



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des Soins
de longue durée**

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

**Rapport d'inspection prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159 rue Cedar Bureau 403
SUDBURY ON P3E 6A5
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Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 23, 2019	2019_668543_0011	031196-18	Follow up

Licensee/Titulaire de permis

Santé Manitouwadge Health
1 Health Care Crescent MANITOUWADGE ON P0T 2C0

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

Santé Manitouwadge Health
1 Health Care Crescent MANITOUWADGE ON P0T 2C0

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

TIFFANY BOUCHER (543)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): May 16, 2019.

One intake, related to compliance order (CO) #001, from inspection report #2018_776613_0002, regarding O. Reg. 79/10, section 110 (7)(6), specific to requirements related to the minimizing of restraining was inspected.

During the course of the inspection, the inspector(s) spoke with the Director of Nursing (DON), Nursing Manager (NM), Registered Nurse (RN) and Registered Practical Nurse (RPN).

The Inspector also conducted a tour of resident care area, observed the provision of care and services to residents, staff to resident interactions, reviewed relevant health care records and relevant policies.

**The following Inspection Protocols were used during this inspection:
Minimizing of Restraining**

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

3 WN(s)

2 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. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following:

s. 110. (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

6. All assessment, reassessment and monitoring, including the resident's response. O. Reg. 79/10, s. 110 (7).



Findings/Faits saillants :

1. The licensee has failed to ensure that for every use of a physical device to restrain a resident under section 31 of the Act, was documented and, without limiting the generality of this requirement, the licensee failed to ensure that the following was documented: all assessment, reassessment and monitoring, including the resident's response.

During a previous inspection, a compliance order was issued to the home, which ordered the licensee to be compliant with section 110 (7) 6, of the O. Reg. 79/10.

Specifically, the licensee was ordered to ensure that every use of a physical device to restrain a resident is documented, including all assessments, reassessments and monitoring, including the residents' response.

A) Inspector #543 reviewed resident #001's care plan and kardex that were implemented at the time of the inspection, which indicated that the resident required a restraint.

Inspector #543 reviewed resident #001's "LTC Physical Restraint Monitoring Record" for specific months, which indicated documentation was missing four times in one month, four times in another month and three times in a subsequent month.

B) Inspector #543 reviewed this resident #002's care plan and kardex that were implemented at the time of the inspection, which indicated that the resident required a restraint.

Inspector #543 reviewed resident #001's "LTC Physical Restraint Monitoring Record" for specific months, which indicated documentation was missing 12 times in one month, 13 times in another month and six times in a subsequent month.

Inspector #543 reviewed the home's "Minimizing Restraining of Residents: Use of Restraints" policy (last revision/review date April 2016). The policy indicated that every use of a physical device to restrain a resident must be documented and without limiting the generality of this requirement; the licensee shall ensure that the following, but not limited to, are documented: the individual who applied the device and the time of the application, all re-assessments, repositioning, release, and monitoring of the patient condition including the resident's response on the Physical Restraint Monitoring Record and interdisciplinary notes as needed, and the discontinuation of the device including time of removal and post removal care.



Inspector #543 interviewed RPN #101, who indicated that for every shift the restraint monitoring record needed to be completed including documenting hourly checks. The RPN verified that documentation was not completed as required for residents #001 and #002.

Inspector #543 interviewed RN #100, who indicated that the restraint monitoring sheets must be completed for each shift, and that hourly checks were completed.

In an interview, the Nurse Manager indicated that the "LTC Physical Restraint Monitoring Record" was split into shifts, and that it was mandatory that staff check the resident hourly and that it was documented on the monitoring record. The Nurse Manager verified that for residents #001 and #002, the documentation was inconsistent and not completed as required. [s. 110. (7) 6.]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 109. Policy to minimize restraining of residents, etc.

Every licensee of a long-term care home shall ensure that the home's written policy under section 29 of the Act deals with,

(a) use of physical devices; O. Reg. 79/10, s. 109.

(b) duties and responsibilities of staff, including,

(i) who has the authority to apply a physical device to restrain a resident or release a resident from a physical device,

(ii) ensuring that all appropriate staff are aware at all times of when a resident is being restrained by use of a physical device; O. Reg. 79/10, s. 109.

(c) restraining under the common law duty pursuant to subsection 36 (1) of the Act when immediate action is necessary to prevent serious bodily harm to the person or others; O. Reg. 79/10, s. 109.

(d) types of physical devices permitted to be used; O. Reg. 79/10, s. 109.

(e) how consent to the use of physical devices as set out in section 31 of the Act and the use of PASDs as set out in section 33 of the Act is to be obtained and documented; O. Reg. 79/10, s. 109.

(f) alternatives to the use of physical devices, including how these alternatives are planned, developed and implemented, using an interdisciplinary approach; and O. Reg. 79/10, s. 109.

(g) how the use of restraining in the home will be evaluated to ensure minimizing of restraining and to ensure that any restraining that is necessary is done in accordance with the Act and this Regulation. O. Reg. 79/10, s. 109.

Findings/Faits saillants :



1. The licensee has failed to ensure that the home's written policy under section 29 of the Act dealt with, how consent to the use of physical devices as set out in section 31 of the Act and the use of a personal assistance services device (PASD) as set out in section 33 of the Act was to be obtained and documented.

Inspector #543 conducted a follow up inspection related to a compliance order that was issued to the home, which ordered the licensee to be compliant with section 110 (7) 6, of the O. Reg. 79/10.

Inspector #543 reviewed the home's "Minimizing Restraining of Residents: Use of Restraints" policy and identified that the policy did not address how consent was to be obtained and documented for the use of physical devices to restrain (under s. 31) and the use of a PASD.

Inspector #543 interviewed the Nurse Manager and requested the portion of the policy that referred to the use of PASDs. The Nurse Manager indicated that there was no portion of the policy that identified the use of PASDs, nor was there a separate policy related to the use of PASDs. [s. 109. (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 that the home's written policy under section 29 of the Act deals with, how consent to the use of physical devices as set out in section 31 of the Act and the use of a personal assistance services device (PASD) as set out in section 33 of the Act is to be obtained and documented, to be implemented voluntarily.



**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 113. Evaluation
Every licensee of a long-term care home shall ensure,**

**(a) that an analysis of the restraining of residents by use of a physical device
under section 31 of the Act or pursuant to the common law duty referred to in
section 36 of the Act is undertaken on a monthly basis;**

**(b) that at least once in every calendar year, an evaluation is made to determine
the effectiveness of the licensee's policy under section 29 of the Act, and what
changes and improvements are required to minimize restraining and to ensure
that any restraining that is necessary is done in accordance with the Act and this
Regulation;**

**(c) that the results of the analysis undertaken under clause (a) are considered in
the evaluation;**

**(d) that the changes or improvements under clause (b) are promptly implemented;
and**

**(e) that a written record of everything provided for in clauses (a), (b) and (d) and
the date of the evaluation, the names of the persons who participated in the
evaluation and the date that the changes were implemented is promptly prepared.
O. Reg. 79/10, s. 113.**

Findings/Faits saillants :



1. The licensee has failed to ensure that once in every calendar year, the licensee conducted an evaluation to determine the effectiveness of the policy, and identify what changes and improvements were required to minimize restraining and ensure that restraining was done in accordance with the Act and Regulation.

Inspector #543 conducted a follow up inspection related to a compliance order that was issued to the home, which ordered the licensee to be compliant with section 110 (7) 6, of the O. Reg. 79/10.

Inspector #543 reviewed the home's "Minimizing Restraining of Residents: Use of Restraints" policy and identified the policy had not been updated since April 2016.

Inspector #543 interviewed the Nurse Manager who verified that the home's "Minimizing Restraining of Residents: Use of Restraints" policy (last revision/review date April 2016) had not been reviewed or revised since 2016. [s. 113. (b)]

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 once in every calendar year, the licensee conducted an evaluation to determine the effectiveness of the policy, and identify what changes and improvements are required to minimize restraining and ensure that restraining is done in accordance with the Act and Regulation, to be implemented voluntarily.



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Issued on this 24th day of May, 2019

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

Original report signed by the inspector.



**Ministry of Health and
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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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée
Inspection de soins de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : TIFFANY BOUCHER (543)

Inspection No. /

No de l'inspection : 2019_668543_0011

Log No. /

No de registre : 031196-18

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : May 23, 2019

Licensee /

Titulaire de permis : Santé Manitouwadge Health
1 Health Care Crescent, MANITOUWADGE, ON,
P0T-2C0

LTC Home /

Foyer de SLD : Santé Manitouwadge Health
1 Health Care Crescent, MANITOUWADGE, ON,
P0T-2C0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Jocelyn Bourgoin



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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

To Santé Manitouwadge Health, 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.
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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

Order # /

Ordre no : 001

Order Type /

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

Linked to Existing Order / 2018_776613_0002, CO #001;
Lien vers ordre existant:

Pursuant to / Aux termes de :

O.Reg 79/10, s. 110. (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

1. The circumstances precipitating the application of the physical device.
2. What alternatives were considered and why those alternatives were inappropriate.
3. The person who made the order, what device was ordered, and any instructions relating to the order.
4. Consent.
5. The person who applied the device and the time of application.
6. All assessment, reassessment and monitoring, including the resident's response.
7. Every release of the device and all repositioning.
8. The removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care. O. Reg. 79/10, s. 110 (7).

Order / Ordre :



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2007, c. 8

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foyers de soins de longue durée*, L.
O. 2007, chap. 8

The license is required to prepare, submit and implement a plan for achieving compliance under O. Reg. 79/10, s. 110 (7)(6). The plan shall include but not be limited to:

- a) Ensuring that residents who are restrained with a physical device or a PASD are assessed, reassessed and monitored, including the resident's response;
- b) Developing, implementing and maintaining a process to ensure that the assessments, reassessments and monitoring of all residents who are restrained with a physical device or a PASD are documented; and
- c) The plan shall identify who will be responsible for the assessments, reassessments and monitoring of residents, the frequency and the documentation.

Please submit the written plan, quoting Inspection #2019_668543_0011 and Inspector, Tiffany Boucher, by email to SudburySAO.moh@ontario.ca by June 7, 2019.

Please ensure that the submitted written plan does not contain any Personal Information (PI) and/or Personal Health Information (PHI).

Grounds / Motifs :

1. The licensee has failed to ensure that for every use of a physical device to restrain a resident under section 31 of the Act, was documented and, without limiting the generality of this requirement, the licensee failed to ensure that the following was documented: all assessment, reassessment and monitoring, including the resident's response.

During a previous inspection, a compliance order was issued to the home, which ordered the licensee to be compliant with section 110 (7) 6, of the O. Reg. 79/10.

Specifically, the licensee was ordered to ensure that every use of a physical device to restrain a resident is documented, including all assessments, reassessments and monitoring, including the residents' response.

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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

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Inspector #543 reviewed resident #001's "LTC Physical Restraint Monitoring Record" for specific months, which indicated documentation was missing four times in one month, four times in another month and three times in a subsequent month.

B) Inspector #543 reviewed this resident #002's care plan and kardex that were implemented at the time of the inspection, which indicated that the resident required a restraint.

Inspector #543 reviewed resident #001's "LTC Physical Restraint Monitoring Record" for specific months, which indicated documentation was missing 12 times in one month, 13 times in another month and six times in a subsequent month.

Inspector #543 reviewed the home's "Minimizing Restraining of Residents: Use of Restraints" policy (last revision/review date April 2016). The policy indicated that every use of a physical device to restrain a resident must be documented and without limiting the generality of this requirement; the licensee shall ensure that the following, but not limited to, are documented: the individual who applied the device and the time of the application, all re-assessments, repositioning, release, and monitoring of the patient condition including the resident's response on the Physical Restraint Monitoring Record and interdisciplinary notes as needed, and the discontinuation of the device including time of removal and post removal care.

Inspector #543 interviewed RPN #101, who indicated that for every shift the restraint monitoring record needed to be completed including documenting hourly checks. The RPN verified that documentation was not completed as required for residents #001 and #002.

Inspector #543 interviewed RN #100, who indicated that the restraint monitoring sheets must be completed for each shift, and that hourly checks were completed.



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foyers de soins de longue durée*, L.
O. 2007, chap. 8

In an interview, the Nurse Manager indicated that the "LTC Physical Restraint Monitoring Record" was split into shifts, and that it was mandatory that staff check the resident hourly and that it was documented on the monitoring record. The Nurse Manager verified that for residents #001 and #002, the documentation was inconsistent and not completed as required.

The severity of this was determined to be a level 2 as there was minimal harm or minimal risk. The scope of the issue was a level 3 as the problem causing the deficiency related to more than 67 per cent of the residents inspected. The home had a level 4 compliance history, a CO is being re-issued related to the same subsection:

- one CO issued on November 19, 2018, during inspection #2018_776613_0002;
and
- one voluntary plan of correction (VPC) issued on August 2, 2017, during inspection #2017_435621_0019.

(543)

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

Jul 08, 2019



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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 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, 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:



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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 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.



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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 de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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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 de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 23rd day of May, 2019

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Tiffany Boucher

Service Area Office /

Bureau régional de services : Sudbury Service Area Office