



**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**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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
Jan 7, 2019	2018_747725_0026	027199-18	Complaint

Licensee/Titulaire de permis

Richmond Terrace Limited
284 Central Avenue LONDON ON N6B 2C8

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

Richmond Terrace
89 Rankin Avenue AMHERSTBURG ON N9V 1E7

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

CASSANDRA TAYLOR (725)

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): December 6, 7, 10-12, 13 & 20, 2018.

The following intake was inspected;

Complaint Inspection: Log #018179-18 and IL -60796-LO related to responsive behaviours, falls prevention and management, training, personal support services, nutrition and hydration and plan of care.

During the course of the inspection, the inspector(s) spoke with the Vice President of Best Practice and Innovation (VPBI), Resident Assessment Instrument/ Minimum Data Set Corporate Consultant (RAI/MDS CC), the Director of Clinical Service (DCS), three Clinical Service Managers (CSM), one Nurse Practitioner (NP), one Registered Nurse (RN), two Registered Practical Nurses (RPN), three Personal Support Workers (PSWs), one Dietitian, one Administrative Assistant (AA), one Director of a contracted company, one Manager of a contracted company and 2 contracted staff members.

During the course of this inspection the inspector observed staff to resident interactions, reviewed relevant policies and procedures and reviewed relevant clinical records and documentation.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Medication

Nutrition and Hydration

Personal Support Services

Responsive Behaviours

Sufficient Staffing

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)



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

Légende

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités

Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 212. Administrator



Specifically failed to comply with the following:

s. 212. (1) Every licensee of a long-term care home shall ensure that the home's Administrator works regularly in that position on site at the home for the following amount of time per week:

- 1. In a home with a licensed bed capacity of 64 beds or fewer, at least 16 hours per week. O. Reg. 79/10, s. 212 (1).**
- 2. In a home with a licensed bed capacity of more than 64 but fewer than 97 beds, at least 24 hours per week. O. Reg. 79/10, s. 212 (1).**
- 3. In a home with a licensed bed capacity of 97 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 212 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's Administrator worked regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 64 beds or fewer, at least 16 hours per week.
2. In a home with a licensed bed capacity of more than 64 but fewer than 97 beds, at least 24 hours per week.
3. In a home with a licensed bed capacity of 97 beds or more, at least 35 hours per week.

During an inspection for Critical Incident Systems reports and Complaints, the Resident Assessment Instrument/Minimum Data Set Corporate Consultant (RAI/MDS CC) #100, indicated that the home was in between Executive Directors (ED), also known as Administrators, and currently the RAI/MDS CC was filling in as they were the previous ED for the home. RAI/MDS CC #100 also indicated that the Vice President of Best Practice and Innovation (VPBPI) #118 and the Corporate Quality Care Consultant (CQCC) # 119 were also assisting in filling the ED position for the home.

During a staff interview with the Director of Clinical Services (DCS) #112, it was confirmed that the home had 128 licensed beds.

On December 20, 2018, the home provided documentation regarding scheduling for the ED position. It indicated that the previous ED #120's last shift worked was November 23, 2018. RAI/MDS CC #100 indicated the ED schedule after November 23, 2018, was what they and the VPBPI #118 worked but the hours were an estimate. During a review of the



ED schedule it indicated;

For the week of November 26, 2018, to December 2, 2018, RAI/MDS CC #100 completed 1 shift on November 27, 2018 from 0830 hours until 1600 hours in the home, which totaled 7.5 hours,

For the week of December 3, 2018 to December 9, 2018, RAI/MDS CC #100 completed 2 shifts on December 3, 2018 and December 6, 2018 from 0830 hours until 1600 hours in the home, which totaled fifteen hours,

For the week of December 10, 2018 to December 16, 2018, VPBPI #118 completed 1 shift on December 11, 2018 from 0930 hours until 1530 hours. RAI/MDS CC #100 completed 2 shifts on December 13, 2018 and December 14, 2018 from 0830 hours until 1600 hours in the home, which totaled twenty-one hours.

During a staff interview with the RAI/MDS CC #100 it was confirmed that the hours completed per week did not meet the thirty-five hour per week requirement.

The licensee has failed to ensure that the home's Administrator worked regularly in that position on site at the home for at least 35 hours per week. [s. 212. (1)]

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. 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 provided for a staffing mix that was consistent with the residents' assessed care and safety needs.

On October 9, 2018 a complaint log #027199-18/ IL-60796-LO was submitted to the Ministry of Health and Long-Term Care (MOHLTC) pertaining to staffing shortages and potential missed cares for resident #001.

On December 10, 2018, during staff interviews it was indicated by Personal Support Worker (PSW) #105, PSW #106 and Registered Practical Nurse (RPN) #117 that the home worked short staffed regularly and was usually short PSWs more so than registered staff. PSW #105 and PSW #106 indicated that most care was completed but some baths were missed. RPN #117 indicated that the home had a bath shift on Wednesdays to complete any missed baths.

On December 12, 2018 during a record review of the missed bath schedule it indicated that 50 residents had missed at least one of their baths between November 26, 2018 and December 10, 2018.



On Dec 20, 2018, the home provided documentation that a full complement of staff for the nursing department would be;

Days;
1 Registered Nurse (RN)
4 RPN
14 PSW

Evenings;
1 RN
4 RPNS
14 PSWS

Nights;
1 RN
1 RPN
6 PSWS

On review of the home's Sufficient Staffing Plan dated August 2018, the following was stated under position for PSWs, "All staff are to be replaced using the call-in procedures and by following the current collective agreement. If working one PSW short, we will attempt to fill the position at regular time. If unable to replace, the staff will follow the redistribution policy. If working two short, we will attempt to replace the position first at regular time and if unable to fill then overtime will be offered."

On December 20, 2018, a review of the home's Policy and Procedure titled: Redistribution Plan, effective date May 22, 2018, indicated all floors would alternate working short and provided direction on the redistribution of room assignments when working with 1 less staff member and 2 less staff members on the second and third floors. The policy also indicated "All care, baths, nourishment and documentation must be completed with our new staff to resident ratios."

On December 12, 2018, a review of the home's missed bath schedule and staffing schedule was completed and indicated;

On a specific date, resident #009, 015, 022, 024 and 047 did not receive their bath, the home was working two PSWs short on days and one PSW short on evenings,



On a specific date, resident #002, 004, 007, 012, 013, 016 and 029 did not receive their bath, the home was working two PSWs short on days and one PSW short on evenings,

On a specific date, resident #020 did not receive their bath, the home was working three PSWs short on days,

On a specific date, resident #021 did not receive their bath, the home was working two PSWs short on days, one PSW short on evenings and four PSW hours short on midnights,

On a specific date, resident #023, 026, 032, 045 and 051 did not receive their bath, the home was working one PSW short on days,

On a specific date, resident #003, 006, and 010 did not receive their bath, the home was working three PSWs short on days,

On a specific date, resident #011, 018, 044, 049 and 050 did not receive their bath, the home was working three PSWs short on days, two PSWs short on evenings and two PSWs short on midnights,

On a specific date, resident #017, 021 and 041 did not receive their bath, the home was working two PSWs short on days, one PSW short on evenings and one PSW short on midnights,

On a specific date, resident #014 and 025 did not receive their bath, the home was working one PSW short on days and one PSW short on evenings,

On a specific date, resident # 005, 018, 021, 034, and 038 did not receive their bath, the home was working one PSW short on days and two PSWs short on evenings,

On a specific date, resident #007, 009, 014, 015, 025, 026, 027, 028, 030, 031, 033, 035, 037, 039, 040 and 045 did not receive their bath, the home was working two PSWs short on days, four PSWs short on evenings and four PSW hours short on midnights,

On a specific date, resident #036 did not receive their bath, the home was working one PSW short on days,

On a specific date, resident #008, 017, 019, 021, 034, 038, 042, 043, 046, 047, 048 and



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052 did not receive their bath, the home was working three PSWs short on days.

During staff interviews with Clinical Service Managers (CSM) #101 and 116 it was confirmed that all baths indicated had been missed due to a shortage of staff.

During an interview with Director of Clinical Services (DCS) #112 it was confirmed that baths mentioned should have been completed and the current staffing plan did not meet the needs of the residents.

The licensee has failed to ensure that the staffing plan provided for a staffing mix that was consistent with the assessed care and safety needs, specifically bathing for residents. [s. 31. (3)]

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 staffing plan provided for a staffing mix that was consistent with the assessed care and safety needs, specifically bathing for residents, to be implemented voluntarily.

Issued on this 9th day of January, 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) : CASSANDRA TAYLOR (725)

Inspection No. /

No de l'inspection : 2018_747725_0026

Log No. /

No de registre : 027199-18

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Jan 7, 2019

Licensee /

Titulaire de permis : Richmond Terrace Limited
284 Central Avenue, LONDON, ON, N6B-2C8

LTC Home /

Foyer de SLD : Richmond Terrace
89 Rankin Avenue, AMHERSTBURG, ON, N9V-1E7

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Laura Scott

To Richmond Terrace Limited, 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 # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 212. (1) Every licensee of a long-term care home shall ensure that the home's Administrator works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 64 beds or fewer, at least 16 hours per week.
2. In a home with a licensed bed capacity of more than 64 but fewer than 97 beds, at least 24 hours per week.
3. In a home with a licensed bed capacity of 97 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 212 (1).

Order / Ordre :

The licensee must be compliant with O. Reg 79/10, r. 212. (1).

The licensee shall ensure that the home's Administrator works regularly in that position on site at the home for at least 35 hours per week.

Grounds / Motifs :

1. The licensee has failed to ensure that the home's Administrator worked regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 64 beds or fewer, at least 16 hours per week.
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During an inspection for Critical Incident Systems reports and Complaints, the Resident Assessment Instrument/Minimum Data Set Corporate Consultant (RAI/MDS CC) #100, indicated that the home was in between Executive Directors (ED), also known as Administrators, and currently the RAI/MDS CC was filling in as they were the previous ED for the home. RAI/MDS CC #100

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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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

also indicated that the Vice President of Best Practice and Innovation (VPBPI) #118 and the Corporate Quality Care Consultant (CQCC) # 119 were also assisting in filling the ED position for the home.

During a staff interview with the Director of Clinical Services (DCS) #112, it was confirmed that the home had 128 licensed beds.

On December 20, 2018, the home provided documentation regarding scheduling for the ED position. It indicated that the previous ED #120's last shift worked was November 23, 2018. RAI/MDS CC #100 indicated the ED schedule after November 23, 2018, was what they and the VPBPI #118 worked but the hours were an estimate. During a review of the ED schedule it indicated;

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During a staff interview with the RAI/MDS CC #100 it was confirmed that the hours completed per week did not meet the thirty-five hour per week requirement.

The licensee has failed to ensure that the home's Administrator worked regularly in that position on site at the home for at least 35 hours per week.

The severity of this issue was determined to be a level 1 as there was minimum risk to the residents. The scope of this issue was a level 3, widespread as it related to Administrator support for the entire home. The home had a



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

compliance history of unrelated non-compliance. (725)

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

Jan 21, 2019



**Ministry of Health and
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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 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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2007, c. 8

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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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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 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 7th day of January, 2019

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Cassandra Taylor

Service Area Office /

Bureau régional de services : London Service Area Office