

**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**

Central West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
Telephone: (888) 432-7901
Facsimile: (519) 885-2015

Bureau régional de services de Centre
Ouest
1e étage, 609 rue Kumpf
WATERLOO ON N2V 1K8
Téléphone: (888) 432-7901
Télécopieur: (519) 885-2015

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
Sep 8, 2020	2020_739694_0020	023351-19, 023352-19, 001952-20, 001953-20, 014178-20, 015245-20, 015760-20, 015852-20	Follow up

Licensee/Titulaire de permis

Corporation of the County of Simcoe
1110 Highway 26 Midhurst ON L9X 1N6

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

Sunset Manor Home for Senior Citizens
49 Raglan Street COLLINGWOOD ON L9Y 4X1

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

AMANDA COULTER (694), KATY HARRISON (766)

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): August 4, 5, 6, 7, 10, 11, and 12, 2020.

The following intakes were inspected;

Log #023351-19, follow up to Compliance Order (CO) #001, inspection #2019_773155_0016, related to nutrition and hydration,

Log #023352-19, follow up to CO #002, inspection #2019_773155_0016, related to skin and wound care,

Log #001952-19, follow up to CO #001, inspection #2019_800532_0019, related to pain management,

Log #001953-20, follow up to CO #002, inspection #2019_800532_0019, related to safe transfers,

Log #014178-20, follow up to CO #001, inspection # 2020_739694_0012, related to prevention of abuse,

Log #015245-20, Log #015760-20, related to fall prevention, and

Log #015852-20, related to unexpected death.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), physiotherapy assistant (PTA), family members and residents.

The inspectors also toured the home, observed the provision of care and services, reviewed relevant documents, including but not limited to clinical records, policies and procedures, internal investigation and training records.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Skin and Wound Care

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

- 2 WN(s)**
- 1 VPC(s)**
- 1 CO(s)**
- 1 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:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2020_739694_0009		694
O.Reg 79/10 s. 36.	CO #002	2019_800532_0019		766
O.Reg 79/10 s. 52. (2)	CO #001	2019_800532_0019		766
O.Reg 79/10 s. 68. (2)	CO #001	2019_773155_0016		694

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. 50. Skin and wound care

Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
- (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff.

This inspection was completed as a follow up to compliance order (CO) #002 from inspection #2019_773155_0016, regarding s.50 (2) of the O. Reg. 79/10, wherein weekly skin/wound assessments were not being completed for all areas of altered skin integrity.

1. During April, May and June, 2020, a resident had a number of areas of altered skin integrity identified.

a) The resident had a wound where an initial wound assessment was completed. The first weekly assessment was not completed and when the next assessment was conducted the location of the wound did not coincide with the rest of the documentation. The wound then increased in size according to the assessments. Wound assessments on two specific dates did not include measurements of the wound and it was documented almost healed. There was no weekly assessment completed after this to indicate the wound had healed.

b) The resident had a second skin concern where an initial assessment was completed,

but there were no weekly wound assessments completed after a specific date and it was unclear when the area healed.

c) The resident had a third skin concern where an initial wound was assessment completed, but there were no weekly wound assessments completed after a specific date and it was unclear when the area healed.

For all three of the identified skin concerns, weekly skin/wound assessments were either not done or incomplete with no measurements or descriptions.

During observations, the resident was found to have other skin concerns. According to the home's policy titled, "Wound Management Program", all skin concerns were to be assessed weekly.

Staff said they misunderstood the home's policy, which may have been why the assessments were not done.

2. A resident's clinical record was reviewed for a period of two months.

The resident had a skin concern for which an initial assessment was completed. After a specific date weekly assessments were not completed and it was unclear if the wound had healed.

Staff indicated that currently there was no system in place to ensure weekly skin and wound assessments were completed on residents that exhibited different skin concerns. The staff also said a number of weekly assessments were either not done or incomplete.

The licensee failed to ensure that residents, when exhibiting skin concerns, were reassessed at least weekly by a member of the registered staff. [s. 50. (2) (b) (iv)]

Additional Required Actions:

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".
DR # 001 – The above written notification is also being referred to the Director for further action by the Director.***

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to ensure that care set out in the plan of care was provided to a resident as specified in the plan.

A resident's care plan said they were high risk for skin breakdown and had specific interventions to minimize the risk.

During observations conducted, the interventions were not observed in place.

The licensee failed to ensure that care set out in the plan of care was provided to a resident as specified in the plan in relation to skin/wound interventions. [s. 6. (7)]

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 care set out in the plan of care was provided to the resident as specified in the plan, to be implemented voluntarily.

Issued on this 18th day of September, 2020

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

Original report signed by the inspector.

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 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) : AMANDA COULTER (694), KATY HARRISON (766)

Inspection No. /

No de l'inspection : 2020_739694_0020

Log No. /

No de registre : 023351-19, 023352-19, 001952-20, 001953-20, 014178-
20, 015245-20, 015760-20, 015852-20

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Sep 8, 2020

Licensee /

Titulaire de permis : Corporation of the County of Simcoe
1110 Highway 26, Midhurst, ON, L9X-1N6

LTC Home /

Foyer de SLD : Sunset Manor Home for Senior Citizens
49 Raglan Street, COLLINGWOOD, ON, L9Y-4X1

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Martina Wynia

To Corporation of the County of Simcoe, 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 # /

No d'ordre : 001

Order Type /

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

Linked to Existing Order / 2019_773155_0016, CO #002;
Lien vers ordre existant:

Pursuant to / Aux termes de :

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Order / Ordre :

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

The licensee must be compliant with s. 50 (2) of the O. Reg. 79/10.

Specifically the licensee must:

- a) Ensure that resident #004, #010 and all other residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds receive a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment and is reassessed at least weekly by a member of the registered nursing staff when clinically indicated.
- b) Ensure that refresher training is provided to all registered staff related to timelines for assessments and the home's policies and procedures related to skin and wound assessments. A documented record shall be kept with the training content, attendees and the date they received refresher training.
- c) Ensure that a tracking and weekly auditing system is developed, implemented and documented for all residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds. This audit will be utilized to ensure that all residents exhibiting altered skin integrity are receiving the required assessments and treatments and ensure all assessments are completed in full.

Grounds / Motifs :

1. The licensee has failed to comply with compliance order #002 from inspection number 2019_605213_0019 issued on May 30, 2019, with a compliance due date of July 31, 2019, and re-issued with compliance order #002 from inspection number 2019_773155_0016 issued on January 28, 2020, with a compliance due date of April 3, 2020.

The licensee was ordered to be compliant with O.Reg. 79/10, s. 50(2).

Specifically the licensee must:

- a) Ensure that residents at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff upon any return of the resident from hospital.
- b) Ensure that resident #004, #011 and all other residents exhibiting altered skin

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integrity, including skin breakdown, pressure ulcers, skin tears or wounds receive a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment and is reassessed at least weekly by a member of the registered nursing staff when clinically indicated.

c) Ensure that all registered nursing staff receive training on the types of altered skin integrity, required assessments, timelines for assessments and the home's policies and procedures related to skin and wound assessments.

d) Ensure that the above training is incorporated into new staff orientation.

e) Ensure that a tracking and weekly auditing system is developed, implemented and documented for all residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds to ensure that all residents exhibiting altered skin integrity are receiving the required assessments and treatments in accordance with the home's policies and procedures to ensure consistency and completion.

f) Ensure that the tracking of skin tears notes the cause and if any trends. Any skin tears involving staff will be investigated, appropriate actions taken and documented.

The licensee failed to comply steps b) and e).

The licensee failed to ensure that that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff.

This inspection was completed as a follow up to compliance order (CO) #002 from inspection #2019_773155_0016, regarding s.50 (2) of the O. Reg. 79/10, wherein weekly skin/wound assessments were not being completed for all areas of altered skin integrity.

The licensee failed to ensure that that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff.

This inspection was completed as a follow up to compliance order (CO) #002 from inspection #2019_773155_0016, regarding s.50 (2) of the O. Reg. 79/10, wherein weekly skin/wound assessments were not being completed for all areas

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

of altered skin integrity.

1. The licensee failed to ensure that that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff.

This inspection was completed as a follow up to compliance order (CO) #002 from inspection #2019_773155_0016, regarding s.50 (2) of the O. Reg. 79/10, wherein weekly skin/wound assessments were not being completed for all areas of altered skin integrity.

1. During April, May and June, 2020, a resident had a number of areas of altered skin integrity identified.

a) The resident had a wound where an initial wound assessment was completed. The first weekly assessment was not completed and when the next assessment was conducted the location of the wound did not coincide with the rest of the documentation. The wound then increased in size according to the assessments. Wound assessments on two specific dates did not include measurements of the wound and it was documented almost healed. There was no weekly assessment completed after this to indicate the wound had healed.

b) The resident had a second skin concern where an initial assessment was completed, but there were no weekly wound assessments completed after a specific date and it was unclear when the area healed.

c) The resident had a third skin concern where an initial wound was assessment completed, but there were no weekly wound assessments completed after a specific date and it was unclear when the area healed.

For all three of the identified skin concerns, weekly skin/wound assessments were either not done or incomplete with no measurements or descriptions.

During observations, the resident was found to have other skin concerns. According to the home's policy titled, "Wound Management Program", all skin concerns were to be assessed weekly.

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

Staff said they misunderstood the home's policy, which may have been why the assessments were not done.

2. A resident's clinical record was reviewed for a period of two months.

The resident had a skin concern for which an initial assessment was completed. After a specific date weekly assessments were not completed and it was unclear if the wound had healed.

Staff indicated that currently there was no system in place to ensure weekly skin and wound assessments were completed on residents that exhibited different skin concerns. The staff also said a number of weekly assessments were either not done or incomplete.

The licensee failed to ensure that residents, when exhibiting skin concerns, were reassessed at least weekly by a member of the registered staff.

The licensee failed to ensure that residents, when exhibiting skin concerns, were reassessed at least weekly by a member of the registered staff.

The severity of this issue was a level 3 as there was actual harm/risk to the residents. The scope was level 2 as three out of three residents were affected. The home had a level 3 compliance history as there was previous non-compliance to the same subsection that included compliance order #002 from inspection 2019_605213_0019 issued May 30, 2019, with a compliance due date of July 31, 2019; and re-issued with compliance order #002 from inspection number 2019_773155_0016 issued on January 28, 2020, with a compliance due date of April 3, 2020, and a VPC issued October 18, 2017 during inspection 2017_484646_0014.

(694)

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

Sep 22, 2020

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

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

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

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.

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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

**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, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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

Pursuant to section 153 and/or
section 154 of the *Long-Term
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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.

Issued on this 8th day of September, 2020

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Amanda Coulter

Service Area Office /

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