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 prévue le Loi de 2007 les foyers de soins de longue

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

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HAMILTON, ON, L8P-4Y7
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Public Copy/Copie du public

Date(s) of Inspection/Date(s) de l'Inspection	Inspection No/ No de l'Inspection	Type of Inspection/Genre d'Inspection
Jan 25, 31, Feb 1, 3, 7, Mar 13, 2012	2012_066107_0003	Complaint

Licensee/Titulaire de permis

REGENCY LTC OPERATING LP ON BEHALF OF REGENCY
100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1

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

THE WATERFORD
2140 Baronwood Drive, OAKVILLE, ON, L6M-4V6

Name of Inspector(s)/Nom de l'Inspecteur ou des Inspecteurs

MICHELLE WARRENER (107)

Inspection Summary/Résumé de l'inspection

The purpose of this Inspection was to conduct a Complaint inspection.

During the course of the inspection, the Inspector(s) spoke with The Administrator, Director of Care, Assistant Director of Care, Food Services Manager, Registered nursing staff, front line nursing staff, dietary staff, and residents

During the course of the inspection, the Inspector(s) Reviewed the clinical health records for three residents related to skin and wound management and reviewed relevant policies and procedures related to complaint H-002076-11 and H-001961-11.

The following Inspection Protocols were used during this Inspection:

Nutrition and Hydration

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

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Legend	Legende
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur OO – 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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following subsections:

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).

Findings/Faits saillants :

1. [O.Reg. 79/10, s. 50(2)(b)(i)]
a) A skin assessment by a member of the registered nursing staff did not occur for an identified resident after a Chiropodist assessment. The resident had a diagnosis of diabetes and was at risk for skin breakdown. The Chiropody assessment identified a fresh wound to the resident's skin with treatment recommendations for the area. A skin assessment related to the area was not completed by registered nursing staff and treatment for the area was not ordered nor being completed. Staff interviewed confirmed that a registered nursing assessment was not completed after the Chiropodist assessment and that interventions were not being provided and had not been communicated to the resident's physician.
b) An appropriate assessment instrument was not used for five skin assessments for an identified resident for five identified weeks in 2011. The resident had five to seven identified open areas during that time, however, the assessment tool did not allow for the assessment of more than three skin areas at a time. Additional assessment forms were not used for the additional skin areas, resulting in only 3/5 or 3/7 skin sites being assessed.
2. [O.Reg. 79/10, s. 50(2)(b)(iv)]
a) An identified resident was not reassessed at least weekly by a member of the registered nursing staff in relation to an open area on the resident's skin. A skin assessment was not completed for a 13 day period. Staff confirmed the assessment was not completed.
b)The identified resident was also not re-assessed at least weekly by a member of the registered nursing staff related to a separate pressure area on the resident's skin. The resident was receiving treatment for the area over a three month period, however, weekly assessments of the area were not completed. The skin on the area was currently open. Staff interview confirmed that weekly skin assessments were required for this area, however, were not completed.
c) An identified resident was not re-assessed at least weekly by a member of the registered nursing staff for multiple open areas/skin tears on the resident's skin. The resident had diabetes and was at risk for skin breakdown.
i) Weekly skin assessments did not occur after concerns were identified by the Chiropodist related to the resident's skin. Skin assessments related to the area were not completed over a two month period after the Chiropody assessment. The resident was admitted to hospital after the two month period and it was noted the condition of the resident's skin area was poor.
ii) Weekly skin assessments by the Registered staff were not completed for 4/13 weeks over an almost three month period after the resident's return from hospital. Staff interview confirmed that these were not completed.
3. [O.Reg. 79/10, s. 50(2)(b)(ii)]
An identified resident did not receive immediate treatment and interventions to promote healing and prevent infection as required after skin breakdown/wounds were identified on two occasions.
a) A Chiropody assessment identified recommendations for treatment of the resident's skin. The treatment was not communicated to the physician, was not ordered, and was not provided to the resident. Staff interview confirmed that treatment was not provided to the resident.
b) Upon return from hospital the resident had an infected area on the skin. Treatment and interventions to promote healing and prevent infection were not ordered for thirteen days post admission. A family member voiced concerns that treatment for the area was delayed.
4. [O.Reg. 79/10, s. 50(2)(a)(ii)]
An identified resident did not receive a complete skin assessment by a member of the registered nursing staff upon return from hospital. The head to toe skin assessment, completed by nursing staff, identified an open area to the skin, however, an assessment of the area, including size, stage, etc. was not completed. Progress notes indicated that the dressing was intact and therefore an assessment was not completed. Follow up that included an assessment of the wound was not completed. Staff interview confirmed that the skin assessment was not completed. The home's skin breakdown program policy NUR-III-14 identified that skin assessments were to include the size and shape of lesions or wounds, colour, texture, odour, quantity of exudate, inspection of margins, etc. This information was not included for the wound upon return from hospital.

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. 6. Plan of care

Specifically failed to comply with the following subsections:

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).

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

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).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. [LTCHA, 2007, S.O. 2007, c.8, s. 6(4)(a)]
The staff and others involved in the different aspects of care of an identified resident did not collaborate with each other in the assessment of the resident so that their assessments were integrated, consistent with and complemented each other.
a) A Chiropody assessment identified the resident had an area on the skin that required treatment and provided recommendations for treatment of the area. Recommendations from the assessment were documented in the progress notes, however, collaboration with the nursing staff did not occur, resulting in treatment not being provided to the resident. Nursing staff did not communicate the recommendations of the Chiropodist to the resident's physician and the treatment was not provided. Staff interview and physician communication records confirmed that the information was not communicated and that treatment was not provided to the resident. The resident was diabetic and at risk for skin breakdown.
b) "Ont Wound Assessments", identified a wound on the resident's skin with a treatment ordered by the physician on a specified date. This information was not consistent with physician orders, as there was no treatment for the area ordered by the physician.
2. [LTCHA, 2007, S.O. 2007, c.8, s. 6(10)(b)]
The plan of care for an identified resident was not revised when the resident's care needs changed in relation to the amount of assistance required for eating. Progress notes identify the need for total assistance with meals, however, the resident's plan of care was not revised to include the increased assistance required. Personal Support Worker (PSW) interview confirmed the resident required total assistance with eating, however, this was not communicated on the resident's plan of care.
3. [LTCHA, 2007, S.O. 2007, c.8, s. 6(7)]
The care set out in the plan of care for an identified resident was not provided to the resident as specified in their plan. The resident was provided the incorrect diet texture and consistency of fluids on two documented occasions. Staff interview confirmed the resident received the incorrect items, however, did not consume the items as the resident's family intervened prior to the consumption of the items. The resident had a history of repeated aspiration pneumonia.
4. [LTCHA, 2007, S.O. 2007, c.8, s. 6(1)(c)]
An identified resident's plan of care did not set out clear directions for the staff and others who provided direct care to the resident. Documentation on the resident's Medication Administration records did not consistently identify that the resident's nutritional supplement and daily special intervention were required to be thickened.

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 with ensuring compliance with section 6(1)(c); 6(4)(a); 6(7) and 6(10)(b) of the LTCHA, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following subsections:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

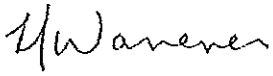
1. [O.Reg. 79/10, s. 30(2)] [O.Reg. 79/10, s. 30(2)]
The licensee did not ensure that actions taken with respect to an identified resident, under the skin and wound care program, including interventions and the resident's responses to interventions, were documented.
a) The resident's plan of care, stated the resident required repositioning every 2 hours related to wound management. Documentation did not include turning and repositioning. Staff interview confirmed the Home does not currently record repositioning of residents related to skin and wound care strategies.
b) Documentation under the skin and wound care program did not include treatments provided for an open area on the resident's skin during a one month period. The resident had an order for a treatment to be applied to the area, however, the treatment was not signed for on 5 occasions during the month. The inspector was unable to determine if the treatments were provided as required.

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 with ensuring that actions taken under the skin and wound care program, including interventions and resident responses to interventions, are documented, to be implemented voluntarily.

Issued on this 26th day of March, 2012

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

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

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) :	MICHELLE WARRENER (107)
Inspection No. / No de l'inspection :	2012_066107_0003
Type of Inspection / Genre d'inspection:	Complaint
Date of Inspection / Date de l'inspection :	Jan 25, 31, Feb 1, 3, 7, Mar 13, 2012
Licensee / Titulaire de permis :	REGENCY LTC OPERATING LP ON BEHALF OF REGENCY 100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1
LTC Home / Foyer de SLD :	THE WATERFORD 2140 Baronwood Drive, OAKVILLE, ON, L6M-4V6
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	~~EILEEN TREVORS~~ Paul Taylor MW

To REGENCY LTC OPERATING LP ON BEHALF OF REGENCY, 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

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

Order # / Ordre no : 001

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

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 :

The Licensee shall prepare, submit, and implement a plan that ensures that residents at risk of altered skin integrity receive:
a) a complete skin assessment by a member of the registered nursing staff upon any return of the resident from hospital
b) 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
c) immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required, and
d) reassessment at least weekly by a member of the registered nursing staff, if clinically indicated
The plan shall be submitted electronically by March 27, 2012 to Michelle Warrener at: Michelle.Warrener@ontario.ca or by mail/fax to: Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 119 King St. W., 11th floor, Hamilton ON, L8P 4Y7, 905-546-8255 fax.

Grounds / Motifs :

1. [O.Reg. 79/10, s. 50(2)(b)(iv)] - Previously issued March 16, 2011
An identified resident was not re-assessed at least weekly by a member of the registered nursing staff, for multiple open areas/skin tears on the resident's skin. The resident had diabetes and was at risk for skin breakdown.
a) Weekly skin assessments did not occur after concerns were identified by the Chiropodist related to an area on the resident's skin.
b) Weekly skin assessments by the Registered staff were not completed for 4/13 weeks over a three month period upon the resident's return from hospital. Staff interview confirmed that these were not completed. (107)
2. [O.Reg. 79/10, s. 50(2)(a)(ii)]
An identified resident did not receive a complete skin assessment by a member of the registered nursing staff upon return from hospital. The head to toe skin assessment, completed by nursing staff identified an open on the skin, however, an assessment of the area, including size, stage, etc. was not completed. Progress notes upon return to the nursing home indicated that the dressing was intact and therefore an assessment of the area was not completed. Follow up that included an assessment of the wound was not completed upon re-admission to the home. Staff interview confirmed that the skin assessment was not completed. The home's skin breakdown program policy NUR-III-14 identified that skin assessments were to include the size and shape of lesions or wounds, colour, texture, odour, quantity of exudate, inspection of margins, etc. This information was not included for the wound upon return from hospital. (107)
3. [O.Reg. 79/10, s. 50(2)(b)(ii)]
An identified resident did not receive immediate treatment and interventions to promote healing and prevent infection as required after skin breakdown/wounds were identified on two occasions. A Chiropody assessment identified recommendations for treatment of the resident's skin, however, the treatment was not communicated to the physician, was not ordered and was not provided to the resident. Staff interview confirmed that treatment was not provided to the resident as required.
Upon return from hospital the resident had an infected area on the skin. Treatment and interventions to promote healing and prevent infection were not ordered for thirteen days. A family member voiced concerns that treatment was delayed. (107)
4. [O.Reg. 79/10, s. 50(2)(b)(iv)]
An identified resident was not reassessed at least weekly by a member of the registered nursing staff in relation to an open area on the resident's skin. A skin assessment was not completed for a 13 day period. Staff confirmed the assessment was not completed. The resident was also not re-assessed at least weekly by a member of the registered nursing staff related to another pressure area on the resident's skin. The resident was receiving treatment for the area over a 3 month period, however, weekly assessments of the area were not completed. The skin on the area was currently open. Staff interview confirmed that weekly skin assessments were required for this area, however, were not completed. (107)
5. [O.Reg. 79/10, s. 50(2)(b)(i)]
a) A skin assessment by a member of the registered nursing staff did not occur for an identified resident after a Chiropodist assessment. The resident had a diagnosis of diabetes and was at risk for skin breakdown. The Chiropody assessment identified a fresh wound to the resident's skin with recommendations for the treatment of the area. A skin assessment related to the area was not completed by registered nursing staff and treatment for the area was not ordered nor being completed. Staff interviewed confirmed that a registered nursing assessment was not completed after the Chiropodist assessment and that interventions were not being provided and had not been communicated to the resident's physician.
b) An appropriate assessment instrument was not used for five skin assessments of an identified resident. The resident had five to seven identified open areas, however, the assessment tool did not allow for the assessment of more than 3 skin areas at a time. Additional assessment forms were not used for the additional skin areas, resulting in only 3/5 or 3/7 skin sites being assessed. (107)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Apr 30, 2012

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

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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
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

and the

Director

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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.

Ontario

Ministry of Health and Long-Term Care

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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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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.

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
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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 13th day of March, 2012

Signature of Inspector / Signature de l'Inspecteur : M Warrener.

Name of Inspector / Nom de l'Inspecteur : MICHELLE WARRENER

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