

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

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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130, avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Amended Public Copy/Copie modifiée du public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Sep 23, 2019	2019_674610_0022 (A1) (Appeal\Dir#: DR# 126)	011710-19	Complaint

Licensee/Titulaire de permis

Chartwell Master Care LP
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

Chartwell Parkhill Long Term Care Residence
250 Tain Street P.O. Box 129 PARKHILL ON N0M 2K0

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

Amended by Wendy Lewis (Director) - (A1)(Appeal\Dir#: DR# 126)

Amended Inspection Summary/Résumé de l'inspection modifié

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

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

**NOTE: This report has been revised to reflect a decision of the Director on a review of the Inspector's order(s): CO#002.
The Director's review was completed on September 23, 2019.
Order(s) was/were rescinded and substituted with a Director Order to reflect the Director's review DR# 126.
A copy of the Director Order is attached.**

Issued on this 23rd day of September, 2019 (A1)(Appeal\Dir#: DR# 126)

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

Original report signed by the inspector.

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

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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de London
130, avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Amended Public Copy/Copie modifiée du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 23, 2019	2019_674610_0022 (A1) (Appeal/Dir# DR# 126)	011710-19	Complaint

Licensee/Titulaire de permis

Chartwell Master Care LP
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

Chartwell Parkhill Long Term Care Residence
250 Tain Street P.O. Box 129 PARKHILL ON N0M 2K0

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

Amended by Wendy Lewis (Director) - (A1)(Appeal/Dir# DR# 126)

Amended Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): June 26 & 27, 2019

This complaint inspection IL-67512, Log #011710-19 was completed related to skin and wound and pain management.

During the course of the inspection, the inspector(s) spoke with the Assistant Director of Care, Administrator, Registered Nurse(s), Registered Practical Nurse (s), Personal Support Worker(s), and Administrative Assistant.

Inspector also completed observations of staff to resident care, record reviews, and interviews.

The following Inspection Protocols were used during this inspection:

**Pain
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care**

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

**2 WN(s)
0 VPC(s)
2 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. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :

The licensee has failed to ensure that when the resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

This inspection was completed related to a complaint received by the Ministry of

**Inspection Report under
*the Long-Term Care
Homes Act, 2007*****Rapport d'inspection prévue
sous *la Loi de 2007 sur les
foyers de soins de longue
durée***

Health and Long Term Care. The complaint report showed that an identified resident, had skin integrity alterations and pain management that was allegedly not being assessed.

The homes policy "05-Pain and Palliative Care" defines "Pain-Pain is what the resident says it is". Further review of the policy states in part that the staff will complete a Comprehensive Pain assessment Tool when a resident reports new pain that is not episodic in nature, such as a headache or an exacerbation of existing pain that is not easily addressed with medication adjustments.

During an interview with a nurse they said that pain assessments are completed when residents are experiencing pain and that staff had received education for pain management monitoring. The nurse further said that if a resident was experiencing pain and analgesia was being provided that on every shift nurses would need to complete the pain level scale on the Electronic Medication Administration Record (eMar).

A review of an identified resident's plan of care showed that:
That the plan was updated for the identified resident and that they had specific health concerns that required analgesia.
The plan was again updated at a later date and showed that the identified resident had skin alterations related to a newer onset of an illness and the intervention was to provide analgesia for pain.

Record documentation showed that staff had observed an area of altered skin integrity that was causing the resident to be uncomfortable and painful this was reported to the staff. At the onset of the skin integrity alteration and reporting of discomfort by the resident there was no documented evidence that an assessment had been completed.

Further review of documentation showed that the discomfort and pain continued for seven days. As well as the resident showing signs and symptoms of discomfort of facial grimacing and refusal of care. There was no documented evidence that when the pain interventions were not effective that a pain assessment had been completed

During an interview with the Assistant Director of Care they said that if the resident was in pain, a pain assessment was to be completed. However, the ADOC acknowledged that the home failed to complete a pain assessment for the

identified resident when the resident was experiencing pain that was not relieved with the current interventions.

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. 50. Skin and wound care

Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
 - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :

The licensee has failed to ensure that any resident exhibiting altered skin integrity,

**Inspection Report under
*the Long-Term Care
Homes Act, 2007*****Rapport d'inspection prévue
sous *la Loi de 2007 sur les
foyers de soins de longue
durée***

including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

This inspection was completed related to complaint received by the Ministry of Health and Long Term Care. The complaint alleged that three identified residents had exhibited skin integrity alterations that were not being assessed and monitored.

The homes policy "04-Clinical Care Skin and Wound", defines impaired skin integrity as an alteration in the epidermis and/or dermis. Further review of the policy stated in part:

- All care staff are responsible to immediately document and report any risk of or findings of altered skin integrity, provide documentation of their observations, update the residents plan of care.
- The assessment of the skin should include subjective data
- Perform the care as ordered by the prescriber, document the treatment in the progress notes or Skin Treatment record.
- Ongoing Registered staff are required to assess the skin issues weekly.

1) The plan of care for one identified resident showed that they had altered skin integrity. Further review showed that staff were to provide medication as ordered for the skin integrity issue until completed to provide medications as needed for pain and discomfort.

Further review of documentation showed that staff had observed also observed the area of skin alterations.

There was no documented evidence that an initial skin assessment had been completed using a clinical appropriate assessment tool for skin alterations.

2) Review of a second identified resident documentation showed that they had orders to complete a weekly skin assessment one time a day every Wednesday for an area of skin identified to have excoriation.

A review of record documentation showed that the there was no documented evidence that the home completed an altered skin integrity assessment for the second resident with an area of skin alterations using a clinically appropriate

assessment tool.

3) Documented evidence showed that a third resident had an area of altered skin integrity.

A review of documentation showed that the resident also had no documented evidence that an initial skin assessment at the onset of the skin alterations was completed using a clinically appropriate assessment tool.

The nurse said that skin assessments were completed initially for skin and wound alterations and they would be documented electronically.

During an interview the Assistant Director of Care (ADOC) they said that if the identified residents had altered skin integrity they would expect that they received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

The licensee has failed to ensure that any resident exhibiting altered skin integrity issues would receive a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

Additional Required Actions:

(A1)(Appeal/Dir# DR# 126)

The following order(s) have been rescinded: CO# 002

Issued on this 23rd day of September, 2019 (A1)(Appeal/Dir# DR# 126)

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

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

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 Homes Division
Long-Term Care Inspections Branch
Division des foyers de soins de
longue durée
Inspection de soins de longue durée

Amended Public Copy/Copie modifiée du public

**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by Wendy Lewis (Director) - (A1)
(Appeal/Dir# DR# 126)

**Inspection No. /
No de l'inspection :** 2019_674610_0022 (A1)(Appeal/Dir# DR# 126)

**Appeal/Dir# /
Appel/Dir#:** DR# 126 (A1)

**Log No. /
No de registre :** 011710-19 (A1)(Appeal/Dir# DR# 126)

**Type of Inspection /
Genre d'inspection :** Complaint

**Report Date(s) /
Date(s) du Rapport :** Sep 23, 2019(A1)(Appeal/Dir# DR# 126)

**Licensee /
Titulaire de permis :** Chartwell Master Care LP
100 Milverton Drive, Suite 700, MISSISSAUGA, ON,
L5R-4H1

**LTC Home /
Foyer de SLD :** Chartwell Parkhill Long Term Care Residence
250 Tain Street, P.O. Box 129, PARKHILL, ON,
N0M-2K0

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Carla Roche

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

To Chartwell Master Care 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 # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Order / Ordre :

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

The licensee must be compliant with O. Reg. 79/10, s. 52
Specifically, the licensee shall ensure that:

1) Develop and implement measures to ensure that the identified resident and every other resident is provided with the required pain assessments and treatments to meet their pain management needs.

2) The home must maintain a documented record of the measures that have been developed and implemented; the persons involved in the implementation and monitoring of interventions as they relate to the pain management needs of residents living in the home, and the dates when changes were implemented.

3) Training is provided for all registered staff including:
The home's protocol for initiating and completing assessments and communicating treatments and plans of care for residents with pain management needs. A written record is kept of the training including staff names, dates and training content, to ensure that all registered staff received the training.

4) The Pain Management Committee will track and audit that the system is developed and implemented for all residents exhibiting pain quarterly and annually to ensure all residents with pain management concerns are receiving the required assessments and interventions in accordance with the home's policies and procedures to ensure consistency and completion.

5) A written record of this tracking system and audits will be completed and is kept in the home and includes: the resident name, location of pain, type of pain, rate of pain (when applicable), origin, date of origin, treatment, treatment completed, pain assessment completed, outcome of the pain management, pharmacological and non-pharmacological interventions initiated, date of audit and name of person conducting audit.

Grounds / Motifs :

1. The licensee has failed to ensure that when the resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

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

This inspection was completed related to a complaint received by the Ministry of Health and Long Term Care. The complaint report showed that an identified resident, had skin integrity alterations and pain management that was allegedly not being assessed.

The homes policy "05-Pain and Palliative Care" defines "Pain-Pain is what the resident says it is". Further review of the policy states in part that the staff will complete a Comprehensive Pain assessment Tool when a resident reports new pain that is not episodic in nature, such as a headache or an exacerbation of exciting pain that is not easily addressed with medication adjustments.

During an interview with a nurse they said that pain assessments are completed when residents are experiencing pain and that staff had received education for pain management monitoring. The nurse further said that if a resident was experiencing pain and analgesia was being provided that on every shift nurses would need to complete the pain level scale on the Electronic Medication Administration Record (eMar).

A review of an identified resident's plan of care showed that:

That the plan was updated for the identified resident and that they had specific health concerns that required analgesia.

The plan was again updated at a later that and showed that the identified resident had skin alterations related to a newer onset of an illness and the intervention was to provide analgesia for pain.

Record documentation showed that staff had observed an area of altered skin integrity that was causing the resident to be uncomfortable and painful this was reported to the staff. At the onset of the skin integrity alteration and reporting of discomfort by the resident there was no documented evidence that an assessment had been completed.

Further review of documentation showed that the discomfort and pain continued for seven days. As well as the resident showing signs and symptoms of discomfort of facial grimacing and refusal of care. There was no documented evidence that when the pain interventions were not effective that a pain assessment had been completed

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

During an interview with the Assistant Director of Care they said that if the resident was in pain, a pain assessment was to be completed. However, the ADOC acknowledged that the home failed to complete a pain assessment for the identified resident when the resident was experiencing pain that was not relieved with the current interventions.

The severity of this issue was determined to be a level 3 as there was actual harm to the residents. The scope of the issue was a level 1 as it related to one of three residents reviewed. The home had no history of non-compliance with this section of the LTCHA.

(610)

This order must be complied with by /

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

Oct 28, 2019

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

(A1)(Appeal/Dir# DR# 126)

The following Order(s) have been rescinded:

Order # / 002 **Order Type /** Compliance Orders, s. 153. (1) (b)
Ordre no : **Genre d'ordre :**

**Linked to Existing Order/
Lien vers ordre existant :**

Pursuant to / Aux termes de :

- O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,
- (a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
 - (i) within 24 hours of the resident's admission,
 - (ii) upon any return of the resident from hospital, and
 - (iii) upon any return of the resident from an absence of greater than 24 hours;
 - (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
 - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;
 - (c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and
 - (d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

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

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

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

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

Health Services Appeal and Review Board and the Director

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of 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.

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

**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 de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector

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

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

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 de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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

Issued on this 23rd day of September, 2019 (A1)(Appeal/Dir# DR# 126)

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

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

Amended by Wendy Lewis (Director) - (A1)
(Appeal/Dir# DR# 126)

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 :**

London Service Area Office