

**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**

Toronto Service Area Office  
5700 Yonge Street 5th Floor  
TORONTO ON M2M 4K5  
Telephone: (416) 325-9660  
Facsimile: (416) 327-4486

Bureau régional de services de  
Toronto  
5700, rue Yonge 5e étage  
TORONTO ON M2M 4K5  
Téléphone: (416) 325-9660  
Télécopieur: (416) 327-4486

**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 18, 2022	2022_846665_0004	003231-22	Proactive Compliance Inspection

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**Licensee/Titulaire de permis**

Labdara Foundation  
5 Resurrection Road Etobicoke ON M9A 5G1

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

Labdara Lithuanian Nursing Home  
5 Resurrection Road Etobicoke ON M9A 5G1

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

JOY IERACI (665), IVY LAM (646)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Proactive Compliance Inspection.**

**This inspection was conducted on the following date(s): February 25 and 28, March 1, 2, 3, 4, 7 and 8, 2022.**

**During the course of the inspection, the inspector(s) spoke with Executive Director (ED), Director of Care (DOC), Assistant Director of Care (ADOC)/Infection Prevention and Control (IPAC) Lead, Environmental Services Manager (ESM), Food Services Manager (FSM), Programs Manager (PM), IPAC Consultant, Toronto Public Health (TPH) Staff, Registered Dietitian (RD), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Physiotherapy Assistant, Activation Aides, Cook, Dietary Aides (DAs), Housekeeping Staff, Screeners, Private Caregivers, Family Council Members, Residents and Family Members.**

**During the course of the inspection, the inspectors observed meal and snack service, medication administration, IPAC Practices, Residents' care areas, provision of resident care and reviewed residents' clinical records, IPAC audits, training records, pertinent home records and policies and Chief Medical Officer of Health's (CMOH) Directives.**

**The following Inspection Protocols were used during this inspection:**

**Dining Observation  
Falls Prevention  
Family Council  
Infection Prevention and Control  
Medication  
Nutrition and Hydration  
Pain  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Quality Improvement  
Residents' Council  
Safe and Secure Home  
Skin and Wound Care**

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

**2 WN(s)  
1 VPC(s)  
1 CO(s)  
0 DR(s)  
0 WAO(s)**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<b>Legend</b>	<b>Légende</b>
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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. 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 home failed to ensure that the home was a safe and secure environment for its residents and staff related to the home's infection prevention and control (IPAC) practices.

A) The Chief Medical Officer of Health's (CMOH) Directive #3 required all long-term care homes (LTCHs) to conduct regular IPAC self-assessment audits at a minimum of once a week when the home was in a COVID-19 outbreak.

The home was in a confirmed COVID-19 outbreak December 29, 2021, to February 19, 2022.

The IPAC self assessment audits were not completed weekly during the outbreak. Two out of eight audits were not completed, for the weeks of January 10 and February 14, 2022.

IPAC Consultant #124 confirmed that some IPAC audits were not completed.

B) Observations of IPAC practices identified the following:

i. Screeners #114 and screener #117 on two separate dates did not follow the instructions of the rapid antigen test (RAT) device. Three visitors were tested at the time of the observations.

The instructions of the RAT device indicated that the swab with the collected specimen were to stand in the extraction tube solution for two minutes and results to be read at 15 minutes.

Screeners #114 and #117 acknowledged they did not follow the instructions.

ii. CMOH's Directive #3 directed LTCHs to ensure that all staff and essential visitors wear

a well fitted medical mask for the entire duration of their shift/visit and that all staff comply with universal masking at all times, including in administrative areas.

PSW #110 had their surgical mask hanging on their chin in the nursing station. Essential caregiver (ECG) for resident #001 was wearing their surgical mask below their nose. ECG for resident #019 was not wearing their surgical mask on two occasions in the resident's room.

IPAC Lead #101 acknowledged that PSW #110 and ECG of resident #001 did not wear their surgical mask appropriately.

iii. Screener #114 did not wear eye protection when RAT were conducted on one occasion.

The screener stated they wore eye protection when the home was in a COVID-19 outbreak but did not know if it was required when not in outbreak.

IPAC Lead #101 acknowledged that eye protection was required when RAT were conducted.

iv. Screener #117 did not remove their personal protective equipment (PPE) appropriately on one occasion.

The home followed Public Health Ontario's (PHO) best practices related to removing PPE. The steps for removing PPE were: 1-remove gloves, 2-remove gown, 3-perform hand hygiene, 4- remove eye protection, 5-remove mask or N95 respirator and 6-perform hand hygiene.

Screener #117 admitted they had removed their eye protection (goggles) first (step 4). The screener did not clean and disinfect the goggles after removal and stored it for reuse. The screener stated they were not aware that the goggles had to be cleaned and disinfected after removal.

v. The home used PHO's droplet/contact precaution signage for affected residents. The signage indicated the PPE required: mask and eye protection within two metres of resident, gloves and long-sleeved gown for direct care.

Resident #018 was on droplet/contact precautions and symptomatic. PSW #120 was

observed coming out of the room after providing care without eye protection. After the observation, a registered staff informed the PSW of the resident's test result.

Resident #016 was on droplet/contact precautions. RPN #104 was observed coming out of the room after providing care wearing a surgical mask and no other PPE.

Resident #020 was on droplet/contact precautions. PSW #118 provided care to the resident without eye protection. Two ECGs were in the room with the PSW without any PPE except for a surgical mask.

IPAC Lead #101 indicated that when a resident was on droplet/contact precautions, staff and ECGs were required to wear eye protection if the resident was symptomatic. When the home is in a COVID-19 outbreak, eye protection is to be worn.

TPH Staff #121 stated that they had advised the home that eye protection be worn for all residents that were on droplet/contact precautions, whether they were symptomatic or not. The required PPE on the droplet/contact precautions signage must be followed.

Sources: Observations on February 25, March 2, 4, 7 and 8, 2022; review of residents #018, # 016 and #020's clinical records, IPAC Self-Assessment Audits, BTNX Rapid Response COVID-19 Antigen Rapid Test Device instructions, CMOH Directive #3, re-issued December 24, 2021, PHO's Droplet/Contact Precautions signage and PHO's steps in removing PPE; interviews with Screeners #114 and #117, IPAC Consultant #124, IPAC Lead #101, TPH Staff #121 and other staff. [s. 5.]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home**

Specifically failed to comply with the following:

**s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:**

**2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**Findings/Faits saillants :**

The licensee has failed to ensure that the shower room door leading to the non-residential area was kept closed and locked when they were not supervised by staff.

The shower room door in one resident home area was observed open, unlocked and was not supervised by staff on three occasions. There were residents ambulating in the vicinity at the time.

PSW #108 and RN #119 acknowledged that the shower room was to remain locked and closed when not used to ensure resident safety.

Sources: Observations on February 25, March 1 and 8, 2022, interviews with PSW #108, RN #119 and other staff. [s. 9. (1) 2.]

***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 doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff, to be implemented voluntarily.***

**Issued on this 25th day of March, 2022**

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

**Original report signed by the inspector.**



**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  
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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**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** JOY IERACI (665), IVY LAM (646)

**Inspection No. /**

**No de l'inspection :** 2022\_846665\_0004

**Log No. /**

**No de registre :** 003231-22

**Type of Inspection /**

**Genre d'inspection:** Proactive Compliance Inspection

**Report Date(s) /**

**Date(s) du Rapport :** Mar 18, 2022

**Licensee /**

**Titulaire de permis :** Labdara Foundation  
5 Resurrection Road, Etobicoke, ON, M9A-5G1

**LTC Home /**

**Foyer de SLD :** Labdara Lithuanian Nursing Home  
5 Resurrection Road, Etobicoke, ON, M9A-5G1

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Laura Puteris

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To Labdara Foundation, 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 :**

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 :**

1. Ensure staff and essential caregivers (ECGs) wear the required personal protective equipment (PPE) for those residents who are on droplet/contact precautions.
2. Ensure that staff and ECG's follow masking practices as directed by the Chief Medical Officer of Health.
3. Conduct random audits to ensure that rapid antigen tests are conducted as per the manufacturer's instructions, for a minimum of one month, or until no concerns are identified.
4. Maintain a documented record for step three, including the person responsible, date and time, and outcome.

**Grounds / Motifs :**

1. The home failed to ensure that the home was a safe and secure environment for its residents and staff related to the home's infection prevention and control (IPAC) practices.

A) The Chief Medical Officer of Health's (CMOH) Directive #3 required all long-term care homes (LTCHs) to conduct regular IPAC self-assessment audits at a minimum of once a week when the home was in a COVID-19 outbreak.

The home was in a confirmed COVID-19 outbreak December 29, 2021, to February 19, 2022.

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outbreak. Two out of eight audits were not completed, for the weeks of January 10 and February 14, 2022.

IPAC Consultant #124 confirmed that some IPAC audits were not completed.

B) Observations of IPAC practices identified the following:

i. Screeners #114 and screener #117 on two separate dates did not follow the instructions of the rapid antigen test (RAT) device. Three visitors were tested at the time of the observations.

The instructions of the RAT device indicated that the swab with the collected specimen were to stand in the extraction tube solution for two minutes and results to be read at 15 minutes.

Screeners #114 and #117 acknowledged they did not follow the instructions.

ii. CMOH's Directive #3 directed LTCHs to ensure that all staff and essential visitors wear a well fitted medical mask for the entire duration of their shift/visit and that all staff comply with universal masking at all times, including in administrative areas.

PSW #110 had their surgical mask hanging on their chin in the nursing station. Essential caregiver (ECG) for resident #001 was wearing their surgical mask below their nose. ECG for resident #019 was not wearing their surgical mask on two occasions in the resident's room.

IPAC Lead #101 acknowledged that PSW #110 and ECG of resident #001 did not wear their surgical mask appropriately.

iii. Screener #114 did not wear eye protection when RAT were conducted on one occasion.

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IPAC Lead #101 acknowledged that eye protection was required when RAT

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were conducted.

iv. Screener #117 did not remove their personal protective equipment (PPE) appropriately on one occasion.

The home followed Public Health Ontario's (PHO) best practices related to removing PPE. The steps for removing PPE were: 1-remove gloves, 2-remove gown, 3-perform hand hygiene, 4- remove eye protection, 5-remove mask or N95 respirator and 6-perform hand hygiene.

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v. The home used PHO's droplet/contact precaution signage for affected residents. The signage indicated the PPE required: mask and eye protection within two metres of resident, gloves and long-sleeved gown for direct care.

Resident #018 was on droplet/contact precautions and symptomatic. PSW #120 was observed coming out of the room after providing care without eye protection. After the observation, a registered staff informed the PSW of the resident's test result.

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**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

TPH Staff #121 stated that they had advised the home that eye protection be worn for all residents that were on droplet/contact precautions, whether they were symptomatic or not. The required PPE on the droplet/contact precautions signage must be followed.

Sources: Observations on February 25, March 2, 4, 7 and 8, 2022; review of residents #018, # 016 and #020's clinical records, IPAC Self-Assessment Audits, BTNX Rapid Response COVID-19 Antigen Rapid Test Device instructions, CMOH Directive #3, re-issued December 24, 2021, PHO's Droplet/Contact Precautions signage and PHO's steps in removing PPE; interviews with Screeners #114 and #117, IPAC Consultant #124, IPAC Lead #101, TPH Staff #121 and other staff.

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

**Severity:** There was actual risk of harm to residents and staff related to not wearing the required PPE for residents on droplet/contact precautions and not following the RAT device instructions.

**Scope:** The scope of this non-compliance was widespread as it had the potential to affect the safety of a large number of residents and staff.

**Compliance History:** Three written notifications (WNs) were issued to the home related to different sections of the legislation in the past 36 months.  
(665)

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

Apr 22, 2022

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
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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  
438 University Avenue, 8th Floor  
Toronto, ON M7A 1N3  
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  
438 University Avenue, 8th Floor  
Toronto, ON M7A 1N3  
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](http://www.hsarb.on.ca).

**Order(s) of the Inspector**

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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  
438, rue University, 8<sup>e</sup> étage  
Toronto ON M7A 1N3  
Télécopieur : 416-327-7603



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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  
438, rue University, 8e étage  
Toronto ON M7A 1N3  
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](http://www.hsarb.on.ca).

**Issued on this 18th day of March, 2022**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Joy Ieraci

**Service Area Office /**

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