

**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**Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255Bureau régional de services de
Hamilton
119, rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255**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
Nov 20, 2020	2020_607523_0032	016463-19, 016464- 19, 003839-20	Follow up

Licensee/Titulaire de permisBarton Retirement Inc.
1430 Upper Wellington Street HAMILTON ON L9A 5H3**Long-Term Care Home/Foyer de soins de longue durée**The Wellington Nursing Home
1430 Upper Wellington Street HAMILTON ON L9A 5H3**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

ALI NASSER (523), BERNADETTE SUSNIK (120), HELENE DESABRAIS (615)

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): October 27, 28, 29, 30 and November 2, 2020.

This inspection was completed concurrently with inspection 2020_729615_0030.

This inspection was conducted for the following:

Follow Up Log #003839-20 to CO#001 from inspection #2020_577611_0003 related to Responsive Behaviours.

Follow Up Log #016463-19 to CO#001 from inspection #2019_539120_0027 related to Maintenance Services.

Follow Up Log #016464-19 to CO#002 from inspection #2019_539120_0027 related to maintenance polices.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Assistant Director of care, Maintenance Supervisor, three Registered staff members, a Personal Support Worker and a Housekeeping staff member.

The inspector(s) also toured the home, observed residents and care provided to them, reviewed records, incident reports, investigation notes and reviewed specific policies and procedures of the home.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Responsive Behaviours

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

2 WN(s)

0 VPC(s)

2 CO(s)

0 DR(s)

0 WAO(s)

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

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

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 54.	CO #001	2020_577611_0003		615

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that, (a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and O. Reg. 79/10, s. 90 (1). (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the interior areas of the building were maintained in good repair and that there were schedules and procedures in place for routine, preventive and remedial maintenance.

a. The licensee failed to develop an audit for specific common areas in the home.

b. Observations and interview during the inspection showed that the required audits of specific areas in the home were not completed or fully completed by the compliance due date.

c. Interviews showed that specific staff members were not fully aware of the process to report maintenance concerns.

d. Observations made during the inspection showed previously and newly identified disrepairs of surfaces, equipments and fixtures in several areas of the home, resident's rooms and bathrooms.

There was minimal risk of harm as the home and furnishings were not kept clean and in a good state of repair, which may affect the residents' rights to live in a safe and clean environment.

Sources: CO #001 from inspection 2019_539120_0027, observations on October, 27, 28, 29 and November 2, 2020, review of maintenance audit reports and staff interviews. [s. 90. (1)]

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. 8. Policies, etc., to be followed, and records

Findings/Faits saillants :

1. The licensee has failed to ensure that the preventative maintenance processes and scheduled maintenance checklists included in the required organized program of maintenance services were complied with.

In accordance with LTCHA, 2007, S.O. 2007, c.8, s. 15(2) and in reference to O.Reg. 79/10, s.90(1)(b), the licensee was required to have an organized program of maintenance services for the home and that procedures and schedules for preventive and remedial maintenance related to the home were in place.

Specifically, staff did not comply with the licensee's Environmental Services preventative maintenance checklist and audits.

Observations during the inspection showed previously and newly identified concerns in several areas of the home, resident's rooms and bathrooms.

A review of the window audit conducted on December 4, 2019 showed that not all the windows in the home were audited.

The Administrator said that they expected the scheduled preventative maintenance audits would be complied with.

There was minimal risk of harm related to window audits and as the home and furnishings were not kept clean and in a good state of repair, which may affect the residents' rights to live in a safe and clean environment.

Sources: CO #002 from inspection 2019_539120_0027, observations on October 26, 27, 28 and November 2, 2020, review of the window audits and staff interviews. [s. 8.]

Additional Required Actions:

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

Issued on this 25th day of November, 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) : ALI NASSER (523), BERNADETTE SUSNIK (120),
HELENE DESABRAIS (615)

Inspection No. /

No de l'inspection : 2020_607523_0032

Log No. /

No de registre : 016463-19, 016464-19, 003839-20

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Nov 20, 2020

Licensee /

Titulaire de permis : Barton Retirement Inc.
1430 Upper Wellington Street, HAMILTON, ON,
L9A-5H3

LTC Home /

Foyer de SLD : The Wellington Nursing Home
1430 Upper Wellington Street, HAMILTON, ON,
L9A-5H3

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :** Lisa Brentnall

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

To Barton Retirement Inc., 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_539120_0027, CO #001;
Lien vers ordre existant:

Pursuant to / Aux termes de :

O.Reg 79/10, s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

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 shall be compliant with s. 90(1) of O. Reg. 79/10.
Specifically, the licensee shall complete the following:

1. As part of the Preventative Maintenance Program the home shall develop room specific audits that includes staff and public washrooms, tub/shower rooms, dining rooms, activity rooms, staff rooms and kitchen. These audits shall include all fixtures, windows, exhaust fans, furnishings, surfaces, devices and equipment in that area are checked for condition. Include the auditor's name, date audit completed, specific area being audited, the details of the unsatisfactory condition identified, an area to complete the follow up action and the follow up completion date on the audit form.
2. Conduct an audit of all resident rooms and ensuite washrooms, dining rooms, tub/shower rooms, activity rooms, kitchen, staff rooms and staff washrooms. Document the findings on the audit form as noted in item #1 above. The audit and documentation of follow up action(s) shall be made available for review for future follow up inspections. Thereafter, each of the areas in the home shall be audited on a routine basis established by the management team of the home.
3. Staff who will complete the audits and staff that are required to report any maintenance concerns should be made aware of the policies and procedures including but not limited to guidance related to maintaining fixtures, exhaust fans, walls, floors, windows, furnishings, etc.
4. Remove the mold like growth and wall paper from the first floor female staff washroom (near the entrance to the home) so that the walls are smooth, tight-fitting and easy to clean.

Grounds / Motifs :

1. The licensee has failed to ensure that the interior areas of the building were maintained in good repair and that there were schedules and procedures in place for routine, preventive and remedial maintenance.

Compliance order #001 related to O.Reg 79/10, s. 90. (1) from inspection 2019_539120_0027 was issued on December 30, 2019, with a compliance due date of February 15, 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

- a. The licensee failed to develop an audit for specific common areas in the home.
- b. Observations and interview during the inspection showed that the required audits of specific areas in the home were not completed or fully completed by the compliance due date.
- c. Interviews showed that specific staff members were not fully aware of the process to report maintenance concerns.
- d. Observations made during the inspection showed previously and newly identified disrepairs of surfaces, equipments and fixtures in several areas of the home, resident's rooms and bathrooms.

There was minimal risk of harm as the home and furnishings were not kept clean and in a good state of repair, which may affect the residents' rights to live in a safe and clean environment.

Sources: CO #001 from inspection 2019_539120_0027, observations on October, 27, 28, 29 and November 2, 2020, review of maintenance audit reports and staff interviews.

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

Severity: The home's failure to complete routine, preventive and remedial maintenance to ensure the interior of the building were maintained in good repair posed a potential risk to the residents.

Scope: This non-compliance was widespread as 15 out of 15 resident and staff rooms, washrooms and common areas observed had disrepairs and maintenance concerns.

Compliance history: A compliance order (CO) is being re-issued for the licensee failing to comply with compliance order related to O.Reg 79/10, s. 90. (1) from inspection 2019_539120_0027 that was issued on December 30, 2019, with a compliance due date of February 15, 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

(523)

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

Jan 31, 2021

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 : 002

Order Type /

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

Linked to Existing Order / 2019_539120_0027, CO #002;
Lien vers ordre existant:

Pursuant to / Aux termes de :

O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Order / Ordre :

The licensee shall be compliant with s. 8(1) of O. Reg. 79/10. Specifically, the licensee shall complete the following:

1. All stained and water damaged ceiling tiles throughout the LTC home shall be replaced. As part of an on-going system of preventive and remedial maintenance, maintain documentation that specifies where the tiles were replaced, how the leak(s) was addressed, whether the intervention was successful or not and steps that were taken to address any re-occurring leaks in that location. The documentation of follow up action(s) shall be made available for review for future follow up inspections.
2. Conduct an audit of all windows in the LTC home to ensure that all windows that open to the outside have a screen and do not open more than 15 centimetres, all windows can open, close and lock easily. The audit shall be made available for review for future follow up inspections.
3. Fill in the hole in the floor located in the closet of room #124. The floor must be smooth, impervious, tight fitting and easy to clean when completed.
4. Repair all walls in resident accessible areas where plastic Plexiglas was used to cover-up holes. Wall protection can be added only after walls are tight-fitting, smooth and easy to clean.

Grounds / Motifs :

1. The licensee has failed to ensure that the preventative maintenance processes and scheduled maintenance checklists included in the required organized program of maintenance services were complied with.

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

In accordance with LTCHA, 2007, S.O. 2007, c.8, s. 15(2) and in reference to O.Reg. 79/10, s.90(1)(b), the licensee was required to have an organized program of maintenance services for the home and that procedures and schedules for preventive and remedial maintenance related to the home were in place.

Specifically, staff did not comply with the licensee's Environmental Services preventative maintenance checklist and audits.

Compliance order #002 related to O.Reg 79/10, s. 8. from inspection 2019_539120_0027 was issued on December 30, 2019 with a compliance due date of February 15, 2020.

Observations during the inspection showed previously and newly identified concerns in several areas of the home, resident's rooms and bathrooms.

A review of the window audit conducted on December 4, 2019 showed that not all the windows in the home were audited.

The Administrator said that they expected the scheduled preventative maintenance audits would be complied with.

There was minimal risk of harm related to window audits and as the home and furnishings were not kept clean and in a good state of repair, which may affect the residents' rights to live in a safe and clean environment

Sources: CO #002 from inspection 2019_539120_0027, observations on October 26, 27, 28 and November 2, 2020, review of the window audits and staff interviews.

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

Severity: The home's failure to comply with compliance order #002 from inspection 2019_539120_0027 posed a potential risk to the residents.

Scope: This non-compliance was widespread as 15 out of 15 resident and staff

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

rooms, washrooms and common areas observed had identified concerns.

Compliance history: A compliance order (CO) is being re-issued for the licensee failing to comply with compliance order related to O.Reg 79/10, s. 8. from inspection 2019_539120_0027 issued on December 30, 2019 with a compliance due date of February 15, 2020. Previous written notifications, voluntary plan of correction and compliance orders were issued for this section.

(523)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Jan 31, 2021

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.

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

**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
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

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 20th day of November, 2020

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Ali Nasser

Service Area Office /

Bureau régional de services : Hamilton Service Area Office