Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11iém étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 23, 2013	2013_208141_0017	H-000290-13	Follow up

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

BRIERWOOD GARDENS
425 PARK ROAD NORTH, BRANTFORD, ON, N3R-7G5

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

SHARLEE MCNALLY (141), BERNADETTE SUSNIK (120), CAROL POLCZ (156)

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): June, 10, 11, 12, 13, 14, 20, 2013

During the course of the inspection, the inspector(s) spoke with The Administrator, the Assistant Director of Care (ADOC), the Director of Education Services, Registered Nurses (RN), Registered Practical Nurses (RPN) and Personal Support Workers (PSWs) and residents.

During the course of the inspection, the inspector(s) observed resident care, completed inspections of residents rooms and personal care equipment, reviewed resident's records

The following Inspection Protocols were used during this inspection:
Personal Support Services

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. Resident #0013 plan of care did not set clear direction to staff for oral care.
The current written plan of care for the resident did not identify resident needs for oral care including assistance required, if resident had own teeth or dentures, or frequency of oral care to be completed. The June, 2013 Resident Assessment Protocol(RAP) indicated that dental care would be addressed in the plan of care to minimize risks and avoid complications [s. 6. (1) (c)]

2. The written plan of care for residents #0022, #0025, #0026, #0027 and #101 did not set out clear directions to staff and others who provide direct care, specifically oral care to the resident.
Four out of the five current written plans of care did not identify resident needs for oral care including assistance required or if resident had own teeth or dentures.
The plan of care for resident #0026 identified that they had upper and lower dentures but no other information regarding assistance required. [s. 6. (1) (c)]

3. Resident #005 plan of care did not set out clear direction to staff for oral hygiene.
The resident's current written plan of care identified the resident had their own teeth but did not identify the frequency of cleaning or assistance required.
The resident most current RAP related to dental care identified a new RAP and stated the resident had their own teeth and staff to make attempts to assist them with daily cleaning, however the resident does not always comply. The resident does not always comply with mouth care, and staff will care plan with a goal of attempting to ensure adequate care is provided and minimize risks.
The current written plan of care identified the resident had their own teeth but did not identify the frequency of cleaning or assistance required [s. 6. (1) (c)]

4. Resident #004 plan of care did not set out clear directions to staff for provision of oral hygiene.
The resident's current written plan of care did not identify whether the resident had their own teeth or dentures, the frequency of cleaning required and the assistance provided by staff.
The resident's most currnt MDS quarterly assessment stated the resident had dentures and/or removable bridge and daily needs cleaning of teeth or dentures or daily mouth care by resident or staff. [s. 6. (1) (c)]

5. Resident #007 plan of care did not set out clear directions to staff for provision of oral hygiene.

The resident's current written plan of care did not identify whether the resident had their own teeth or dentures, the frequency of cleaning required and the assistance provided by staff.
The resident's MDS quarterly assessment dated May, 2013 identified daily needs related to cleaning of teeth or dentures or daily mouth care by resident or staff but did not identify if resident had their own teeth or dentures. [s. 6. (1) (c)]

6. Resident #0017 plan of care did not set out clear directions to staff for provision of oral hygiene.
The resident's current written plan of care did not identify whether the resident had their own teeth or dentures, the frequency of cleaning and the assistance required by staff.
The resident's most current quarterly MDS identified daily needs related to cleaning of teeth or dentures or daily mouth care by resident or staff but did not identify if the resident had their own teeth or dentures. [s. 6. (1) (c)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 34. Oral care
Specifically failed to comply with the following:

s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,
(a) mouth care in the morning and evening, including the cleaning of dentures; O. Reg. 79/10, s. 34 (1).
(b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and O. Reg. 79/10, s. 34 (1).
(c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).

Findings/Faits saillants :

1. Resident #006 plan of care indicated that the resident would allow staff to help with brushing of teeth. When the resident refused to have teeth brushed, staff needed to leave the resident and reproach later. The resident's toothbrush was found to be dry for three consecutive days during the inspection period. Staff interviewed stated that the resident was set up for oral care including toothpaste being put on the resident's toothbrush but could not explain why toothbrush remained dry over multiple days. The resident was observed by the inspector to have very foul mouth odour on one day during the inspection. The resident's mouth was observed by the inspector to have a pasty white substance on the tongue on another day during the inspection. [s. 34. (1)]

2. Residents #0022, #0024, #0025, #0026, #0027 and #101 did not receive oral care for two consecutive days during the inspection period, that included mouth care in the morning and evening, including the cleaning of dentures.
The PSWs were required to complete documentation on Point of Care (POC) after any activity of daily living, including oral care as provided to a resident. The records, staff interviews and direct observations of toothbrushes were made in order to determine if mouth care was completed twice per day. Residents could not reliably provide information on their oral care.
A) The POC records for resident #0022 indicated that on both morning and evening on four consecutive days during the inspection period the resident did not receive any oral care. Staff recorded the task as "not applicable". On two mornings the resident's toothbrush was confirmed to be dry. The resident's plan of care did not have any information regarding their oral care requirements.
B) The POC records for resident #0024 indicated that on the morning of two consecutive identified dates during the inspection period, the resident refused. The resident's toothbrush could not be located on the same two identified days the POC records indicated resident refused. On the third identified day staff recorded on POC that the task was completed in the morning and in the evening, but the toothbrush was confirmed by the inspector to be dry on the morning of the day. The PSW accountable for resident care stated the resident often refuses. The PSW did not articulate other strategies to ensure the care was provided. The resident's plan of care identified that the resident required twice daily set up and supervision with oral care.
C) The POC records indicated resident #0025 did not receive any oral care on any morning for two consecutive days during the inspection period. Staff recorded the task as "not applicable". The resident's toothbrush was confirmed to be dry on the morning both days. The resident's plan of care did not have any information regarding their oral care requirements.

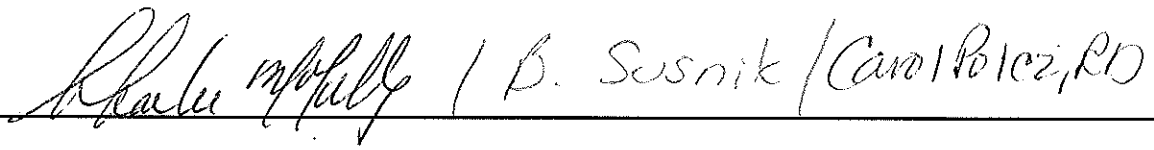
D) The POC records indicated resident #0026 did not receive oral care on either the morning or the evening for three consecutive days during the inspection period. Staff recorded the task as "not applicable". The resident's toothbrush was confirmed by the inspector to be dry on the morning of two of the three days. The resident's plan of care identified that staff were to complete hygiene tasks for the resident but was not specific to oral hygiene.
E) The POC records for resident #0027 indicated the resident did not receive oral care for two consecutive days during the inspection period. Staff recorded the task as "not applicable". The resident's toothbrush could not be located in their bathroom on either of the two days. The resident's plan of care identified that the resident will often refuse mouth care and that they are to re-approach and attempt to provide oral care.
F) The POC records for resident #101 indicated that they received oral care by staff on each evening on for two consecutive days during the inspection period and that the resident completed their own morning oral care on the same dates. However, the resident's toothbrush was found to be dry on both dates. The resident's most current plan of care does not have any information regarding their oral care requirements.
When various staff members were asked why oral care was not being provided to the identified residents, the responses were consistently related to a lack of time due to staff shortages. [s. 34. (1)]

Additional Required Actions:

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

Issued on this 6th day of November, 2013

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



Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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 System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	SHARLEE MCNALLY (141), BERNADETTE SUSNIK (120), CAROL POLCZ (156)
Inspection No. / No de l'inspection :	2013_208141_0017
Log No. / Registre no:	H-000290-13
Type of Inspection / Genre d'inspection:	Follow up
Report Date(s) / Date(s) du Rapport :	Aug 23, 2013
Licensee / Titulaire de permis :	REVERA LONG TERM CARE INC. 55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2
LTC Home / Foyer de SLD :	BRIERWOOD GARDENS 425 PARK ROAD NORTH, BRANTFORD, ON, N3R-7G5
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	CATHERINE DONAHUE

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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

To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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 # / Ordre no : 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. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident.
2007, c. 8, s. 6 (1).

Order / Ordre :

The licensee shall prepare, implement and submit a plan that ensures there is a written plan of care for each resident that sets out clear directions to staff and others who provide oral hygiene to the residents including residents #004, #005, #007, #0013, #0017, and #0026.
The plan shall be submitted by August 30, 2013 to Long Term Care Inspector Sharlee McNally at: Sharlee.McNally@ontario.ca

Grounds / Motifs :

1. This Order was previously issued as a Voluntary Plan of Action for Inspection #2013_105130_0007 issued on March 15, 2013.
Resident #0017 plan of care did not set out clear directions to staff for provision of oral hygiene.
The resident's current written plan of care did not identify whether the resident had their own teeth or dentures, the frequency of cleaning and the assistance required by staff.
The resident's most current MDS quarterly assessment identified daily needs related to cleaning of teeth or dentures or daily mouth care by resident or staff but did not identify if the resident had their own teeth or dentures.
(141)

2. Resident #007 plan of care did not set out clear directions to staff for provision of oral hygiene.
The resident's current written plan of care did not identify whether the resident

had their own teeth or dentures, the frequency of cleaning required and the assistance provided by staff.
The resident's MDS quarterly assessment dated May, 2013 identified daily needs related to cleaning of teeth or dentures or daily mouth care by resident or staff but did not identify if resident had their own teeth or dentures. (141)

3. Resident #004 plan of care did not set out clear directions to staff for provision of oral hygiene.
The resident's current written plan of care did not identify whether the resident had their own teeth or dentures, the frequency of cleaning required and the assistance provided by staff.
The resident's most current MDS quarterly assessment stated the resident had dentures and/or removable bridge and daily needs cleaning of teeth or dentures or daily mouth care by resident or staff. (141)

4. Resident #005 plan of care did not set out clear direction to staff for oral hygiene.
The resident's current written plan of care identified the resident had their own teeth but did not identify the frequency of cleaning or assistance required.
The resident most current RAP related to dental care identified a new RAP and stated the resident had their own teeth and staff to make attempts to assist them with daily cleaning, however the resident does not always comply. The resident does not always comply with mouth care, and staff will care plan with a goal of attempting to ensure adequate care is provided and minimize risks.
The current written plan of care identified the resident had their own teeth but did not identify the frequency of cleaning or assistance required
(141)

5. The written plan of care for residents #0022, #0025, #0026, #0027 and #101 did not set out clear directions to staff and others who provide direct care, specifically oral care to the resident.
Four out of the five current written plans of care did not identify resident needs for oral care including assistance required or if resident had own teeth or dentures.
The plan of care for resident #0026 identified that they had upper and lower dentures but no other information regarding assistance required.ce required.
(120)

6. Resident #0013 plan of care did not set clear direction to staff for oral care. The current written plan of care for the resident did not identify resident needs for oral care including assistance required, if resident had own teeth or dentures, or frequency of oral care to be completed. The June, 2013 Resident Assessment Protocol(RAP)indicated that dental care would be addressed in the plan of care to minimize risks and avoid complications

(156)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Sep 06, 2013

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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 # / Ordre no : 002

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

Linked to Existing Order / Lien vers ordre existant: 2013_105130_0007, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,
(a) mouth care in the morning and evening, including the cleaning of dentures;
(b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and
(c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).

Order / Ordre :

The licensee shall prepare, implement and submit a plan to ensure each resident of the home receives oral hygiene care to maintain the integrity of oral tissues that includes mouth care in the morning and evening including the the cleaning of dentures including residents #0022, #0024, #0025, #0026, #0027, #102,
The plan shall be submitted by August 30, 2013 to Long Term Care Inspector Sharlee McNally at: Sharlee.McNally@ontario.ca

Grounds / Motifs :

1. This Order was previously issued as an Order for Inspection #2013_105130_0007 issued on March 15, 2013.
Residents #0022, #0024, #0025, #0026, #0027 and #101 did not receive oral care for two consecutive days during the inspection period, that included mouth care in the morning and evening, including the cleaning of dentures.
The PSWs were required to complete documentation on Point of Care (POC) after any activity of daily living, including oral care as provided to a resident. The records, staff interviews and direct observations of toothbrushes were made in order to determine if mouth care was completed twice per day. Residents could not reliably provide information on their oral care.

A) The POC records for resident #0022 indicated that on both morning and evening on four consecutive days during the inspection period the resident did not receive any oral care. Staff recorded the task as "not applicable". On two mornings the resident's toothbrush was confirmed to be dry. The resident's plan of care did not have any information regarding their oral care requirements.
B) The POC records for resident #0024 indicated that on the morning of two consecutive identified dates during the inspection period, the resident refused. The resident's toothbrush could not be located on the same two identified days the POC records indicated resident refused. On the third identified day staff recorded on POC that the task was completed in the morning and in the evening, but the toothbrush was confirmed by the inspector to be dry on the morning of the day. The PSW accountable for resident care stated the resident often refuses. The PSW did not articulate other strategies to ensure the care was provided. The resident's plan of care identified that the resident required twice daily set up and supervision with oral care.
C) The POC records indicated resident #0025 did not receive any oral care on any morning for two consecutive days during the inspection period. Staff recorded the task as "not applicable". The resident's toothbrush was confirmed to be dry on the morning both days. The resident's plan of care did not have any information regarding their oral care requirements.
D) The POC records indicated resident #0026 did not receive oral care on either the morning or the evening for three consecutive days during the inspection period. Staff recorded the task as "not applicable". The resident's toothbrush was confirmed by the inspector to be dry on the morning of two of the three days. The resident's plan of care identified that staff were to complete hygiene tasks for the resident but was not specific to oral hygiene.
E) The POC records for resident #0027 indicated the resident did not receive oral care for two consecutive days during the inspection period. Staff recorded the task as "not applicable". The resident's toothbrush could not be located in their bathroom on either of the two days. The resident's plan of care identified that the resident will often refuse mouth care and that they are to re-approach and attempt to provide oral care.
F) The POC records for resident #101 indicated that they received oral care by staff on each evening on for two consecutive days during the inspection period and that the resident completed their own morning oral care on the same dates. However, the resident's toothbrush was found to be dry on both dates. The resident's most current plan of care does not have any information regarding their oral care requirements.

When various staff members were asked why oral care was not being provided to the identified residents, the responses were consistently related to a lack of time due to staff shortages. [s. 34. (1)]

(120)

2. Multiple residents are not receiving oral hygiene over multiple days. Resident #006 plan of care indicated that the resident would allow staff to help with brushing of teeth. When the resident refused to have teeth brushed, staff needed to leave the resident and reproach later. The resident's toothbrush was found to be dry for three consecutive days during the inspection period. Staff interviewed stated that the resident was set up for oral care including toothpaste being put on the resident's toothbrush but could not explain why toothbrush remained dry over multiple days. The resident was observed by the inspector to have very foul mouth odour on one day during the inspection. The resident's mouth was observed by the inspector to have a pasty white substance on the tongue on another day during the inspection.
(156)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Sep 06, 2013

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 or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing 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
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 23rd day of August, 2013 /
Signature of Inspector / Signature de l'inspecteur : Sharlee McNally / B Secrist / Carol Polce, CD.

Name of Inspector / Nom de l'inspecteur : SHARLEE MCNALLY

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