

**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**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119, rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Amended Public Copy/Copie modifiée du rapport public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Mar 25, 2022	2022_956723_0004 (A2)	018258-21, 001190-22	Complaint

Licensee/Titulaire de permis

2063414 Ontario Limited as General Partner of 2063414 Investment LP
302 Town Centre Blvd. Suite 300 Markham ON L3R 0E8

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

Fox Ridge Care Community
389 West Street Brantford ON N3R 3V9

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

Amended by ADELFA ROBLES (723) - (A2)

Amended Inspection Summary/Résumé de l'inspection modifié

**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**

This Public Inspection report has been revised to reflect the change in Compliance Due Date (CDD) and non compliance under s. 22 of the LTCHA was revoked. The Complaint Inspection #2022_956723_0004 was completed on February 24, 2022.

A copy of the revised report is attached.

Issued on this 25th day of March, 2022 (A2)

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

Original report signed by the inspector.

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

**Rapport d'inspection 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**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119, rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Amended Public Copy/Copie modifiée du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 25, 2022	2022_956723_0004 (A2)	018258-21, 001190-22	Complaint

Licensee/Titulaire de permis

2063414 Ontario Limited as General Partner of 2063414 Investment LP
302 Town Centre Blvd. Suite 300 Markham ON L3R 0E8

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

Fox Ridge Care Community
389 West Street Brantford ON N3R 3V9

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

Amended by ADELFA ROBLES (723) - (A2)

Amended Inspection Summary/Résumé de l'inspection

**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**

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

This inspection was conducted on the following date(s): February 9-11, 14-16, 22, 23 and February 24, 2022.

The following intakes were completed in this Complaint inspection:

Log #018258-21, related to allegation of Financial Abuse and

Log #001190-22, complaint from Family Council related to outbreak management, Infection Prevention and Control (IPAC), staffing, bathing and menu planning.

During the course of the inspection, the inspectors completed an IPAC checklist, observed meal and snack services, observed resident and staff interactions, reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.

During the course of the inspection, the inspector(s) spoke with the Vice President of Regional Operations (VPRO), Interim Executive Director (iED), Director of Care (DOC), Assistant Director of Care (ADOC), Director of Dietary Services (DDS), Director of Environmental Services (DES), Quality Manager/Previous IPAC Lead, Public Health (PH) Inspector, Resident Relations Coordinator (RRC), Nursing Scheduling Coordinator (NSC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), RAI-Coordinator, Recreation Therapist (RT), Personal Support Workers (PSWs), Cooks, Screener, and Housekeeping Staff.

The following Inspection Protocols were used during this inspection:

**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**

**Accommodation Services - Maintenance
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Sufficient Staffing**

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

5 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.)</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

**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**

(A1)

The home's policy on Hand Hygiene stated that personal support workers/resident care aide and recreation/program team will wash residents' hands before and after eating.

a) During snack pass in the home area, it was observed that several residents were not assisted or provided with hand hygiene prior to receiving their snacks.

The DOC confirmed that PSWs were expected to perform hand hygiene on all residents, who ate independently, before and after eating.

Sources: Hand Hygiene Policy (# IX-G-10.10, dated December 2021); snack pass observation and interview with DOC.

b) An afternoon snack pass was observed in the home area. It was noted that several residents who were provided with afternoon snacks and several residents who were provided afternoon drinks were not offered or assisted with their hand hygiene by the PSWs prior to receiving their snacks.

Staff interviews indicated that the staff were to assist the residents with their hand hygiene, but they forgot to complete it.

Failure to perform hand hygiene may have placed the residents at risk for contracting infections when they were not encouraged to or assisted with performing hand hygiene prior to consuming snacks and drinks.

Sources: the IPAC Policy; staff interviews; afternoon snack pass observations.

Additional Required Actions:

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

(A1)

**The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été
modifiés: CO# 001**

**WN #3: 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. (5) The licensee shall ensure that the resident, the resident's substitute
decision-maker, if any, and any other persons designated by the resident or
substitute decision-maker are given an opportunity to participate fully in the
development and implementation of the resident's plan of care. 2007, c. 8, s. 6
(5).**

Findings/Faits saillants :

**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**

1. The licensee has failed to ensure that an identified resident's Substitute Decision Maker (SDM) was given the opportunity to participate in the development and implementation of the resident's plan of care following an incident.

A resident sustained an injury following a transfer out of bed. Registered staff were alerted of the incident and provided an assessment. The staff documented the incident but did not include information regarding SDM notification or attempts to notify the SDM about the incident. The resident reported discomfort after the incident and was provided a prescribed treatment.

The family was not made aware about the incident, nor was an attempt to contact them documented.

Failure to contact or document POA/family notification had the potential to deny the identified resident's SDM the opportunity to participate in developing potential changes to their plan of care related to the incident.

Sources: Resident clinical records, Notification of POA/Family policy (VIII-A-10.20, dated May 2019); and staff interviews.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60. Powers of Family Council

Specifically failed to comply with the following:

s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).

Findings/Faits saillants :

**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**

1. The licensee failed to ensure that within 10 days of receiving the advice of concerns related to the availability of foot care services for residents and dirty washrooms, they responded to the Family Council (FC) in writing.

FC expressed concerns via electronic communication on January 26, 2022 related to the lack of available foot care services and washroom conditions in the Heritage home area.

Review of the documentation related to the communication between the home's management and the FC did not identify any responses related to the identified concerns.

The iED confirmed that the home was to respond to the FC's concerns within 10 days.

Sources: electronic communication letters between the FC and the home's management; interview with the iED.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 67. s. 67. A licensee has a duty to consult regularly with the Residents' Council, and with the Family Council, if any, and in any case shall consult with them at least every three months. 2007, c. 8, s. 67.

Findings/Faits saillants :

1. The licensee failed to ensure to consult with the Resident's Council, and with the Family Council, if any, when a pandemic menu was implemented.

**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**

a) Concerns from the FC were expressed on January 12-14, 2022, via electronic communication with the home's management that there was no consultation with the FC about changes in meal services for the residents, when they implemented a pandemic menu due to the COVID-19.

Interview with the DDS and electronic documentation indicated that the pandemic menu was implemented in the home on January 10, 2022.

Review of the electronic communication information indicated that the home did not update the FC about the menu changes until January 13, 2022.

Review of the communication documentation did not identify any evidence that the home consulted with the FC when a pandemic menu was implemented on January 10, 2022.

Sources: electronic communication letters (dated January 7, 12-14, 2022); interviews with the DDS and the iED.

b) Interview with the Resident Council (RC) President on February 15, 2022, revealed that the home did not consult with the council about implementation of a pandemic menu.

Review of RC meeting minutes from December 2021 to January 2022, did not indicate any evidence that the home consulted with the RC regarding the implementation of a pandemic menu.

According to Brant County Health Unit (BCHU) PH Inspector, they did not direct the home to implement their pandemic menu. The only instructions that were provided related to resident dining was discontinuing communal dining and having tray service implemented for residents.

The DOC and iED confirmed that the home did not consult with the RC about changes to the menu.

Sources: RC meeting minutes from December 2021 to February 2022; interviews with the RC President, DOC and iED.

(A2)

The following Non-Compliance has been Revoked / La non-conformité suivante a été révoquée: WN #3

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Issued on this 25th day of March, 2022 (A2)

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

Original report signed by the inspector.

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

Long-Term Care Operations Division
Long-Term Care Inspections Branch
Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée

Amended Public Copy/Copie modifiée du rapport public

**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by ADELFA ROBLES (723) - (A2)

**Inspection No. /
No de l'inspection :** 2022_956723_0004 (A2)

**Appeal/Dir# /
Appel/Dir#:**

**Log No. /
No de registre :** 018258-21, 001190-22 (A2)

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

**Report Date(s) /
Date(s) du Rapport :** Mar 25, 2022(A2)

**Licensee /
Titulaire de permis :** 2063414 Ontario Limited as General Partner of
2063414 Investment LP
302 Town Centre Blvd., Suite 300, Markham, ON,
L3R-0E8

**LTC Home /
Foyer de SLD :** Fox Ridge Care Community
389 West Street, Brantford, ON, N3R-3V9

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Jennifer Glavac

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

To 2063414 Ontario Limited as General Partner of 2063414 Investment LP, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

Order # /**No d'ordre:** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Order / Ordre :

The Licensee must be compliant with O. Reg 79/10, s. 229 (4).

Specifically, the licensee must ensure:

A. That all residents are encouraged to or assisted with performing hand hygiene prior to and after their afternoon snacks and drinks.

B. Perform an audit to ensure all residents are encouraged to or assisted with performing hand hygiene prior to and after their afternoon snacks and drinks for a period of three months or until such time as hand hygiene is consistently being encouraged and/or performed.

C. The audit must be documented and identify the person who completed the audit, the date of the audit, and any actions taken if required.

Grounds / Motifs :

1. The licensee has failed to ensure that Personal Support Workers (PSWs) participated in the implementation of the Infection Prevention and Control (IPAC) program related to performing resident hand hygiene.

The home's policy on Hand Hygiene stated that personal support workers/resident care aide and recreation/program team will wash residents' hands before and after eating.

a) During snack pass in the home area, it was observed that several residents were not assisted or provided with hand hygiene prior to receiving their snacks.

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

The Director of Care (DOC) confirmed that PSWs were expected to perform hand hygiene on all residents, who ate independently, before and after eating.

Sources: Hand Hygiene Policy (# IX-G-10.10, dated December 2021); snack pass observation and interview with DOC.

b) An afternoon snack pass was in the home area. It was noted that several residents who were provided with afternoon snacks and several residents who were provided afternoon drinks were not offered or assisted with their hand hygiene by the PSWs prior to receiving their snacks.

Staff interviews indicated that the staff were to assist the residents with their hand hygiene, but they forgot to complete it.

Failure to perform hand hygiene may have placed the residents at risk for contracting infections when they were not encouraged to or assisted with performing hand hygiene prior to consuming snacks and drinks.

Sources: the IPAC Policy; staff interviews; afternoon snack pass observations.

A compliance Order (CO) was made taking the following into account:

Severity: Failure of the staff to encourage and/or assist residents with hand hygiene prior to consuming snacks and drinks placed staff and residents at minimal harm or minimal risk for transmission of disease causing organisms.

Scope: This non-compliance was a pattern as two out of three snacks observed, failed to ensure all residents were encouraged and/or assisted with hand hygiene before and after snacks.

Compliance History: In the last 36 months, the licensee was found to be non compliant with O. Reg 79/10, s. 229 (4) and four Voluntary Plan of Correction (VPCs) and four Written Notifications (WNs) were issued to the home.
(723)

Apr 29, 2022(A1)

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

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

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

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

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

Ordre(s) de l'inspecteur

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

Health Services Appeal and Review Board and the Director

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

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

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8^e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère 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.

Issued on this 25th day of March, 2022 (A2)

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

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

Amended by ADELFA ROBLES (723) - (A2)

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

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

Hamilton Service Area Office