years. Resident #2 reported that the sponge bath is not adequate and that he/she does not feel properly washed. It was reported that the bathing method preference is to be showered twice a week.

Resident #1 and Resident #2's medical orders were reviewed, there are no indication that a bath or shower are contraindicated by a medical condition for these residents.



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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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
 - i. participate fully in the development, implementation, review and revision of his or her plan of care,
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
 - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
 - i. the Residents' Council,
 - ii. the Family Council,
 - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
 - iv. staff members,
 - v. government officials,
 - vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The Licensee has failed to comply with section 3 (1) 4 of the LTCH Act 2007, in that Resident #1's right to be properly groomed and cared for in a manner consistent with his/her needs was not respected and promoted.

Resident #1, is paralyzed on the right side and has a speech impediment.

Resident #1 was assessed by the inspector and was observed to have facial hair and not clean shaven.

The DOC held a resident's care conference on December 22, 2011 with Resident #1's SDM. At this meeting the SDM requested that Resident #1's facial and body hair be removed. The conference meeting notes were reviewed and there is an entry indicating the DOC had responded that it would be risky to shave the resident due to edema. As well the DOC indicated that the facial hair would be shaved every six weeks when Resident #1 would go to the hairdresser for a haircut.

Two PSW, who were assigned to Resident #1 on January 25, 2012 were interviewed. They indicated they would be afraid of cutting the resident when shaving. No other measures of facial and body hair removal were discussed or considered.

The care flow sheets were reviewed for the months of September 2011 to January 2012. There are no staff signatures indicating that Resident #1 was shaved on any day.

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 Resident #1 is groomed and free of facial and body hair, to be implemented voluntarily.

WN #3: 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 subsections:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident;

(b) the goals the care is intended to achieve; and

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. The licensee failed to comply with section 6 (1) (c) in that the licensee failed to ensure that the plan of care provided clear direction to staff as it relates to body hair and oral care.

On December 22, 2011 during a care conference with the Director of Care, Resident #1's SDM had requested that staff shave the resident and legs.

No specific interventions were entered on the plan of care as a follow-up to the SDM's request related to the removal of Resident #1's facial and body hair.

Two PSWs assigned to Resident #1 on January 25, 2012, were interviewed. They claimed they did not know they had to shave the resident and indicated they would be afraid to cause an injury while using a straight razor.

As per the care conference notes there is an entry made by the DOC specifying that Resident #1's legs cannot be shaved due to edema and that it would be risky if this was attempted. No other measures of facial and body hair removal were discussed with the SDM. As for the facial hair the DOC had replied that the hairdresser would remove the facial hair every six weeks when the resident went for a haircut.

Resident #1 was interviewed and the reply was obvious that the resident wished to be have facial and body hair removed.

There are no clear direction provided in the plan of care to direct staff on the measures or interventions to be used to remove Resident #1's facial and body hair and at what frequency to maintain comfort and dignity.

The plan of care does not provide clear direction to staff as it relates to mouth care.

There is an entry indicating "encourage resident to brush own teeth".

Four PSWs were interviewed. They indicated the resident refuses to brush own teeth and therefore sponge toothettes are used to wipe the inside of the mouth and teeth. When asked if they encouraged Resident #1 to brush his/her teeth brush, they responded if the residents refuse we respect their wishes.

Resident #1 has his/her own teeth. Resident #1's teeth and oral mucosa were assessed by the inspector and the RN on January 25, 2012 at approximately 10:45. Resident #1's teeth did not appear to have been brushed, plaque was apparent and the resident's gums appeared to be inflamed.

The plan of care and progress notes were reviewed and there are no clear directions as it relates to oral care and the need to refer the resident to a dentist for scaling as per the SDM's request made on December 22, 2011.

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 the plan care provides clear direction to staff as it relates to Resident #1's individualized care needs related to oral care and grooming, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 34. Oral care

Specifically failed to comply with the following subsections:

s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,

- (a) mouth care in the morning and evening, including the cleaning of dentures;
- (b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and
- (c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).

Findings/Faits saillants :

1. The licensee failed to comply with section 34 (1) a, b, c of the O.Reg 79/10, in that the licensee failed to ensure that Resident #1 receives oral care to maintain the integrity of the oral tissue.

Resident #1 was assessed and observed to have natural teeth. The resident's oral mucosa and teeth were assessed by the inspector and the RN on January 25, 2012. At 10:45 Resident #1's teeth did not appear to have been brushed, plaque was apparent and the gums appeared to be inflamed.

Two PSW who were assigned to resident #1's care indicated they usually swab the resident's mouth with a sponge toothette and reported to the inspector that they do not brush the resident's teeth. One PSW indicated that the resident could not brush his/her teeth because of right hand paralysis. The care plan has an entry specifying, "encourage resident to brush own teeth".

Two other PSWs working the evening shift on January 25, 2012, were interviewed. They reported that they use sponge "toothettes" to clean the resident's mouth. The cabinet in the resident's washroom and the bedside table were both inspected. Toothbrush and toothpaste were noted in both areas.

Resident #1 was interviewed by the inspector and the RN as it relates to the frequency of daily mouth care. When shown fingers to establish how often the resident's teeth were brushed or cleaned the resident pointed to one finger, indicating his/her mouth care was done once a day.

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 Resident #1 receives assistance with brushing his/her teeth in the morning and in the evening and to make an appointment with a dentist as per the SDM's request as soon as possible, to be implemented voluntarily.

Issued on this 3rd day of February, 2012



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foyers de soins de longue

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

Paulette Assche, LTCH Inspector #134



**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

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) :	COLETTE ASSELIN (134)
Inspection No. / No de l'inspection :	2012_029134_0002
Type of Inspection / Genre d'inspection:	Complaint
Date of Inspection / Date de l'inspection :	Jan 25, 27, 31, Feb 1, 2012
Licensee / Titulaire de permis :	CENTRE D'ACCUEIL ROGER SEGUIN 435 Lemay Street, Clarence Creek, ON, K0A-1N0
LTC Home / Foyer de SLD :	CENTRE D'ACCUEIL ROGER SEGUIN 435 Lemay Street, Clarence Creek, ON, K0A-1N0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	CHARLES LEFEBVRE

To CENTRE D'ACCUEIL ROGER SEGUIN, you are hereby required to comply with the following order(s) by the date(s) set out below:



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

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

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)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Order / Ordre :

The Licensee shall prepare, submit and implement a plan for achieving compliance with section 33 to ensure that residents #1 and #2 and all other residents are bathed at a minimum twice a week by the method of their choice.

This plan must be submitted in writing to Inspector Colette Asselin at 347 Preston Street, 4th floor, Ottawa, ON K1S 3J4 or by fax at 1-613 569-9670 on or before February 10, 2012. Full compliance with this order shall be by March 30, 2012.

Grounds / Motifs :

1. The Licensee has failed to comply with section 33 (1) of the O. Reg 79/10, in that two residents are not bathed by the method of their choice.

Resident #1, has a right side paralysis and has a speech impediment. This resident has been assessed as being unable to get into the tub due to weight gain in the last six months.

The unit RN, was interviewed. It was reported to the inspector that resident #1 is getting a full body sponge bath twice a week, that the expressed preferred method of bathing at admission was identified as a tub bath. According to the RN Resident #1 has not been bathed in the tub since June 2011 due to weight gain. The RN indicated the bath chair lift could no longer accommodate the resident's weight. The RN indicated that a shower was not offered or considered as an alternative until proper equipment was received.

On December 22, 2011, the Director of Care (DOC) held a resident care conference with resident #1's SDM and another family member. The care conference notes were reviewed. There is an entry made by the DOC regarding the SDM's request for Resident #1 to have a tub bath. The notes specify that the resident is currently getting two sponge baths per week and that the home is in the process of evaluating equipment to accommodate the resident in the tub bath.

During an inspection conducted at the home November 16, 2011, Resident #2 had reported to the inspector that his/her preferred method of bathing was to be showered. This resident was interviewed during the inspection of January 25, 2012 and it was reported to the inspector that a sponge bath is given in bed twice a week and that he/she has not had a shower in two years. Resident #2 reported that the sponge bath is not adequate and that he/she does not feel properly washed. It was reported that the bathing method preference is to be showered twice a week.

Resident #1 and Resident #2's medical orders were reviewed, there are no indication that a bath or shower are contraindicated by a medical condition for these residents. (134)



**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
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**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :** Mar 30, 2012



**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
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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
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
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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 1st day of February, 2012

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

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

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