Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

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Public Copy/Copie 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 17, 2022	2022_895609_0005	017272-21	Critical Incident System

Licensee/Titulaire de permis

Anson General Hospital
58 Anson Drive Iroquois Falls ON P0K 1E0

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

South Centennial Manor
240 Fyfe Street Iroquois Falls ON P0K 1E0

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

KAREN HILL (704609)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): February 22-24, 2022.

The following intake was completed during this Critical Incident System (CIS) Inspection:

- One log, related to improper/incompetent treatment of a resident that results in harm or risk to a resident.

A Complaint inspection was conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Infection Prevention and Control (IPAC) Lead, Porcupine Health Unit, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeeping, Screeners, Administrative staff, and residents.

The Inspector also conducted walkabouts of resident home areas, observed the provision of care and services to residents, observed staff to resident and resident to resident interactions, observed infection control practices, reviewed relevant clinical health care records, relevant staffing schedules, relevant home policies and procedures, and other pertinent documents.

The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.
- **5 WN(s)**
- **2 VPC(s)**
- **2 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 LTCHA, 2007 S.O. 2007, c.8, s. 174.1 Directives by Minister

Specifically failed to comply with the following:

s. 174.1 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home. 2017, c. 25, Sched. 5, s. 49.

Findings/Faits saillants :

1. The licensee has failed to ensure that where the Act required the licensee of a long-

term care home to carry out every Minister's Directive that applies to the long-term care home, the Minister's Directive was complied with.

In accordance with the Minister's Directive COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes, effective December 17, 2021, the licensee was required to ensure that all staff, caregivers, student placements, and volunteers working in or visiting a long-term care home, whether indoors or outdoors, had either:

a. one PCR test and one antigen test on separate days within a seven-day period. The time period between PCR testing should be as close to seven days as can practically be achieved; OR
b. an antigen test, at a frequency of two times per week, at a minimum, on separate days (if fully vaccinated against COVID-19);
c. an antigen test at a frequency of three times per week, at a minimum, on separate days (if not fully vaccinated against COVID-19).

In addition to this, the licensee was required to ensure that staff antigen testing was taken as soon as possible after beginning a shift.

The COVID-19 Guidance Document for LTCHs, and Rapid Testing Merged FAQs., COVID-19 testing, indicated that while waiting for test results, individuals may enter the home with the appropriate personal protective equipment as per Directive #3 and follow infection prevention and control measures in place upon entry. The staff, student or volunteer however, should not provide direct care until receiving a negative test result.

During the inspection, the staff members who were responsible for Rapid Antigen Testing of staff, were scheduled to start their shift approximately two hours after the Registered staff and Personal Support Workers started their shifts.

Staff members indicated that they were required to have COVID-19 surveillance testing twice a week, were to be swabbed as soon as possible after starting their shift, but there was no set time as they had to wait until screening staff arrived.

The IPAC Lead and Director of Care indicated that staff testing was required a minimum of twice a week, as soon as possible upon arriving on shift, and that the home was not in compliance with the Directive.

Not ensuring that staff antigen testing was performed as soon as possible after beginning

a shift and that direct resident care was not provided until receiving a negative test result, may have put the residents at risk for contracting a health care associated infection in the home.

Sources: Observations; COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7, effective December 24, 2021, Minister's Directive COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes, effective December 17, 2021, COVID-19 Guidance Document for LTCHs, and Rapid Testing Merged FAQs., COVID-19 testing, dated February 4, and 17, 2022, home's policies and records, staff schedules; and interviews with IPAC Lead, DOC, and other staff. [s. 174.1 (3)]

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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home was a safe and secure environment for the residents, specifically related to universal masking.

COVID-19 Directive #3 identified that homes must ensure that all staff comply with universal masking at all times and that staff must wear a well-fitted mask for the entire duration of their shift, even when not delivering direct patient care, including in administrative areas.

A Critical Incident System (CIS) report was submitted to the Director which described a staff member working in the resident home areas without a medical mask on.

During the Inspection, the Inspector observed office staff members not wearing their medical mask in the administration and reception areas.

Staff and management verified that all staff were required to wear a face mask at all times, unless in a designated eating area.

There was minimal harm and potential risk to the residents by the staff not wearing their mask as directed.

Sources: Observations; CIS Report, COVID-19 Directive #3, dated December 24, 2021; home’s policy titled, “COVID-19 Mask Policy for MICs Team Members”, home's policies and investigation notes; and interviews with the IPAC Lead, DOC, and other staff. [s. 5.]

2. The licensee has failed to ensure that the home was a safe and secure environment for the residents related to COVID-19 active screening for all persons entering the home.

COVID-19 Directive #3, indicated that homes must ensure that all individuals were actively screened for symptoms and exposure history for COVID-19 before they were allowed to enter the home. The COVID-19 Guidance Document for long-term care homes in Ontario FAQ's, further specified that screening results must be actively checked and validated by a screener at the entrance, prior to entrance.

The “Ministry of Health COVID-19 Screening Tool for Long-term Care Homes and Retirement Homes" identified at a minimum, the questions that needed to be asked when actively screening individuals who entered the home.

On the first day of the inspection, the Inspector was not asked any questions related to COVID-19 symptoms or exposure history for COVID-19. On the following day, a visitor was not asked all of the questions on the COVID-19 screening tool nor were their answers documented.

On the second and third day of the inspection, the Inspector completed a COVID-19 self-screening process; the responses were not checked by a screener prior to entry. On all three days of the inspection, staff completed a COVID-19 self-screening process and entered the home without their responses being reviewed or verified by a screener. Not all the required questions were included on the screening tools.

Staff and management verified that the responses of staff self-screening were not reviewed prior to staff entering the home.The IPAC Lead also verified that the process for screening visitors that was observed during the Inspection should not be happening that

way; that the home's screening tools should include all the required questions, and that all visitors were to be asked all screening questions prior to entering the home.

Not ensuring that an active screening process was always in place and that at a minimum, the required screening questions were included in the screening process, put residents in the home at potential risk of exposure to COVID-19.

Sources: Observations; COVID-19 Directive #3, effective December 24, 2021, “Ministry of Health COVID-19 Screening Tool for Long-term Care Homes and Retirement Homes”, version 9., dated February 16, 2022, COVID-19 Guidance Document for LTCHs, and Rapid Testing Merged FAQs., dated September 28, 2021, dated February 17, 2022, home’s policies and screening tools; and interviews with the IPAC Lead, DOC, and other staff. [s. 5.]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the “Order(s) of the Inspector”.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents’ Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents had the right to receive visitors of his or her choice as per Directive #3.

COVID-19 Directive #3, indicated that homes must follow the Ministry of Long-Term Care's (MLTC) COVID-19 Guidance Document for Long-Term Care Homes in Ontario, effective December 23, 2021, or as current, which identified that there were no limits on the total number of essential visitors allowed to come into a home at any given time.

Further to this, effective February 21, 2022, all general visitors five years of age and older who provided proof of being fully vaccinated against COVID-19 were permitted to resume visits to long-term care homes, with up to three visitors (including caregivers) visiting a resident at a time.

At the time of the inspection, general visitors were not permitted in the home and only two essential visitors were permitted to visit at a time.

Both the home's IPAC Lead and DOC acknowledged that they were aware of the Directive and the recent changes to the visiting guidelines and stated they decided not to implement the guidelines in the home at that time.

Sources: COVID-19 Directive #3 for Long-Term Care Homes under the LTCHA, 2007 and issued under Section 77.7 of the HPPA, R.S.O. 1990, c.H.7, in effect as of December 24, 2021, MLTC’s COVID-19 Guidance Document for Long-Term Care Homes in Ontario, effective December 23, 2021, home’s policy; and interviews with local Public Health Liaison, IPAC lead, DOC, and other staff. [s. 3. (1) 14.]

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 every resident has the right to receive visitors of his or her choice without interference, to be implemented voluntarily.

WN #4: 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 staff participated in the implementation of the Infection Prevention and Control (IPAC) program, specifically related to hand hygiene.

During the inspection two staff members, at different identified times, put on and took off Personal Protective Equipment (PPE) and conducted various tasks, without performing hand hygiene.

Staff and the IPAC Lead staff verified that hand hygiene was required when putting on and taking off PPE and acknowledged that hand hygiene was not performed when it should have been.

Staff not performing hand hygiene as required may have put the residents at risk for contracting a health care associated infection in the home.

Sources: Observations; Public Health Ontario-Provincial Infectious Diseases Advisory Committee (PIDAC), Best Practices for Hand Hygiene in All Health Care Settings, 4th edition, April 2014, home's policy; and interviews with the IPAC Lead and other staff. [s. 229. (4)]

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 all staff participate in the implementation of the program, specifically related to hand hygiene, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home

Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. The licensee has failed to ensure that all doors leading to non-residential areas were locked when not being supervised by staff.

During a tour of the resident home areas, the door to the nursing office which contained resident charts, computer equipment and accessories, including electrical cords, was observed unlocked, propped opened, and unsupervised.

A registered staff member and the DOC verified that the door to the nursing office should have been closed and locked when not attended by staff.

Sources: Nursing office, observations; and interviews with staff, and DOC. [s. 9. (1) 2.]

Issued on this 24th day of March, 2022

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Public Copy/Copie du rapport public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	KAREN HILL (704609)
Inspection No. / No de l'inspection :	2022_895609_0005
Log No. / No de registre :	017272-21
Type of Inspection / Genre d'inspection:	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Mar 17, 2022
Licensee / Titulaire de permis :	Anson General Hospital 58 Anson Drive, Iroquois Falls, ON, P0K-1E0
LTC Home / Foyer de SLD :	South Centennial Manor 240 Fyfe Street, Iroquois Falls, ON, P0K-1E0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Paul Chatelain

To Anson General Hospital, you are hereby required to comply with the following order (s) by the date(s) set out below:

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 174.1 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home. 2017, c. 25, Sched. 5, s. 49.

Order / Ordre :

The licensee must comply with s. 174 1 (3) of the LTCHA.

Specifically, the licensee shall prepare, submit, and implement a plan to ensure that the licensee is compliant with the Minister's Directive: COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes. The plan must include but is not limited to, the following:

-development and implementation of a process for how the home will achieve and ensure continued compliance with the Minister's Directive;

-how the home will evaluate the effectiveness of the process put in place to ensure compliance with the Directive;

-the person(s) responsible for the development, implementation, and evaluation of the plan and process to ensure compliance.

Please submit the written plan for achieving compliance for inspection #2022_895609_0005 to Karen Hill, LTC Homes Inspector, MLTC, by email to SudburySAO.moh@ontario.ca by March 31, 2022.

Grounds / Motifs :

1. The licensee has failed to ensure that where the Act required the licensee of a long-term care home to carry out every Minister's Directive that applies to the long-term care home, the Minister's Directive was complied with.

In accordance with the Minister's Directive COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes, effective December 17, 2021, the

licensee was required to ensure that all staff, caregivers, student placements, and volunteers working in or visiting a long-term care home, whether indoors or outdoors, had either:

a. one PCR test and one antigen test on separate days within a seven-day period. The time period between PCR testing should be as close to seven days as can practically be achieved; OR
b. an antigen test, at a frequency of two times per week, at a minimum, on separate days (if fully vaccinated against COVID-19);
c. an antigen test at a frequency of three times per week, at a minimum, on separate days (if not fully vaccinated against COVID-19).

In addition to this, the licensee was required to ensure that staff antigen testing was taken as soon as possible after beginning a shift.

The COVID-19 Guidance Document for LTCHs, and Rapid Testing Merged FAQs., COVID-19 testing, indicated that while waiting for test results, individuals may enter the home with the appropriate personal protective equipment as per Directive #3 and follow infection prevention and control measures in place upon entry. The staff, student or volunteer however, should not provide direct care until receiving a negative test result.

During the inspection, the staff members who were responsible for Rapid Antigen Testing of staff, were scheduled to start their shift approximately two hours after the Registered staff and Personal Support Workers started their shifts.

Staff members indicated that they were required to have COVID-19 surveillance testing twice a week, were to be swabbed as soon as possible after starting their shift, but there was no set time as they had to wait until screening staff arrived.

The IPAC Lead and Director of Care indicated that staff testing was required a minimum of twice a week, as soon as possible upon arriving on shift, and that the home was not in compliance with the Directive.

Not ensuring that staff antigen testing was performed as soon as possible after beginning a shift and that direct resident care was not provided until receiving a

negative test result, may have put the residents at risk for contracting a health care associated infection in the home.

Sources: Observations; COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7, effective December 24, 2021, Minister's Directive COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes, effective December 17, 2021, COVID-19 Guidance Document for LTCHs, and Rapid Testing Merged FAQs., COVID-19 testing, dated February 4, and 17, 2022, home's policies and records, staff schedules; and interviews with IPAC Lead, DOC, and other staff. [s. 174.1 (3)]

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

Severity: There was potential risk for harm to the residents of the home when the home did not ensure that resident care was not provided by staff until receiving a negative antigen test result.

Scope: The scope of this non-compliance was identified as widespread because the occurrences were on all units in the long term care home.

Compliance History: In the last 36 months, the licensee did not have any non compliance under this area of the legislation. (704609)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Apr 26, 2022

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 : 002

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Order / Ordre :

The licensee must comply with s. 5 of the LTCHA, 2007.

Specifically, the licensee shall prepare, submit, and implement a plan to ensure that the home is a safe and secure environment for the residents related to active screening for COVID-19 and universal masking, as set out in COVID-19 Directive #3 for Long-Term Care Homes under the LTCHA, 2007.

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

-the development and implementation of a process for how the home will achieve and ensure continued compliance;

-how the home will evaluate the effectiveness of the process put in place to ensure compliance;

-the person(s) responsible for the development, implementation, and evaluation of the plan and process to ensure compliance;

Please submit the written plan for achieving compliance for inspection #2022_895609_0005 to Karen Hill, LTC Homes Inspector, MLTC, by email to SudburySAO.moh@ontario.ca by March 31, 2022.

Grounds / Motifs :

1. The licensee has failed to ensure that the home was a safe and secure environment for the residents, specifically related to universal masking.

COVID-19 Directive #3 identified that homes must ensure that all staff comply

with universal masking at all times and that staff must wear a well-fitted mask for the entire duration of their shift, even when not delivering direct patient care, including in administrative areas.

A Critical Incident System (CIS) report was submitted to the Director which described a staff member working in the resident home areas without a medical mask on.

During the Inspection, the Inspector observed office staff members not wearing their medical mask in the administration and reception areas.

Staff and management verified that all staff were required to wear a face mask at all times, unless in a designated eating area.

There was minimal harm and potential risk to the residents by the staff not wearing their mask as directed.

Sources: Observations; CIS Report, COVID-19 Directive #3, dated December 24, 2021; home's policy and investigation notes; and interviews with the IPAC Lead, DOC, and other staff. [s. 5.] (704609)

2. The licensee has failed to ensure that the home was a safe and secure environment for the residents related to COVID-19 active screening for all persons entering the home.

COVID-19 Directive #3, indicated that homes must ensure that all individuals were actively screened for symptoms and exposure history for COVID-19 before they were allowed to enter the home. The COVID-19 Guidance Document for long-term care homes in Ontario FAQ's, further specified that screening results must be actively checked and validated by a screener at the entrance, prior to entrance.

The "Ministry of Health COVID-19 Screening Tool for Long-term Care Homes and Retirement Homes" identified at a minimum, the questions that needed to be asked when actively screening individuals who entered the home.

On the first day of the inspection, the Inspector was not asked any questions

related to COVID-19 symptoms or exposure history for COVID-19. On the following day, a visitor was not asked all of the questions on the COVID-19 screening tool nor were their answers documented.

On the second and third day of the inspection, the Inspector completed a COVID-19 self-screening process; the responses were not checked by a screener prior to entry. On all three days of the inspection, staff completed a COVID-19 self-screening process and entered the home without their responses being reviewed or verified by a screener. Not all the required questions were included on the screening tools.

Staff and management verified that the responses of staff self-screening were not reviewed prior to staff entering the home.The IPAC Lead also verified that the process for screening visitors that was observed during the Inspection should not be happening that way; that the home's screening tools should include all the required questions, and that all visitors were to be asked all screening questions prior to entering the home.

Not ensuring that an active screening process was always in place and that at a minimum, the required screening questions were included in the screening process, put residents in the home at potential risk of exposure to COVID-19.

Sources: Observations; COVID-19 Directive #3, effective December 24, 2021, "Ministry of Health COVID-19 Screening Tool for Long-term Care Homes and Retirement Homes", version 9., dated February 16, 2022, COVID-19 Guidance Document for LTCHs, and Rapid Testing Merged FAQs., dated September 28, 2021, dated February 17, 2022, home's policy and screening tools; and interviews with the IPAC Lead, DOC, and other staff. [s. 5.]

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

Severity: There was actual risk to residents of the home when visitors and staff were not actively screened for COVID-19 symptoms or exposure history prior to entering the home, and when staff did not wear medical masks as required.

Scope: The scope of this non-compliance was identified as isolated.

Compliance History: In the last 36 months, the licensee did not have any non compliance under this area of the legislation. (704609)

This order must be complied with by /
Vous devez vous conformer à cet ordre d’ici le : Apr 26, 2022

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:

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.

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, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

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 revision 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 17th day of March, 2022

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Karen Hill

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