

**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**

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  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133

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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>
Jan 20, 2021	2020_805638_0016 (A1)	016557-20, 018992-20, 018993-20	Follow up

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**Licensee/Titulaire de permis**

Barrie Long Term Care Centre Inc.  
c/o Jarlette Health Services 711 Yonge Street Midland ON L4R 2E1

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

Roberta Place  
503 Essa Road Barrie ON L4N 9E4

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

Amended by TIFFANY BOUCHER (543) - (A1)

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

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**Licensee request to extend compliance due date from January 22, 2021 to February 3, 2021.**

**Issued on this 20th day of January, 2021 (A1)**

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

**Original report signed by the inspector.**

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Jan 20, 2021	2020_805638_0016 (A1)	016557-20, 018992-20, 018993-20	Follow up

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Roberta Place  
503 Essa Road Barrie ON L4N 9E4

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

Amended by TIFFANY BOUCHER (543) - (A1)

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

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

**This inspection was conducted on the following date(s): December 7 - 11, 2020.**

**The following intakes were completed as a result of this follow up inspection;**

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**-One log, which was a compliance order (#001) from inspection report #2020\_746692\_0013, regarding section 19 (1) of the Long-Term Care Homes Act (LTCHA) 2007, and the home's duty to protect residents from neglect;**

**-One log, which was a compliance order (#001) from inspection report #2020\_657681\_0011, regarding section 229 (4) of the Ontario Regulation (O.Reg.) 79/10, and staff implementation of the home's infection prevention and control program; and**

**-One log, which was a compliance order (#002) from inspection report #2020\_657681\_0011, regarding section 15 (2) of the LTCHA, 2007, and the accommodation services being provided.**

**Please note: A complaint inspection (#2020\_805638\_0017) was conducted concurrently with this follow up inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Co-Director of Care (Co-DOC), Food Service Manager (FSM), Restorative Care Coordinator (RCC), Registered Dietitian, Staff Educator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Housekeeping staff, residents and their families.**

**The Inspectors also conducted daily tours of resident care areas, reviewed relevant health care records, incident reports, audit records, observed staff to resident interactions as well as the provision of care to residents and services within the home.**

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

**Accommodation Services - Housekeeping  
Infection Prevention and Control  
Prevention of Abuse, Neglect and Retaliation**

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

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

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / NO DE L'INSPECTION</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
LTCHA, 2007 S.O. 2007, c.8 s. 15. (2)	CO #002	2020_657681_0011	638
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2020_746692_0013	759

**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 :**

1. The licensee has failed to ensure that the staff participated in the implementation of the Infection Prevention and Control (IPAC) program.

On September 16, 2020, compliance order #001 from inspection report #2020\_657681\_0011 was made under section 229 subsection 4 of the O. Reg. 79/10, with a compliance due date of October 30, 2020, is being re-issued as follows:

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Although the home had completed the requirement within the compliance order, the home remained non-compliant regarding staff implementation of the IPAC program.

"Droplet/Contact Precautions" signage within the home required staff to; wear a mask and eye protection, if they were within two meters of the resident; wear gloves and a long sleeved gown for direct care; and dedicate equipment to the resident or disinfect before use on another resident. Throughout the inspection, the following observations were made related to staff implementation of Personal Protective Equipment (PPE) while attending residents who were on droplet and contact isolation precautions:

-On December 7, 2020, PSW #104, entered resident #014's room to provide physical assistance to the resident, they did not apply any eye protection;

-On December 7, 2020, RN #105, took resident #015's vital signs, while not wearing eye protection and their gown was not tied or secure while attending the resident;

-On December 8, 2020, PSW #106, while wearing a mask, entered resident #013's room without applying any additional PPE and after conversing with the resident at their bedside, exited the room to apply PPE;

-On December 8, 2020, PSW #106, left a breakfast meal tray on a dirty linen cart, for ten minutes, outside of a resident's room prior to providing it to the resident, while they attended another resident;

-On December 9, 2020, PSW #118, exited resident #009's room wearing prescription eye glasses and indicated that they received direction that prescription eye glasses were sufficient eye protection. The PSW also indicated they were unable to change their procedural mask and did not have access to a specific supply of procedural masks;

-On December 10, 2020, PSW #114, made resident #013's bed, while the resident was in the room. The staff member was not wearing gloves or eye protection. The PSW exited the room, placed a linen cart in the hallway from the resident's room, removed their used gown and placed it on the linen cart. The PSW did not change their procedural mask or wipe down the cart when they

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removed it from the resident's room.

The Inspector(s) also observed:

-On December 7, 2020, two staff members remove their PPE to exit resident #014's room, there were no procedural masks in the isolation cart for staff to re-apply a mask. One staff member crossed the hallway not wearing a procedural mask, while a resident was within six feet of them;

-On December 8, 2020, a staff member, wearing a mask, entered resident #011's room to provide nourishment, the staff member did not apply any additional PPE. The staff member also provided nourishment to resident #011's roommate without applying any PPE. When the Inspector interviewed the staff member, they were unaware which resident was on isolation precautions; and

-On December 8, 2020, two staff members provided assistance to resident #010, neither were wearing eye protection. The Inspector observed the Co-DOC provide eye protection to the staff members, while they were in the room.

The Co-DOC indicated that staff were expected to follow signage related to PPE usage for residents who were isolated with droplet and contact precautions. They verified that the Inspector's observations were a safety issue and that it was not out of lack of education from the home.

Sources: Inspector #759's observations; the home's policy: "Operation of Homes - Infection Control - Infection Prevention and Control Program" last revised June 26, 2020; "Droplet/Contact Precautions" signage; interviews with the Co-DOC and other staff. [s. 229. (4)]

***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**

**Issued on this 20th day of January, 2021 (A1)**

**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  
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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

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**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** Amended by TIFFANY BOUCHER (543) - (A1)

**Inspection No. /  
No de l'inspection :** 2020\_805638\_0016 (A1)

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

**Log No. /  
No de registre :** 016557-20, 018992-20, 018993-20 (A1)

**Type of Inspection /  
Genre d'inspection :** Follow up

**Report Date(s) /  
Date(s) du Rapport :** Jan 20, 2021(A1)

**Licensee /  
Titulaire de permis :** Barrie Long Term Care Centre Inc.  
c/o Jarlette Health Services, 711 Yonge Street,  
Midland, ON, L4R-2E1

**LTC Home /  
Foyer de SLD :** Roberta Place  
503 Essa Road, Barrie, ON, L4N-9E4

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** Tricia Swartz

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**Order(s) of the Inspector**

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

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

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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 Barrie Long Term Care Centre Inc., 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**

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l'article 154 de la *Loi de 2007 sur les  
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**Order # /**  
**No d'ordre:** 001

**Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Linked to Existing Order /**  
**Lien vers ordre existant:** 2020\_657681\_0011, CO #001;

**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 :**

**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 licensee must be compliant with s. 229 (4) of the Ontario Regulation 79/10.

The licensee shall prepare, submit and implement a plan to ensure that that all staff participate in the implementation of the infection prevention and control program, specifically; the appropriate usage of personal protective equipment, when attending residents who are placed on isolation precautions.

The plan must include, but is not limited to, the following;

- a) How the home plans to audit staff adherence to the infection prevention and control program;
- b) Actions the home plans to take to ensure staff adherence to the infection prevention and control program, whenever concerns are identified; and
- c) Maintain a record of the completed audits as well as any actions taken whenever concerns are identified.

Please submit the written plan, quoting inspection #2020\_805638\_0016 and Inspector Ryan Goodmurphy, by email to SudburySAO.moh@ontario.ca by January 5, 2021.

Please ensure that the submitted written plan does not contain any personal information or personal health information.

**Grounds / Motifs :**

1. The licensee has failed to ensure that the staff participated in the implementation of the Infection Prevention and Control (IPAC) program.

On September 16, 2020, compliance order #001 from inspection report #2020\_657681\_0011 was made under section 229 subsection 4 of the O. Reg. 79/10, with a compliance due date of October 30, 2020, is being re-issued as follows:

Although the home had completed the requirement within the compliance order, the home remained non-compliant regarding staff implementation of the IPAC program.

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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**

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"Droplet/Contact Precautions" signage within the home required staff to; wear a mask and eye protection, if they were within two meters of the resident; wear gloves and a long sleeved gown for direct care; and dedicate equipment to the resident or disinfect before use on another resident. Throughout the inspection, the following observations were made related to staff implementation of Personal Protective Equipment (PPE) while attending residents who were on droplet and contact isolation precautions:

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- On December 7, 2020, RN #105, took resident #015's vital signs, while not wearing eye protection and their gown was not tied or secure while attending the resident;
- On December 8, 2020, PSW #106, while wearing a mask, entered resident #013's room without applying any additional PPE and after conversing with the resident at their bedside, exited the room to apply PPE;
- On December 8, 2020, PSW #106, left a breakfast meal tray on a dirty linen cart, for ten minutes, outside of a resident's room prior to providing it to the resident, while they attended another resident;
- On December 9, 2020, PSW #118, exited resident #009's room wearing prescription eye glasses and indicated that they received direction that prescription eye glasses were sufficient eye protection. The PSW also indicated they were unable to change their procedural mask and did not have access to a specific supply of procedural masks;
- On December 10, 2020, PSW #114, made resident #013's bed, while the resident was in the room. The staff member was not wearing gloves or eye protection. The PSW exited the room, placed a linen cart in the hallway from the resident's room, removed their used gown and placed it on the linen cart. The PSW did not change their procedural mask or wipe down the cart when they removed it from the resident's room.

The Inspector(s) also observed:

- On December 7, 2020, two staff members remove their PPE to exit resident #014's

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room, there were no procedural masks in the isolation cart for staff to re-apply a mask. One staff member crossed the hallway not wearing a procedural mask, while a resident was within six feet of them;

-On December 8, 2020, a staff member, wearing a mask, entered resident #011's room to provide nourishment, the staff member did not apply any additional PPE. The staff member also provided nourishment to resident #011's roommate without applying any PPE. When the Inspector interviewed the staff member, they were unaware which resident was on isolation precautions; and

-On December 8, 2020, two staff members provided assistance to resident #010, neither were wearing eye protection. The Inspector observed the Co-DOC provide eye protection to the staff members, while they were in the room.

The Co-DOC indicated that staff were expected to follow signage related to PPE usage for residents who were isolated with droplet and contact precautions. They verified that the Inspector's observations were a safety issue and that it was not out of lack of education from the home.

Sources: Inspector #759's observations; the home's policy: "Operation of Homes - Infection Control - Infection Prevention and Control Program" last revised June 26, 2020; "Droplet/Contact Precautions" signage; interviews with the Co-DOC and other staff.

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

**Severity:** The severity of staff not implementing appropriate IPAC protocols for residents who are on isolation precautions poses an actual risk to residents and staff through potential transmission.

**Scope:** The scope of this non-compliance was widespread because concerns were noted during four of the five dates on site.

**Compliance History:** A compliance order is being re-issued for the licensee failing to comply with s. 229 (4) of O. Reg. 79/10. This subsection was issued as a compliance order September 2020, from inspection report #2020\_771609\_0015 with a compliance due date of October 30, 2020. (759)

**Order(s) of the Inspector**

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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

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

Feb 03, 2021(A1)



**Order(s) of the Inspector**

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

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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  
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:

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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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  
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](http://www.hsarb.on.ca).

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section 154 of the *Long-Term  
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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  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
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**

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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

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  
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](http://www.hsarb.on.ca).

**Issued on this 20th day of January, 2021 (A1)**

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

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

Amended by TIFFANY BOUCHER (543) - (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

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

Sudbury Service Area Office