

**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 West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
Telephone: (888) 432-7901
Facsimile: (519) 885-2015

Bureau régional de services de Centre
Ouest
1e étage, 609 rue Kumpf
WATERLOO ON N2V 1K8
Téléphone: (888) 432-7901
Télécopieur: (519) 885-2015

Public Copy/Copie 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
Nov 6, 2020	2020_836766_0017	021277-20	Other

Licensee/Titulaire de permis

CVH (No. 2) LP
766 Hespeler Road, Suite 301 c/o Southbridge Care Homes CAMBRIDGE ON N3H 5L8

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

Country Lane Long Term Care Residence
R. R. #3, 317079 Hwy 6 & 10 CHATSWORTH ON N0H 1G0

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

KATY HARRISON (766), KIM BYBERG (729)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): October 26-28, 2020

This inspection was a Central West Service Area Office Initiated Inspection (SAOII).

The following intake was completed in this SAOII Inspection: Log #021277-20.

The inspectors toured the home and observed dining service and medication administration. Resident care, services and activities were also observed. Clinical records and plans of care for identified residents were reviewed. Also, relevant documents were reviewed including but not limited to the home's documentation and procedures as related to the inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director/Director of Care (ED/DOC), the Programs Manager, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Housekeeping staff, the Resident Council President and other residents.

The following Inspection Protocols were used during this inspection:

Dining Observation

Falls Prevention

Infection Prevention and Control

Medication

Reporting and Complaints

Residents' Council

Safe and Secure Home

Skin and Wound Care

During the course of this 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. 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 :

The licensee has failed to ensure that the infection prevention and control program was

implemented, specifically related to hand hygiene, additional precautions, communication and the availability of personal protective equipment (PPE).

A) Observations showed that a personal support worker (PSW) exited the spa room carrying dirty resident laundry and resident personal care items. The PSW did not wash their hands or use hand sanitizer after coming in contact with soiled laundry or before their next resident interaction.

A PSW was observed walking a resident in the hallway. The PSW assisted them to a sitting position outside the dining room, and moved their walker to an adjacent area. They did not wash their hands or use hand sanitizer after assisting the resident or before their next resident interaction.

The homes policy stated that staff were to perform hand hygiene before and after contact with any resident, their body substances or items contaminated by them.

B) Two Resident's had a diagnosis that required staff to take additional contact precautions and included the use of gloves and gowns as specified in their care plans. The resident rooms did not have any personal protective equipment (PPE) readily available, garbage for doffing PPE, or signage to communicate to anyone entering the room which precautions to take when coming into contact with the resident or their environment.

The two identified residents were on contact precautions and required staff to use gloves when providing care. A PSW provided Inspectors the names of two residents and stated they needed to use gloves for their care. They were not the names of the residents identified as having the diagnosis.

The home's policy stated that when contact precautions were initiated, staff were to document in the progress notes, plan of care, place contact precaution signage at the resident's room doorway, place an isolation caddy/cart outside the door with all the required PPE supplies, hand sanitizer, and place a hands-free garbage receptacle inside the resident room for easy disposal of PPE.

The co-lead for infection control stated that they had only completed part of the first of four IPAC modules.

Public Health Ontario best practice document stated that if the resident is known to have

the specific diagnosis, staff were to use gloves for all activities for direct care, use long-sleeved gown, surgical mask should be worn as per routine practices and dedicated equipment or adequate cleaning and disinfecting of shared equipment were to be initiated.

The licensee not ensuring that appropriate communication and signage, implementation and availability of PPE as part of their infection control program has increased the risk of infectious disease transmission to all residents, health care providers and visitors of the home.

An order was made by taking the following factors into account:

Severity: There was minimal risk to the residents at this time as the home was not in outbreak.

Scope: The scope of non-compliance was widespread as it had the potential to affect all residents.

Compliance history: The licensee was previously found to be in non-compliance with different sections of the legislation in the past 36 months.

Sources: Interview with RPN, and PSW, Observations, Infection Control Policies IC-05-01-03/IC-03-01-10 last updated Oct 2019, care plans.

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. 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 :

The licensee has failed to ensure a safe environment for all residents at the home by not implementing Infection Prevention and Control (IPAC) measures to prevent and limit

COVID-19 infection and spread related to physical distancing and COVID-19 signage.

On March 17, 2020, the Premier of Ontario and Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil Protection Act. On March 22, 2020, Directive #3 was issued and revised on October 14, 2020, to all Long-Term Care Homes (LTCHs) under the Long-Term Care Homes Act (LTCHA), 2007, under section 77.7 of the Health Protection and Promotion Act (HPPA) R.S.O. 1990, c H.7. by the Chief Medical Officer of Health (CMOH) of Ontario. The CMOH advised that all residents of LTCHs and retirement homes were at increased risk of COVID-19.

A) A requirement was made for LTCHs to review their IPAC procedures and implement measures, which included physical distancing, to protect all residents and staff from COVID-19.

A review was completed of the Extendicare COVID-19 Corporate Pandemic Plan, which referenced the Ontario Provincial Directives. On page 28 of the plan it stated, 'Residents should also practice physical distancing at times like activities and dining'.

Residents at the home were not physically distanced in the dining room, lounge, and during recreational activities. The home had not implemented this measure for COVID-19 which posed a greater risk amongst residents for infection and spread.

B) Directive #3 also required LTCHs to review their IPAC procedures and implement measures, which included instructions that signage in the long-term care home must be clear about COVID-19, including signs and symptoms of COVID-19, and steps that must be taken if COVID-19 is suspected or confirmed in staff or a resident, to protect all residents and staff from COVID-19.

While conducting a tour of the home it was noted that COVID-19 signage was not displayed in the home. The signs had been printed, but they were not displayed.

An order was made by taking the following factors into account:

Severity: There was minimal risk to the residents at this time as the home was not in outbreak.

Scope: The scope of non-compliance was widespread as it had the potential to affect all residents.

Compliance history: The licensee was previously found to be in non-compliance with different sections of the legislation in the past 36 months.

Sources: Observations; Directive #3; the home's policies; the Corporate Pandemic Plan; interview with ED/DOC

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 6th day of November, 2020

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
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : KATY HARRISON (766), KIM BYBERG (729)

Inspection No. /

No de l'inspection : 2020_836766_0017

Log No. /

No de registre : 021277-20

Type of Inspection /

Genre d'inspection: Other

Report Date(s) /

Date(s) du Rapport : Nov 6, 2020

Licensee /

Titulaire de permis : CVH (No. 2) LP
766 Hespeler Road, Suite 301, c/o Southbridge Care
Homes, CAMBRIDGE, ON, N3H-5L8

LTC Home /

Foyer de SLD : Country Lane Long Term Care Residence
R. R. #3, 317079 Hwy 6 & 10, CHATSWORTH, ON,
N0H-1G0

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :** Jake Presseault

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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 CVH (No. 2) LP, you are hereby required to comply with the following order(s) by
the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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 s. 229 (4) of O.Reg. 79/10.

Specifically, the licensee must ensure that:

A) The infection control lead, complete the Public Health Ontario (PHO) IPAC online learning modules and the PHO COVID-19 IPAC fundamental training module.

B) The frequency of hand hygiene audits increase to weekly. The audits are to be completed on all shift types including weekends and copies are to be kept in the home. The results of the audits must be analyzed to identify common areas of deficiency and re-education provided to address the identified deficiencies. The audits are to be completed for three months or longer if non-compliance continues to be identified.

C) A facility wide audit is completed of all residents that require additional IPAC precautions to ensure that the appropriate signage, PPE and communication is readily available to all health care providers and visitors that come in contact with the resident and/or their environment.

Grounds / Motifs :

1. The licensee has failed to ensure that the infection prevention and control program was implemented, specifically related to hand hygiene, additional precautions, communication and the availability of personal protective equipment (PPE).

A) Observations showed that a personal support worker (PSW) exited the spa room carrying dirty resident laundry and resident personal care items. The PSW

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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

did not wash their hands or use hand sanitizer after coming in contact with soiled laundry or before their next resident interaction.

A PSW was observed walking a resident in the hallway. The PSW assisted them to a sitting position outside the dining room, and moved their walker to an adjacent area. They did not wash their hands or use hand sanitizer after assisting the resident or before their next resident interaction.

The homes policy stated that staff were to perform hand hygiene before and after contact with any resident, their body substances or items contaminated by them.

B) Two Resident's had a diagnosis that required staff to take additional contact precautions and included the use of gloves and gowns as specified in their care plans. The resident rooms did not have any personal protective equipment (PPE) readily available, garbage for doffing PPE, or signage to communicate to anyone entering the room which precautions to take when coming into contact with the resident or their environment.

The two identified residents were on contact precautions and required staff to use gloves when providing care. A PSW provided Inspectors the names of two residents and stated they needed to use gloves for their care. They were not the names of the residents identified as having the diagnosis.

The home's policy stated that when contact precautions were initiated, staff were to document in the progress notes, plan of care, place contact precaution signage at the resident's room doorway, place an isolation caddy/cart outside the door with all the required PPE supplies, hand sanitizer, and place a hands-free garbage receptacle inside the resident room for easy disposal of PPE.

The co-lead for infection control stated that they had only completed part of the first of four IPAC modules.

Public Health Ontario best practice document stated that if the resident is known to have the specific diagnosis, staff were to use gloves for all activities for direct care, use long-sleeved gown, surgical mask should be worn as per routine practices and dedicated equipment or adequate cleaning and disinfecting of

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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

shared equipment were to be initiated.

The licensee not ensuring that appropriate communication and signage, implementation and availability of PPE as part of their infection control program has increased the risk of infectious disease transmission to all residents, health care providers and visitors of the home.

An order was made by taking the following factors into account:

Severity: There was minimal risk to the residents at this time as the home was not in outbreak.

Scope: The scope of non-compliance was widespread as it had the potential to affect all residents.

Compliance history: The licensee was previously found to be in non-compliance with different sections of the legislation in the past 36 months.

Sources: Interview with RPN, and PSW, Observations, Infection Control Policies IC-05-01-03/IC-03-01-10 last updated Oct 2019, care plans. (729)

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

Dec 04, 2020

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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 : 002

Order Type /

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

Pursuant to / Aux termes de :

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.

Order / Ordre :

Specifically, the licensee must ensure that:

A) Strategies for physical distancing are implemented in the home.

The home completes daily audits for one month or until physical distancing in the home is achieved.

B) Signage is displayed in the long-term care home. It must be clear about COVID-19, including signs and symptoms of COVID-19, and steps that must be taken if COVID-19 is suspected or confirmed in staff or a resident, to protect all residents and staff from COVID-19.

Grounds / Motifs :

1. The licensee has failed to ensure a safe environment for all residents at the home by not implementing Infection Prevention and Control (IPAC) measures to prevent and limit COVID-19 infection and spread related to physical distancing and COVID-19 signage.

On March 17, 2020, the Premier of Ontario and Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil Protection Act. On March 22, 2020, Directive #3 was issued and revised on October 14, 2020, to all Long-Term Care Homes (LTCHs) under the Long-Term Care Homes Act (LTCHA), 2007, under section 77.7 of the Health Protection and Promotion Act (HPPA) R.S.O. 1990, c H.7. by the Chief Medical Officer of Health (CMOH) of Ontario. The CMOH advised that all residents of LTCHs and retirement homes were at increased risk of COVID-19.

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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

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

A) A requirement was made for LTCHs to review their IPAC procedures and implement measures, which included physical distancing, to protect all residents and staff from COVID-19.

A review was completed of the Extendicare COVID-19 Corporate Pandemic Plan, which referenced the Ontario Provincial Directives. On page 28 of the plan it stated, 'Residents should also practice physical distancing at times like activities and dining'.

Residents at the home were not physically distanced in the dining room, lounge, and during recreational activities. The home had not implemented this measure for COVID-19 which posed a greater risk amongst residents for infection and spread.

B) Directive #3 also required LTCHs to review their IPAC procedures and implement measures, which included instructions that signage in the long-term care home must be clear about COVID-19, including signs and symptoms of COVID-19, and steps that must be taken if COVID-19 is suspected or confirmed in staff or a resident, to protect all residents and staff from COVID-19.

While conducting a tour of the home it was noted that COVID-19 signage was not displayed in the home. The signs had been printed, but they were not displayed.

An order was made by taking the following factors into account:

Severity: There was minimal risk to the residents at this time as the home was not in outbreak.

Scope: The scope of non-compliance was widespread as it had the potential to affect all residents.

Compliance history: The licensee was previously found to be in non-compliance with different sections of the legislation in the past 36 months.

Sources: Observations; Directive #3; the home's policies; the Corporate Pandemic Plan; interview with ED/DOC (766)

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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 :**

Nov 16, 2020

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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 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

Ordre(s) de l'inspecteur

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

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 Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

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

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Ordre(s) de l'inspecteur

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

**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
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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 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 6th day of November, 2020

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Katy Harrison

Service Area Office /

Bureau régional de services : Central West Service Area Office