



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 prévue 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
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Aug 15, 16, 17, 18, 19, 22, 23, 24, 25, 26, 29, 30, Sep 2, 21, Oct 7, 18, 31, 2011	2011_024137_0036	Resident Quality Inspection

Licensee/Titulaire de permis

GROSVENOR HEALTH CARE PARTNERSHIP (NO. 3)
150 WATER STREET SOUTH, CAMBRIDGE, ON, N1R-3E2

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

MARIAN MACDONALD (137), SHARON PERRY (155)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Administrator/Director of Care, Program Manager, Nutrition Manager, Registered Dietician, Attending Physician, Consultant Pharmacist, 4 Registered Staff, RAI Coordinator Back-Up, Environmental Services Manager, Office Manager, Long Term Care Consultant - Corporate, Director, Business Partnerships - Corporate, 10 Personal Support Workers, 5 Dietary Aides, Housekeeper, Laundry Aide, Physiotherapist, Kinesiologist, Residents and Family Members.

During the course of the inspection, the inspector(s) toured the home, observed residents, meal and snack service programs, available emergency supplies, reviewed residents' clinical records and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

- Accommodation Services - Laundry
- Accommodation Services - Maintenance
- Admission Process
- Continence Care and Bowel Management



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Critical Incident Response

Dining Observation

Falls Prevention

Family Council

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Personal Support Services

Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Safe and Secure Home

Skin and Wound Care

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. 107. Reports re critical incidents

Specifically failed to comply with the following subsections:

s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):

1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.
2. An environmental hazard, including a breakdown or failure of the security system or a breakdown of major equipment or a system in the home that affects the provision of care or the safety, security or well-being of residents for a period greater than six hours.
3. A missing or unaccounted for controlled substance.
4. An injury in respect of which a person is taken to hospital.
5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital. O. Reg. 79/10, s. 107 (3).

s. 107. (4) A licensee who is required to inform the Director of an incident under subsection (1) or (3) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.
 2. A description of the individuals involved in the incident, including,
 - i. names of any residents involved in the incident,
 - ii. names of any staff members or other persons who were present at or discovered the incident, and
 - iii. names of staff members who responded or are responding to the incident.
 3. Actions taken in response to the incident, including,
 - i. what care was given or action taken as a result of the incident, and by whom,
 - ii. whether a physician or registered nurse in the extended class was contacted,
 - iii. what other authorities were contacted about the incident, if any,
 - iv. for incidents involving a resident, whether a family member, person of importance or a substitute decision-maker of the resident was contacted and the name of such person or persons, and
 - v. the outcome or current status of the individual or individuals who were involved in the incident.
 4. Analysis and follow-up action, including,
 - i. the immediate actions that have been taken to prevent recurrence, and
 - ii. the long-term actions planned to correct the situation and prevent recurrence.
 5. The name and title of the person who made the initial report to the Director under subsection (1) or (3), the date of the report and whether an inspector has been contacted and, if so, the date of the contact and the name of the inspector. O. Reg. 79/10, s. 107 (4).
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Findings/Faits saillants :

1. Two identified residents each sustained an injury and were sent to hospital. The Director was not notified, within 10 business days, of a written report of an injury requiring transfer to hospital. [O.Reg. 79/10, s.107(4)]
2. The Director was not notified within one business day of an injury, after the occurrence of the incident, resulting in a transfer to hospital.[O. Reg. 79/10, s.107(3)4]

Additional Required Actions:

CO # - 901, 902 were 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. 45. 24-hour nursing care — exceptions



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Specifically failed to comply with the following subsections:

s. 45. (1) The following are the exceptions to the requirement that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, as required under subsection 8 (3) of the Act:

1. For homes with a licensed bed capacity of 64 beds or fewer,
 - i. a registered nurse who works at the home pursuant to a contract or agreement between the nurse and the licensee and who is a member of the regular nursing staff may be used,
 - ii. in the case of an emergency where the back-up plan referred to in clause 31 (3) (d) of this Regulation fails to ensure that the requirement under subsection 8 (3) of the Act is met,
 - A. a registered nurse who works at the home pursuant to a contract or agreement between the licensee and an employment agency or other third party may be used if the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone, or
 - B. a registered practical nurse who is a member of the regular nursing staff may be used if the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone. O. Reg. 79/10, s. 45 (1).

Findings/Faits saillants :

1. A review of the Registered Staff schedule for August 1 - 28, 2011, indicated that there were 13 day shifts, 28 evening shifts and 28 night shifts that there is no Registered Nurse on duty and present in the home at all times. The finding has been outstanding since the last Annual Review which was conducted in June, 2009.

Additional Required Actions:

CO # - 903 was served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: 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).
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Findings/Faits saillants :

1. On two consecutive days during the inspection, the spa room door was observed to not close securely, allowing resident access. Chemicals were stored inside in an unlocked cupboard.
A call bell, in an identified resident's room, was observed to be not functioning and could not be activated.
On three consecutive days during the inspection, windows in identified resident's rooms were observed to open beyond 15 centimeters.
There is no resident-staff communication and response system available in dining room, lounge and parlour.
There are ongoing gaps in the 24/7 RN staffing coverage.
There is no guaranteed access to a generator, within three hours of a power outage, to maintain essential services.
[LTCHA, 2007, S.O. 2007, c.8, s.3(1)5]
2. Throughout the inspection, resident charts were observed in an unlocked chart rack at the nurses' desk and there was no staff in attendance, to ensure confidentiality of personal health information and prevent unauthorized access.
[LTCHA, 2007, S.O. 2007, c.8, s.3(1)11.iv]

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 rights of residents are fully respected and promoted, to be implemented voluntarily.

WN #4: 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. On two consecutive days during the inspection, the spa room door was observed to not close securely, allowing resident access. Chemicals were stored inside in an unlocked cupboard.
A call bell, in an identified resident's room, was observed to be not functioning and could not be activated.
Throughout the inspection, resident records were observed not locked and secure, and there was no staff in attendance, to ensure confidentiality and prevent unauthorized access.
On three consecutive days during the inspection, windows in identified resident's rooms were observed to open beyond 15 centimeters.
There is no resident-staff communication and response system available in dining room, lounge and parlour.
There are ongoing gaps in the 24/7 RN staffing coverage.
There is no guaranteed access to a generator, within three hours of a power outage, to maintain essential services.

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.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services
Specifically failed to comply with the following subsections:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,
- (a) the home, furnishings and equipment are kept clean and sanitary;
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. After a meal service, it was observed that all dining tables were wiped with the same wet cloth, without rinsing the cloth between tables.[LTCHA, 2007, S.O. 2007, c.8, s.15(2)(a)]
During the inspection, it was observed that several resident room walls, bedroom doors, door frames and handrails were in disrepair and need of painting. [LTCHA, 2007, S.O. 2007, c.8, s.15(2)(c)]

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 home, furnishings and equipment are kept clean, sanitary, maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.

Findings/Faits saillants :

1. The Home has a Quality Council. CQI-B-10-15(ON) - Feb. 2011
The mandate does not include the development and implementation of a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, program and goods provided to the residents.

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 a quality improvement and utilization review system is developed and implemented, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following subsections:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3);

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and

(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. There was no evidence of survey results and actions taken to improve the home, kept in the long term care home and made available during the inspection.
2. There was no documented evidence that the satisfaction survey results and actions taken to improve the home, are made available to residents and their families.
3. There was no documented evidence that actions taken to improve the long term care home, the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and Family Council.
4. There was no evidence that the results of the satisfaction survey are documented and made available to the Residents' Council and Family Council to seek their advice.
5. There was no documented evidence that the licensee sought the advice of the Residents' Council and Family Council, in developing and carrying out the survey, and in acting on its results.

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 a satisfaction survey is taken at least once a year, to act on the results of the survey and to improve the long-term care home, care, services, programs and goods accordingly as well as seek the advice of the Residents' and Family Councils, in developing and carrying out the survey and acting on its results, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records
Specifically failed to comply with the following subsections:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The Quality Improvement program is not in compliance with and implemented in accordance with all applicable requirements under the Act.

There is no Falls Prevention Program, Skin and Wound Care Program and no annual evaluation of the Required Programs.

2. Manual Resident Care

Policy: Urinary Continence Program

Policy number 05-04-01

Policy states that a Continence Team will be established by the Director of Care and will be comprised of direct care staff.

There is no documented evidence of review of the continence care system in the home and there is no evidence of a continence team in the home.

3. The home has a policy in the Clinical Procedures Manual entitled Skin Care Committee policy number 03-02. The policy states that each home shall have a skin care committee that provides leadership and oversight to the skin care program in the Home.

There is no evidence of a skin care committee or quarterly skin care committee meetings in the home.

4. Falls Policy # 09-02-01

The Home will establish a Falls Committee that will oversee the Fall Prevention Program in the Home, analyze fall incident data, make recommendations related to ongoing training for staff, visitors and volunteers and provide an annual report on fall prevalence and incidence in the Home. There is no evidence of a Falls Committee.

5. Infection Control Policy # 01-01 May 2010 indicates the infection control committee will meet at a minimum quarterly. There is documented evidence that the committee met March 9, 2010, June 1, 2010, September 14, 2010 and June 14, 2011.

There is no documented evidence that a meeting was held in December 2010 or March 2011.

6. Infection Control Policy # 03-10 related to contact precautions indicates that

(3) Contact precaution signage will be placed on the resident's room door.

(4) A mobile cart will be placed outside the door to the resident's room with all the Personal Protective Supplies.

(6) A hands free garbage receptacle will be placed inside the resident room for easy disposal of PPE.

None of these items were observed to be in place for identified residents.

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, policy, protocol, procedure, strategy or system is in compliance with and is implemented in accordance with all applicable requirements under the Act and is complied with, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following subsections:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;

(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;

(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;

(e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;

(f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;

(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;

(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;

(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;

(j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and

(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :

1. During the inspection it was observed that several resident room walls, bedroom doors, door frames, handrails were in disrepair and in need of painting.

There was no documented evidence that there are schedules and procedures for routine, preventive and remedial maintenance.

[O.Reg. 79/10, s.90(1)(b)]

2. Administration Manual under Environmental Health and Safety

Emergency situations-water temperature document 04-04-10

"Water temps to be taken daily at the source and once a shift in random locations where residents have access to hot water."

During July 2011 there were 16 water temperatures not recorded and as of August 19, 2011, there were 6 water temperatures not recorded, in random locations where residents have access to hot water.

On July 6, 2011, on the night shift, the water temperature was recorded to be at 50 C and no entry in the maintenance book.

On July 26, 2011, on the day shift, the temperature was recorded at 38 C and no entry in the maintenance book.

On August 9, 2011, on the day shift, the water temperature was recorded at 39 C and no entry in the maintenance book.

[O.Reg. 79/10, s.90(2)(g)(h)(i)(k)]

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 there are schedules and procedures in place for routine, preventative and remedial maintenance and to ensure that the water temperature is monitored once per shift in random locations where residents have access to hot water, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

1. The spa room door was observed to be ajar and there were no staff members present. The unlocked cupboard, located inside the spa room, contained Virox 5 and tub disinfectant, which were accessible to residents. Upon closer examination, the spa room door was observed to have a delay in closing securely, unless done manually.

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 all hazardous substances in the home are labeled properly and kept inaccessible to residents at all times, to be implemented voluntarily.

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16.

Findings/Faits saillants :

1. The windows in three identified resident rooms could be opened beyond 15 centimeters. The windows in an identified room had one clip fastened by a screw to restrict the window opening. The clip did not prevent the window from being opened beyond 15 centimeters.

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 related to ensuring every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimeters, to be implemented voluntarily.

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following subsections:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

- (a) can be easily seen, accessed and used by residents, staff and visitors at all times;
- (b) is on at all times;
- (c) allows calls to be cancelled only at the point of activation;
- (d) is available at each bed, toilet, bath and shower location used by residents;
- (e) is available in every area accessible by residents;
- (f) clearly indicates when activated where the signal is coming from; and
- (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The call bell cord, in an identified resident's room, was not functioning and could not be activated.[O. Reg. 79/10, s.17 (1)(b)]
2. There is no resident-staff communication and response system available in the dining room, lounge and parlour. [O.Reg. 79/10, s.17(1)(e)]

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 a resident-staff communication and response system is available in every area accessible by residents, to be implemented voluntarily.

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 19. Generators

Specifically failed to comply with the following subsections:

s. 19. (4) The licensee of a home to which subsection (2) or (3) applies shall ensure, not later than six months after the day this section comes into force, that the home has guaranteed access to a generator that will be operational within three hours of a power outage and that can maintain everything required under clauses (1) (a), (b) and (c). O. Reg. 79/10, s. 19 (4).

Findings/Faits saillants :

1. The Home does not have guaranteed access to a generator that will be operational within 3 hours of a power outage and that can maintain the heating system, emergency lighting in hallways, corridors, stairways and exits and essential services, such as dietary, resident-staff communication and response system, life support and safety and emergency equipment.

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 has guaranteed access to a generator within 3 hours of a power outage and that can maintain the heating system, emergency lighting in hallways, corridors, stairways and exits and essential services, such as dietary, resident-staff communication and response system, life support and safety and emergency equipment, to be implemented voluntarily.

WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following subsections:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.
2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.
3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

Findings/Faits saillants :

1. There was no documented evidence that any of the required programs, under sections 8 to 16 of the Act and section 48 of the regulation, are evaluated and updated annually.

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 any of the required programs, under sections 8 to 16 of the Act and section 48 of the regulation, are evaluated and updated annually, to be implemented voluntarily.

WN #15: The Licensee has failed to comply with O.Reg 79/10, s. 228. Continuous quality improvement
Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:

1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.
2. The system must be ongoing and interdisciplinary.
3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.
4. A record must be maintained by the licensee setting out,
 - i. the matters referred to in paragraph 3,
 - ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and
 - iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.

Findings/Faits saillants :

1. There was no documented evidence that the home maintains a record identifying the names of evaluation participants and dates of any improvements.[O.Reg. 79/10, s.228(4)ii]
2. There was no documented evidence that the home's quality improvement and utilization review system provides a written description of its goals, objectives, policies, procedures and a process to identify initiatives for review.[O.Reg. 79/10, s.228(1)]
3. There was no documented evidence that improvements made to the quality of the accommodation, care, services, programs and goods provided to residents is communicated to the Residents' Council, Family Council and staff.(O.Reg. 79/10, s.228(3))
4. There was no documented evidence that the home maintains a record of the communication to Resident's Council, Family Council and staff regarding improvements made to the quality of the accommodation, care, services, programs and goods provided to residents.
[O.Reg. 79/10, s.228(4)(i)(iii)]

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 that the quality improvement program be reviewed and revised to meet the current legislative requirements, to be implemented voluntarily.

WN #16: 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 subsections:

- s. 229. (2) The licensee shall ensure,
- (a) that there is an interdisciplinary team approach in the co-ordination and implementation of the program;
 - (b) that the interdisciplinary team that co-ordinates and implements the program meets at least quarterly;
 - (c) that the local medical officer of health is invited to the meetings;
 - (d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and
 - (e) that a written record is kept relating to each evaluation under clause (d) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 229 (2).

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 :

1. The Administrator/Director of Care shared that the Infection Prevention and Control program has not been evaluated and updated at least annually. There was no written record of an evaluation.
[O.Reg. 79/10, s.229(d)(e)]

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 be reviewed and revised to meet the current legislative requirements, to be implemented voluntarily.

WN #17: The Licensee has failed to comply with O.Reg 79/10, s. 230. Emergency plans

Specifically failed to comply with the following subsections:

s. 230. (3) In developing the plans, the licensee shall,

- (a) consult with the relevant community agencies, partner facilities and resources that will be involved in responding to the emergency; and
- (b) ensure that hazards and risks that may give rise to an emergency impacting the home are identified and assessed, whether the hazards and risks arise within the home or in the surrounding vicinity or community. O. Reg. 79/10, s. 230 (3).

s. 230. (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with,
 - i. fires,
 - ii. community disasters,
 - iii. violent outbursts,
 - iv. bomb threats,
 - v. medical emergencies,
 - vi. chemical spills,
 - vii. situations involving a missing resident, and
 - viii. loss of one or more essential services.
2. Evacuation of the home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency.
3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the home.
4. Identification of the community agencies, partner facilities and resources that will be involved in responding to the emergency. O. Reg. 79/10, s. 230 (4).

s. 230. (8) The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to emergencies. O. Reg. 79/10, s. 230 (8).

Findings/Faits saillants :

1. There is minimal documentation of consultation with community agencies and there is no documented evidence of arrangements with partner facilities and resources that will be involved in responding to an emergency. [O.Reg. 79/10, s.230(4)(8)]

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 emergency plans are reviewed and revised to meet the current legislative requirements, to be implemented voluntarily.

WN #18: The Licensee has failed to comply with O.Reg 79/10, s. 225. Posting of information



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

Specifically failed to comply with the following subsections:

s. 225. (1) For the purposes of clause 79 (3) (q) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 79 of the Act includes the following:

1. The fundamental principle set out in section 1 of the Act.
2. The home's licence or approval, including any conditions or amendments, other than conditions that are imposed under the regulations or the conditions under subsection 101 (3) of the Act.
3. The most recent audited report provided for in clause 243 (1) (a).
4. The Ministry's toll-free telephone number for making complaints about homes and its hours of service.
5. Together with the explanation required under clause 79 (3) (d) of the Act, the name and contact information of the Director to whom a mandatory report shall be made under section 24 of the Act. O. Reg. 79/10, s. 225 (1).

Findings/Faits saillants :

1. After review of the postings throughout the home and review of the public information binder, it was observed that the fundamental principle is not posted. It is also not included in the admission package given to resident/family on admission.[O.Reg. 79/10, s.225(1)1]

Issued on this 31st day of October, 2011

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

Marion E. McDonald



**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) :	MARIAN MACDONALD (137), SHARON PERRY (155)
Inspection No. / No de l'inspection :	2011_024137_0036
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Date of Inspection / Date de l'inspection :	Aug 15, 16, 17, 18, 19, 22, 23, 24, 25, 26, 29, 30, Sep 2, 21, Oct 7, 18, 31, 2011
Licensee / Titulaire de permis :	GROSVENOR HEALTH CARE PARTNERSHIP (NO. 3) 150 WATER STREET SOUTH, CAMBRIDGE, ON, N1R-3E2
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 :	MARY-LYNNE KENNEDY-MCGREGOR

To GROSVENOR HEALTH CARE PARTNERSHIP (NO. 3), 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 : 901 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

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

1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.
2. An environmental hazard, including a breakdown or failure of the security system or a breakdown of major equipment or a system in the home that affects the provision of care or the safety, security or well-being of residents for a period greater than six hours.
3. A missing or unaccounted for controlled substance.
4. An injury in respect of which a person is taken to hospital.
5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital. O. Reg. 79/10, s. 107 (3).

Order / Ordre :

The Licensee is required to prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s.107(3)4.
Please submit the plan to Marian C. Mac Donald at LondonSAO.moh@ontario.ca quoting Log # L-001250.

Grounds / Motifs :

1. Two identified residents each sustained an injury and each resident was taken to hospital.
The Director was not notified within one business day of an injury, after the occurrence of the incident, resulting in a transfer to hospital. [O.Reg. 79/10, s.107(3)4] (137)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 16, 2011

Order # /
Ordre no : 902 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :



**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

O.Reg 79/10, s. 107. (4) A licensee who is required to inform the Director of an incident under subsection (1) or (3) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.
2. A description of the individuals involved in the incident, including,
 - i. names of any residents involved in the incident,
 - ii. names of any staff members or other persons who were present at or discovered the incident, and
 - iii. names of staff members who responded or are responding to the incident.
3. Actions taken in response to the incident, including,
 - i. what care was given or action taken as a result of the incident, and by whom,
 - ii. whether a physician or registered nurse in the extended class was contacted,
 - iii. what other authorities were contacted about the incident, if any,
 - iv. for incidents involving a resident, whether a family member, person of importance or a substitute decision-maker of the resident was contacted and the name of such person or persons, and
 - v. the outcome or current status of the individual or individuals who were involved in the incident.
4. Analysis and follow-up action, including,
 - i. the immediate actions that have been taken to prevent recurrence, and
 - ii. the long-term actions planned to correct the situation and prevent recurrence.
5. The name and title of the person who made the initial report to the Director under subsection (1) or (3), the date of the report and whether an inspector has been contacted and, if so, the date of the contact and the name of the inspector. O. Reg. 79/10, s. 107 (4).

Order / Ordre :

The Licensee is required to prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s.107(4).

Please submit the plan to Marian C. Mac Donald at LondonSAO.moh@ontario.ca quoting Log # L-001250.

Grounds / Motifs :

1. Two identified residents each sustained an injury and each resident was taken to hospital.
The Director was not notified, within 10 business days, of a written report of an injury requiring transfer to hospital.
A written Critical Incident report was not submitted.
[O.Reg. 79/10, s.107(4)] (137)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 16, 2011



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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 45. (1) The following are the exceptions to the requirement that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, as required under subsection 8 (3) of the Act:

1. For homes with a licensed bed capacity of 64 beds or fewer,
 - i. a registered nurse who works at the home pursuant to a contract or agreement between the nurse and the licensee and who is a member of the regular nursing staff may be used,
 - ii. in the case of an emergency where the back-up plan referred to in clause 31 (3) (d) of this Regulation fails to ensure that the requirement under subsection 8 (3) of the Act is met,
 - A. a registered nurse who works at the home pursuant to a contract or agreement between the licensee and an employment agency or other third party may be used if the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone, or
 - B. a registered practical nurse who is a member of the regular nursing staff may be used if the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone. O. Reg. 79/10, s. 45 (1).

Order / Ordre :

The Licensee is required to prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s.45(1).
Please submit the plan to Marian C. Mac Donald - Nursing Inspector at LondonSAO.moh@ontario.ca quoting Log # L-001250.

Grounds / Motifs :

1. A review of the Registered Staff schedule for August 1 - 28, 2011, indicated that there are 13 day shifts, 28 evening shifts and 28 night shifts that there is no Registered Nurse on duty and present in the home at all times. The finding has been outstanding since the last Annual Review, which was conducted in June, 2009. (137)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 16, 2011



**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

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.



**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

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
8^e 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, 9^e 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
8^e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 31st day of October, 2011

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

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

MARIAN MACDONALD

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

London Service Area Office