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 sous la Loi de 2007 sur les foyers de soins de longue durée

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

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
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Bureau régional de services de Sudbury
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Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 5, 2015	2015_391603_0002	S-000659-15, S-000447-14, S-000638-15, S-000335-14	Complaint

Licensee/Titulaire de permis

EXTENDICARE (CANADA) INC.
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

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

EXTENDICARE TIMMINS
62 St-Jean Avenue TIMMINS ON P4R 0A6

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

SYLVIE LAVICTOIRE (603)

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): January 14, 15, 16, 2015

The following logs were completed: Log# S-000659-15, S-000447-14, S-000638-15, S-000335-14

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (D.O.C.), Dietary Manager, Residents, Resident family members, Registered Staff, Personal Support Workers, and Physio Assistant.

The following Inspection Protocols were used during this inspection:
Dining Observation
Medication
Personal Support Services
Sufficient Staffing

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

5 WN(s)
~~1 VPC(s)~~ SL
2 CO(s)
0 DR(s)
0 WAO(s)

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care for resident #001 was based on an assessment of the resident and the resident's needs and preferences.
Findings:
During the inspection, Inspector #603 interviewed family member #110 who explained that resident #001 does not always receive 2 baths per week because the home is often working short-staffed.

Inspector #603 reviewed resident #001's care plan which indicated the resident will be bathed/showered 2 times per week with 1 staff assistance. This is to be done on Saturday day shift and Tuesday evening shift.

Inspector #603 reviewed resident #001's health care record which indicated that from December 1-31, 2014, the resident received only one bath per week [s. 6. (2)]

2. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident.
Findings:
During the inspection, Inspector #603 contacted family member #115 who explained that resident #003 did not always receive 2 baths/showers a week.

Inspector #603 reviewed resident #003's care plan which indicated that the resident will receive a shower twice a week on Wednesday and Saturday evenings.

Inspector #603 reviewed resident #003's health care record. The daily flow sheet indicated that during the week of November 1-7, one bath was provided, November 8-14, one bath was provided, and November 22-28, one bath was provided.

Inspector #603 interviewed #S-108 and #S-109 who explained that the home is regularly short-staffed and that the residents are not always getting their planned baths/showers.

Inspector #603 interviewed #S-100 and #S-101 who confirmed that when the home is short-staffed, the baths/showers have to wait until they can get more staff to come in or the baths/showers get cancelled.

Inspector #603 reviewed the home's written direction for when short-staffed: The "Plan B PSW's: When Working Short" document indicated that baths and showers are to be

suspended. [s. 6. (7)]

3. The licensee has failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.
Findings:
During the inspection, Inspector #603 reviewed resident #001's health care record which indicated that the resident will receive nursing restorative care (AROM 6-7 days a week for 15 minutes each time, set up on the ex-flex bike for 15 minutes) and staff are to supervise resident #001.

Inspector #603 interviewed resident #001 who explained that they are not able to attend their daily restorative care program because the home is short-staffed and the restorative care staff needs to go help out on the nursing units.

Inspector #603 interviewed #S-113 who said that they were pulled from the restorative care program, due to staff shortage on the different nursing units. Staff #113 explained that on January 15, 2015, 12 residents did not receive restorative care due to staffing (nursing) shortage.

Inspector #603 reviewed the minutes from the nursing restorative care program and for the month of December 2014, there were only 15 days of the month in which restorative care was available and from January 1-15, there was only one day which restorative care was available due to short staffing. According to #S-113, during this time, a total of 52 residents were not provided restorative care as required. [s. 6. (7)]

Additional Required Actions:

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

amended

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,
(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).
(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).
(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).
(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).
(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the staffing plan provides for a staffing mix that is consistent with resident's assessed care and safety needs.
Findings:
On January 15, 2015 at 1300, Inspector #603 reviewed the home's staffing plan which sets out the home's planned staffing hours. A detailed document was produced by the home, which indicated that for 2014, there was a total of 109.25 unfilled RN hours, 1149 unfilled RPN hours, and 4488.75 unfilled PSW hours. On January 14, 2015, Inspector observed that one staff was missing on a particular unit and on January 15th, a total of 3 staff members were missing on 2 different units.

On January 15, 2015 at 0900, Inspector #603 interviewed #S-103 who explained that a particular unit was short staffed on January 14, 2015 and for this reason, the planned resident showers were not completed, shaves were not completed, and the morning beverages were not offered to residents even though, the beverages were prepared. Staff #103 also explained that the lack of staff and services to the residents have become a pattern since they are regularly working short of staff.

On January 15, 2015 at 1200, Inspector #603 interviewed #S-113 who had been pulled

that morning from restorative care to assist nursing due to staff shortage. The staff explained that on that day, the home was short of 3 staff. Due to staff shortage, #S-113 indicated that the showers/baths were cancelled, shaves were not done, morning beverages were not distributed, residents were being rushed to the dining room, residents were being mobilized by wheelchair instead of walking as per their care plan. Staff #113 also explained that the restorative care program had been cancelled for 12 residents due to staffing shortage. Staff #113 pointed out that resident #006 was being wheeled into the dining room when they should have walked with their walker and one staff.

On January 15, 2015 at 1220, Inspector #603 interviewed resident #006, who explained that they were not able to use their walker to get to the dining room because they were being rushed. Inspector #603 interviewed #S-112 who explained that on a different unit, 6 baths were not provided, beds were not made, and the morning care would continue into the afternoon.

On January 15, 2015, Inspector #603 interviewed #S-100 and #S-101 who indicated that when short staffed on days, residents' bath/showers, bed making, and restorative care are to be suspended. On evenings, showers and bed making are suspended and on nights, rounds are to be reduced to one round on each unit as well as two visual rounds. [s. 31. (3)]

Additional Required Actions:

CO # - 002 will be 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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home is a safe and secure environment for resident #005.
Findings:
On January 15, 2015 at 0910, Inspector #603 observed resident #005 attempting to wheel their chair to the servery area on a particular unit. Both doors leading to the steaming servery equipment were left opened.

On January 15, 2015 at 0920, Inspector #603 interviewed #S-104 who explained that both doors to the servery should be closed and locked, however this is not always done.

On January 16, 2015 at 0930, Inspector #603 interviewed #S-116 who explained that the staff are reminded to close the servery doors however, there is no policy or procedure to this effect. [s. 5.]

WN #4: 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:

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 O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the Home's Medication Safe Practice, Assessment Tool policy and procedure is complied with.
Findings:
On January 16, 2015, Inspector #603 reviewed the documentation related to a medication error involving staff #117 and resident #001. The Medication Safe Practice, Assessment Tool procedure indicated: The Registered Nurse in Charge will fill in a Medication Error Incident report and submit the form to the D.O.C. In this case, it was #S-117 and not the Registered Nurse in Charge, who completed and submitted the report to the D.O.C.

The procedure indicated: The D.O.C. will arrange to meet with the registered staff who has made the medication error to discuss the incident. The D.O.C will provide the staff with a Self Assessment Tool. Once the Self Assessment Tool has been filled out, the staff will return the form to the D.O.C., who will then review the tool with the staff and attempt to find solution(s) that could assist the staff in preventing future errors. During inspection, Inspector determined that there was no Self Assessment Tool completed by #S-117 and a meeting between the D.O.C. and the staff did not take place as identified in the home's policy. [s. 8. (1) (b)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (3) The licensee shall ensure that each resident is offered a minimum of,
(a) three meals daily; O. Reg. 79/10, s. 71 (3).
(b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and O. Reg. 79/10, s. 71 (3).
(c) a snack in the afternoon and evening. O. Reg. 79/10, s. 71 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that each resident is offered a minimum of a between-meal beverage in the morning.
Findings:
On January 15, 2015, Inspector #603 interviewed #S-108 and #S-109 who indicated that the home is regularly short-staffed and for this reason, the beverage passes are not always completed, especially in the morning.

On January 16, 2015 at 0930, Inspector #603 interviewed #S-116 who confirmed that when short-staffed, the morning beverage is not always offered to the residents. Inspector #603 reviewed the Resident Daily Food and Fluid Intake flow sheet and on January 14th and 15th, 2015, 30 residents did not receive their morning beverage due to short-staff on a specific unit. Staff # 116 confirmed this information and observed that the beverage cart had not been moved from the servery.

On January 15, 2015, Inspector #603 reviewed resident #003 beverage passes which indicated that November 1-31, 2014, there was no morning beverage offered, except on the 15th and 30th. December 1-16, 2014 indicated beverage was given to the resident, every morning, when in fact, this resident was not in the home on December 14th, 2014. [s. 71. (3)]

Issued on this 16th day of March, 2015

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

Sylvie Lavictoine

Original report signed by the inspector.

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

Ministére 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) :	SYLVIE LAVICTOIRE (603)
Inspection No. / No de l'inspection :	2015_391603_0002
Log No. / Registre no:	S-000659-15, S-000447-14, S-000638-15, S-000335-14
Type of Inspection / Genre d'inspection:	Complaint
Report Date(s) / Date(s) du Rapport :	Mar 5, 2015
Licensee / Titulaire de permis :	EXTENDICARE (CANADA) INC. 3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2
LTC Home / Foyer de SLD :	EXTENDICARE TIMMINS 62 St-Jean Avenue, TIMMINS, ON, P4R-0A6
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	KELLY TREMBLAY

To EXTENDICARE (CANADA) INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001 **Order Type / Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Order / Ordre :

The licensee shall ensure that the care set out in the plans of care for all residents, specifically for resident #003 regarding bathing and for resident # 001 regarding restorative care, is provided to the resident as specified in the plan.

Grounds / Motifs :

1. The licensee has failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.
Findings:
During the inspection, Inspector #603 reviewed resident #001's health care record which indicated that the resident will receive nursing restorative care (AROM 6-7 days a week for 15 minutes each time, set up on the ex-flex bike for 15 minutes) and staff are to supervise resident #001.

Inspector #603 interviewed resident #001 who explained that they are not able to attend their daily restorative care program because the home is short-staffed and the restorative care staff needs to go help out on the nursing units.

Inspector #603 interviewed #S-113 who said that they were pulled from the restorative care program, due to staff shortage on the different nursing units. Staff #113 explained that on January 15, 2015, 12 residents did not receive restorative care due to staffing (nursing) shortage.

Inspector #603 reviewed the minutes from the nursing restorative care program and for the month of December 2014, there were only 15 days of the month in which restorative care was available and from January 1-15, there was only one day which restorative care was available due to short staffing. During this time, a total of 52 residents were not provided restorative care as required. (603)

2. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident.
Findings:
During the inspection, Inspector #603 contacted family member #115 who explained that resident #003 did not always receive 2 baths/showers a week.

Inspector #603 reviewed resident #003's care plan which indicated that the resident will receive a shower twice a week on Wednesday and Saturday evenings. Inspector #603 reviewed resident #003's health care record. The daily flow sheet indicated that during the week of November 1-7, one bath was provided, November 8-14, one bath was provided, and November 22-28, one bath was provided.

Inspector #603 interviewed #S-108 and #S-109 who explained that the home is regularly short-staffed and that the residents are not always getting their planned baths/showers.

Inspector #603 interviewed #S-100 and #S-101 who confirmed that when the home is short- staffed, the baths/showers have to wait until they can get more staff to come in or the baths/showers get cancelled.

Inspector #603 reviewed the home's written direction for when short- staffed: The "Plan B PSW's: When Working Short" document indicated that baths and showers are to be suspended. (603)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Apr 01, 2015

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 31. (3) The staffing plan must,
(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;
(b) set out the organization and scheduling of staff shifts;
(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;
(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and
(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Order / Ordre :

The licensee shall ensure that the staffing plan must provide for a staffing mix that is consistent with all resident's assessed care and safety needs and that meets the requirements set out in the Act and this regulation.

Grounds / Motifs :

1. The licensee has failed to ensure that the staffing plan provides for a staffing mix that is consistent with resident's assessed care and safety needs.
Findings:
On January 15, 2015 at 1300, Inspector #603 reviewed the home's staffing plan which sets out the home's planned staffing hours. A detailed document was produced by the home, which indicated that for 2014, there was a total of 109.25 unfilled RN hours, 1149 unfilled RPN hours, and 4488.75 unfilled PSW hours.
On January 14, 2015, Inspector observed that one staff member was missing on a particular unit and on January 15th, a total of 3 staff members were missing on 2 different units.

On January 15, 2015 at 0900, Inspector #603 interviewed #S-103 who explained

that one particular unit was short staffed on January 14, 2015 and for this reason, the planned resident showers were not completed, shaves were not completed, and the morning beverages were not offered to residents even though, the beverages were prepared. Staff #103 also explained that the lack of staff and services to the residents have become a pattern since they are regularly working short of staff.

On January 15, 2015 at 1200, Inspector #603 interviewed #S-113 who had been pulled that morning from restorative care to assist nursing due to staff shortage. The staff explained that on that day, the home was short of 3 staff on 2 particular units. Due to staff shortage, #S-113 indicated that the showers/baths were cancelled, shaves were not done, morning beverages were not distributed, residents were being rushed to the dining room, residents were being mobilized by wheelchair instead of walking as per their care plan. Staff #113 also explained that the restorative care program had been cancelled for 12 residents due to staffing shortage. Staff #113 pointed out that resident #006 was being wheeled into the dining room when they should have walked with their walker and one staff.

On January 15, 2015 at 1220, Inspector #603 interviewed resident #006, who explained that they were not able to use their walker to get to the dining room because they were being rushed. Inspector #603 interviewed #S-112 who explained that on a different unit, 6 baths were not provided, beds were not made, and the morning care would continue into the afternoon.

On January 15, 2015, Inspector #603 interviewed #S-100 and #S-101 who indicated that when short staffed on days, residents' bath/showers, bed making, and restorative care are to be suspended. On evenings, showers and bed making are suspended and on nights, rounds are to be reduced to one round on each unit as well as two visual rounds. (603)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Apr 01, 2015

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
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 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
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.

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
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 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 5th day of March, 2015

Signature of Inspector / Signature de l'inspecteur :

Name of Inspector / Nom de l'inspecteur : Sylvie Lavictoire

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