Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

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

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
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Bureau régional de services de Toronto
5700, rue Yonge 5e étage
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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 16, 2021	2021_833763_0013	010123-21, 010155-21	Complaint

Licensee/Titulaire de permis

West Park Healthcare Centre
82 Buttonwood Avenue Toronto ON M6M 2J5

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

West Park Long Term Care Centre
82 Buttonwood Avenue Toronto ON M6M 2J5

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

IANA MOLOGUINA (763)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): July 6-9, 12-16, 19, and 20, 2021.

The following intakes were completed during this Complaint Inspection:

- Log #010155-21 was related to hot weather, and
- Log #010123-21 was related to COVID-19 management and resident change in condition.

PLEASE NOTE: A Written Notification and Compliance Order related to O. Reg. 79/10, s. 8. (1) (b) identified in a concurrent inspection #2021_833763_0014 (Log # 010114-21, CIS # 2848-000011-21, Log #008380-21, CIS #2848-000010-21, Log #007529-21, CIS #2848-000007-21, and Log #021821-20, CIS #2848-000026-20) were issued in this report.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Assistant Director of Care (ADOC), Physiotherapist (PT), Registered Dietitian (RD), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), COVID-19 entrance screening staff, RAI Co-ordinators (RAI), environmental staff, residents and their families.

During the course of this inspection, the inspector reviewed residents' clinical records and conducted observations, including staff-resident interactions, meal observations and resident care provisions.

The following Inspection Protocols were used during this inspection:
Hospitalization and Change in Condition
Infection Prevention and Control
Nutrition and Hydration
Safe and Secure Home

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

4 WN(s)
3 VPC(s)
1 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l’article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure the "Food and Fluid Intake Monitoring" policy included in the required Dietary Service and Hydration Program was complied with for a resident.

LTCHA s.11 (1) (a) and (b) required organized programs of nutrition care and hydration for the home to meet the daily nutrition and hydration needs of residents.

O. Reg. 79/10, s. 68 (2) required the programs to include the development and implementation of policies and procedures related to nutrition care and hydration.

Specifically, staff did not comply with the home’s food and fluid intake policy that required staff to refer to the RD for assessment when the resident:

- consumed 50% or less from all meals for three or more days,
- refused supplements, special labelled items, or nutritional interventions for three consecutive days, or
- demonstrated a significant change in their normal food intake pattern.

The policy also indicated that if a resident consumed less than their individualized fluid target level for three consecutive days when taking all additional fluids into account, staff were to complete a Nutrition Hydration Assessment. If the assessment indicated signs and symptoms of dehydration, staff were to immediately implement interventions to increase fluid intake and refer to the RD for assessment.

The resident in question was identified at nutritional risk and had not met their targeted fluid goals for a period of 10 days. Their intake also significantly declined from their normal food intake pattern. Staff did not comply with the policy during this time. Specifically:

- RD referrals for declined food and fluid intakes were not submitted;
- Nutrition Hydration Assessments were not completed; and
- additional interventions to increase fluids were not implemented.

Staff indicated that night staff were required to complete hydration assessments, however, due to additional tasks of measuring all resident body temperatures as part of COVID-19 monitoring, were too busy to complete Nutrition Hydration Assessments as required by the home’s policy.

Sources: resident clinical records (PointClickCare profile, progress notes, care plan, assessments), Extendicare Policy - RC-18-01-01 “Food and Fluid Intake Monitoring” (updated December 2019), staff interviews (PSW #123; RPNs #110, #119, and #121; and RD #107). [s. 8. (1)]

2. The licensee has failed to ensure that falls risk assessments required under the home's falls policy were completed for residents #002, #003, and #004.

O. Reg 79/10, s. 48 (1) required the licensee to ensure a falls prevention and management program was developed and implemented in the home to reduce the incidence of falls and the risk of injury.

Specifically, staff did not comply with the home’s falls policy that directed staff to screen all residents on admission or with a change in condition that potentially increased the resident’s risk of falls or fall injury using a falls risk assessment tool. Nursing staff were also required to complete a falls risk assessment tool as clinically indicated, for any falls with serious injury, or for residents with multiple falls.

Resident #002 was at risk of falls and had a fall that resulted in significant injury requiring surgical repair. The last available falls risk assessment completed for the resident was on admission.

Resident #003 was at risk of falls and admitted to the home four years prior to the

inspection. They experienced five falls over the course of their stay, with the last fall resulting in significant injury requiring surgical repair. The last available falls risk assessment completed for the resident was for their first fall two years prior.

Resident #004 was at risk of falls and experienced two falls after they were admitted to the home, with the last fall resulting in significant injury. The staff completed falls risk assessments on admission and about two weeks after the resident's last fall.

Staff confirmed that all above falls that resulted in fractures required a new falls risk assessment tool to be completed as per the home's falls policy. Staff also indicated that the falls policy was revised in the beginning of 2020 but felt that the revised information was not well communicated to the team.

Sources: resident clinical records (PointClickCare profile, care plan, progress notes, assessments, risk management assessments), Extendicare Policy RC-15-01-01 "Falls Prevention and Management Program" (updated December 2020), staff interviews (RPN #110, RAI #120, ADOC #106, and other staff). [s. 8. (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. 26. Plan of care

Specifically failed to comply with the following:

s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,
(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and O. Reg. 79/10, s. 26 (4).
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that the RD completed a nutritional assessment for a resident when there was a significant change in the resident's health condition.

The Ministry of Long-Term Care (MLTC) received a complaint indicating that staffing shortages during the COVID-19 pandemic led to a lack of care provided to the resident that resulted in malnutrition and eventual death.

The resident had significant cognitive impairment and medical conditions that caused chewing and swallowing difficulties. They were difficult to feed, sometimes not opening their mouth.

As per the last available RD quarterly assessment three months prior to the resident’s death, their food and fluid intakes were stable to their typical eating pattern. They received several interventions to maintain their weight and hydration with only occasional refusals noted. The RD continued to assess the resident at nutritional risk and made no changes to their plan of care.

Record review indicated that the resident continued to be stable until 10 days prior to their passing, when their appetite declined. Their meals, snacks and additional nutritional interventions were minimally consumed. Staff implemented palliative care measures one day prior to their death.

Staff indicated that the resident’s intakes significantly declined in the last 10 days prior to the resident’s passing, however they continued to assist the resident at mealtimes and encouraged the resident to eat and drink as much as tolerated. Staff indicated that the RD should have been updated on the resident’s condition so that the resident’s nutritional status could be reassessed.

Sources: resident clinical records (PointClickCare profile, progress notes, care plan, assessments), Extendicare Policy - RC-18-01-01 “Food and Fluid Intake Monitoring” (updated December 2019), resident family interview, staff interviews (PSW #123, RPN #110, and RD #107). [s. 26. (4)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance in ensuring the RD completes nutritional assessments for residents where there is a significant change in their health condition, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs

Specifically failed to comply with the following:

s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).
(b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).
(c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).
(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).
(e) a weight monitoring system to measure and record with respect to each resident,
(i) weight on admission and monthly thereafter, and
(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure the weight monitoring system to measure and record each resident’s weight monthly was implemented in the home for two months in 2020.

The MLTC received a complaint indicating that resident #001 experienced a lack of care, which led to malnutrition and eventual death.

Resident #001 was at nutritional risk and difficult to feed. Their food and fluid intakes were fair, and they received several interventions to maintain their weight and hydration with only occasional refusals noted. Record review indicated that resident #001 continued to be stable until 10 days prior to their death when their appetite declined to minimal.

Staff interviewed indicated that resident #001's intakes significantly declined as indicated, but they continued to assist the resident at mealtimes and encouraged the resident to eat and drink as much as tolerated. Staff also confirmed resident #001 was not weighed for two months prior to their death although this was a monthly requirement to monitor their nutritional status. Staff and family indicated that the resident looked like they had lost a significant amount of weight prior to their death.

Resident #005 and #006's records were also reviewed as part of scope expansion and indicated that their weights were missing for two months of 2020. Their nutritional status appeared stable during this period.

The home's weight policy indicated that all residents were to be weighed on admission and monitored at least once a month thereafter and whenever a significant change occurred that affected the resident's weight. The individual weights were to be analyzed and assessed for significant change and any other weight change that compromised the resident's health status. The significant weight changes were to be communicated to the RD.

The home's management team indicated that the home's corporate direction was to focus on high risk resident assessments. If staff observed a decline in the resident's status, they were expected to measure the resident's weight as per monthly protocol.

Sources: resident clinical records (PointClickCare profile, progress notes, care plan, assessments), Extendicare Policy - RC-18-01-06 "Height and Weight Monitoring" (updated December 2019), resident family interview, staff interviews (PSW #123; RPN #110 and #119; RD #107; ED #122; and DOC #115). [s. 68. (2) (e) (i)]

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 in ensuring the weight monitoring system to measure and record each resident's weight monthly is implemented, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 74. Registered dietitian

Specifically failed to comply with the following:

s. 74. (2) The licensee shall ensure that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutrition care duties. O. Reg. 79/10, s. 74 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the RD was on-site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutritional care duties.

During two months in 2020, the home’s regular RD was not working in the home. Record reviews of several residents and staff interviews confirmed lacking RD support during this time. No replacement support was arranged during this time.

Sources: resident clinical records (progress notes, care plan, assessments), Extendicare Policy - RC-18-01-01 “Food and Fluid Intake Monitoring” (last updated December 2019), staff interviews (RPN #110, RD #107, ED #122, and DOC #115). [s. 74. (2)]

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 in ensuring the RD is on-site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutritional care duties, to be implemented voluntarily.

Issued on this 16th day of August, 2021

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	IANA MOLOGUINA (763)
Inspection No. / No de l'inspection :	2021_833763_0013
Log No. / No de registre :	010123-21, 010155-21
Type of Inspection / Genre d'inspection:	Complaint
Report Date(s) / Date(s) du Rapport :	Aug 16, 2021
Licensee / Titulaire de permis :	West Park Healthcare Centre 82 Buttonwood Avenue, Toronto, ON, M6M-2J5
LTC Home / Foyer de SLD :	West Park Long Term Care Centre 82 Buttonwood Avenue, Toronto, ON, M6M-2J5
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Matt Lamb

To West Park Healthcare Centre, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # / No d'ordre : 001

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee must comply with s. 8 (1) (b) of O. Reg. 79/10.

Specifically, the licensee must:

- ensure that residents #002, #003, and #004 have a falls risk assessment completed as per the procedures outlined in the home's current falls policy;

- educate all nursing staff responsible for completing falls risk assessments on the home's falls policy, including when falls risk assessments must be completed;

- document the education provided, including the date and names of staff members involved; education records are to be maintained and made available for inspector review;

- perform weekly audits of falls risk assessments for residents who require an assessment to be completed; and

- document the audits and continue auditing for a period of one month after the education is completed, and until no further concerns arise with the falls risk assessments being completed.

Grounds / Motifs :

1. The licensee has failed to ensure that falls risk assessments required under the home's falls policy were completed for residents #002, #003, and #004.

O. Reg 79/10, s. 48 (1) required the licensee to ensure a falls prevention and management program was developed and implemented in the home to reduce the incidence of falls and the risk of injury.

Specifically, staff did not comply with the home's falls policy that directed staff to screen all residents on admission or with a change in condition that potentially increased the resident's risk of falls or fall injury using a falls risk assessment tool. Nursing staff were also required to complete a falls risk assessment tool as clinically indicated, for any falls with serious injury, or for residents with multiple falls.

Resident #002 was at risk of falls and had a fall that resulted in significant injury requiring surgical repair. The last available falls risk assessment completed for the resident was on admission.

Resident #003 was at risk of falls and admitted to the home four years prior to the inspection. They experienced five falls over the course of their stay, with the last fall resulting in significant injury requiring surgical repair. The last available falls risk assessment completed for the resident was for their first fall two years prior.

Resident #004 was at risk of falls and experienced two falls after they were admitted to the home, with the last fall resulting in significant injury. The staff completed falls risk assessments on admission and about two weeks after the resident's last fall.

Staff confirmed that all above falls that resulted in fractures required a new falls risk assessment tool to be completed as per the home's falls policy. Staff also indicated that the falls policy was revised in the beginning of 2020 but felt that the revised information was not well communicated to the team.

Sources: resident clinical records (PointClickCare profile, care plan, progress notes, assessments, risk management assessments), Extendicare Policy RC-15 -01-01 "Falls Prevention and Management Program" (updated December 2020),

staff interviews (RPN #110, RAI #120, ADOC #106, and other staff).

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

Severity: There was no harm to the residents when staff did not complete the required falls risk assessments.

Scope: The scope was widespread as all three residents reviewed were missing falls risk assessments.

Compliance History: In the last 36 months, the licensee was found to be non-compliant with O. Reg. 79/10, s. 8 (1). Three Voluntary Plans of Correction (VPCs) and two Written Notifications (WNs) were issued to the home. (763)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Oct 22, 2021

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:

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.

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

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de revision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
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 16th day of August, 2021

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Iana Mologuina

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