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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 14, 2014	2014_205129_0002	H-000859-13, H-000918-13	Critical Incident System

Licensee/Titulaire de permis

HALTON HEALTHCARE LTC INC.
327 REYNOLDS STREET, OAKVILLE, ON, L6J-3L7

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

WYNDHAM MANOR LONG TERM CARE CENTRE
291 REYNOLDS STREET, OAKVILLE, ON, L6J-3L5

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

PHYLLIS HILTZ-BONTJE (129), CATHIE ROBITAILLE (536)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): January 8, 9, 10, 15 and 16, 2014

A complaint inspection was at the same time as this critical incident inspection. The complaint inspection numbers are 2014_205129_0001/2014_275536_0001.

During the course of the inspection, the inspector(s) spoke with unregulated and registered nursing staff, staff responsible for coordinating the responsive behaviour program, the Director of Care and the Executive Director in relation to log #H-000859-13 and H-000918-13.

During the course of the inspection, the inspector(s) reviewed clinical records, reviewed the home's investigative notes, reviewed employee records and the home's policy related to zero tolerance of abuse.

The following Inspection Protocols were used during this inspection: Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

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	Legendé 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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
2. Every resident has the right to be protected from abuse. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee did not ensure that the right to be protected from abuse was fully respected and promoted in relation to the following: [3 (1) 2]
Resident #004 was abused in 2013 when a Personal Support Worker(PSW) was witnessed to have forced an identified procedure on the resident. The PSW who witnessed the incident confirmed the resident attempted to resist this procedure by raising their arm; however, the PSW held the residents arm down and continued to force the procedure on the resident. Clinical records confirm that upon assessment following the incident that resident #004 had sustained an abrasion and redness of an identified area. Following the homes investigation the home terminated the employment of the PSW involved in the incident. [s. 3. (1) 2.]

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. 19. Duty to protect

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. The Licensee did not protect resident #004 from abuse, in relation to the following: [19(1)]
Resident #004 was physically abused by a Personal Support Worker (PSW) in 2013 when a staff person was witnessed to force an identified procedure on the resident while the resident was resisting the procedure. Upon assessment by the Nurse Practitioner and Registered Nurse it was noted that resident #004's had sustained an abrasion and redness as a result of the actions by the staff.
The Licensee failed to protect this resident from abuse when:
a) Executive Director confirmed that although the employment history for the staff person involved included several incidence of discipline for negative resident interactions, no action was taken to monitor the staff person and their interactions with residents. The discipline history of this staff person included:
-resident complaint that staff was rude and mean and refused to assist the resident with toileting resulting in a two day suspension,
-verbal aggressive disagreement with a co-worker that caused a resident sitting in the area to become upset because they thought they had done something wrong which resulted in a written warning,
-inappropriate comments made in front of residents which resulted in the staff person being counseled by the management staff,
-did not respect the rights of a resident to be treated with dignity and respect which resulted in the staff person being counseled by management staff
b)The licensee did not ensure that all staff received annual retraining in the home's policy to promote zero tolerance of abuse and neglect and the duty under section 24 to make mandatory reports. Training records provided by the Director of Care indicated that out of 163 total staff, 46 did not receive training in 2013. [s. 19. (1)]

Additional Required Actions:

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

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,
(a) shall provide that abuse and neglect are not to be tolerated; 2007, c. 8, s. 20 (2).
(b) shall clearly set out what constitutes abuse and neglect; 2007, c. 8, s. 20 (2).
(c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect; 2007, c. 8, s. 20 (2).
(d) shall contain an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 20 (2).
(e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents; 2007, c. 8, s. 20 (2).
(f) shall set out the consequences for those who abuse or neglect residents; 2007, c. 8, s. 20 (2).
(g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and 2007, c. 8, s. 20 (2).
(h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).

Findings/Faits saillants :

1. The licensee did not ensure the written policy to promote zero tolerance of abuse and neglect of residents was complied with, in relation to the following: [20 (1)]
Staff in the home did not comply with the home's policy [Resident Abuse- Staff To Resident] identified as #OPER -02-02-04 dated March 2013.
-The policy directed that all staff must receive education during orientation and annually thereafter, on the Resident Abuse-Staff to Resident policy as well as policies and procedures that support identifying and preventing resident abuse. This was not complied with when training records provided by the Director of Care indicated that 46 out of 163 staff, did not receive training in 2013.
-The policy directed that the Administrator, Director of Care, or their designate must report the incident, as required by provincial legislation-[The Long Term Care Homes Act directs that a person who suspects abuse has occurred is to immediately report

this to the Director]. This direction contained in the policy was not complied with when the incident was not reported to the Director for 27 hours following the incident. [s. 20. (1)]

2. The licensee did not ensure that at a minimum the policy to promote zero tolerance of abuse and neglect of residents contained an explanation of duty under section 24 to make mandatory reports, with respect to the following: [20 (2) (d)]
The home's policy [Resident Abuse Staff To Resident] identified as #OPER -02-02-04 dated March 2013 does not contain an explanation of the following information included in section 24:
-The policy did not contain an explanation of the duty of a person who has reasonable ground to suspect that abuse occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director, in accordance with section 24 (1) of this Act. This policy directed staff to immediately report (verbally) any suspected or witnessed abuse to the Administrator, Director of Care, or their designate.
-The policy did not contain an explanation of the consequences of providing false information to the Director.
- The policy did not contain an explanation of the exceptions for residents reporting abuse.
- The policy did not contain an explanation of the duty on practitioners and others on reporting abuse.
- The policy did not contain an explanation of the consequence of failing to report abuse.
- The policy did not contain an explanation of the consequences related to suppression of reports. [s. 20. (2) (d)]

3. The licensee did not ensure that the homes policy to promote zero tolerance of abuse and neglect contained at a minimum the identification of measures and strategies to prevent abuse and neglect in accordance with O Reg. 96 (c), in relation to the following: [20(2)(h)]
The home's policy [Resident Abuse Staff To Resident] identified as #OPER -02-02-04 dated March 2013 provided by the Executive Director did not identify measures and strategies to prevent abuse and neglect. [s. 20. (2) (h)]

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 and ensuring that section 20(1), section 20(2)(d) and section 20(2)(h) are complied with, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.

Findings/Faits saillants :

1. The licensee did not implement a system to monitor and improve the quality of care to residents with respect to the following: [84]
a) The licensee has not been successful in attaining compliance with respect the prevention of abuse, and specially related to the duty to protect residents from abuse, respecting and promoting the residents right to be protected from abuse, ensuring the home's policy related to the promotion of zero tolerance of abuse and neglect met the requirements under the Act and was complied with by staff. Over a three year period there have been repeated non-compliance identified in these areas. The following sections of the Act have been re-issued at this inspection: 3(1)(2), 19(1), 20(1), 20(2)(d)(h).
b) The licensee has not been successful in attaining compliance with respect to providing care as identified in the plan of care, reassessing and reviewing plan of care when care needs change, immediately reporting witnessed or suspected incidence of abuse to the Director, ensuring the care plan is based on an interdisciplinary assessments of mood and behaviours and ensuring sufficient care supplies available. Over a three year period of time there have been repeated non-compliance identified in these areas. The following sections of the Act of Regulations have been re-issued: 6(7), 6(10)(b), 24(1)2, 26(3)(5),89(1)(b).
(PLEASE NOTE: This evidence of non-compliance related to the above noted non-compliance was found during Inspection #2014_275536_0002/#2014_205129_0001)
c) The quality improvement program did not include a system to ensure that required policies and programs related to resident abuse and management of responsive behaviours were reviewed annually to identify changes and improvements to the above noted policies and programs. [s. 84.]

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 and ensuring a development of a quality improvement and utilization system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long term care home, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 99. Evaluation Every licensee of a long-term care home shall ensure,
(a) that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it;
(b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;
(c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;
(d) that the changes and improvements under clause (b) are promptly implemented; and
(e) that a written record of everything provided for in clauses (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared. O. Reg. 79/10, s. 99.

Findings/Faits saillants :

1. The licensee did not ensure that the annual evaluation of the homes policy to promote zero tolerance of abuse determined the effectiveness of the policy or what changes and improvements were required to prevent further occurrences related to: [99(b)]
The Executive Director and written records of the 2013 annual evaluation of the licensee's policy to promote zero tolerance of abuse confirmed that there was no attempt to determine the effectiveness of the policy to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences. [s. 99. (b)]

Issued on this 26th day of March, 2014

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) :	PHYLLIS HILTZ-BONTJE (129), CATHIE ROBITAILLE (536)
Inspection No. / No de l'inspection :	2014_205129_0002
Log No. / Registre no:	H-000859-13, H-000918-13
Type of Inspection / Genre d'inspection:	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Feb 14, 2014
Licensee / Titulaire de permis :	HALTON HEALTHCARE LTC INC. 327 REYNOLDS STREET, OAKVILLE, ON, L6J-3L7
LTC Home / Foyer de SLD :	WYNDHAM MANOR LONG TERM CARE CENTRE 291 REYNOLDS STREET, OAKVILLE, ON, L6J-3L5
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Stephanie Zajczenko-Opdam

To HALTON HEALTHCARE LTC INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

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. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal

Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.

12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.

13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.

14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.

15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.

16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.

17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,

i. the Residents' Council,

ii. the Family Council,

iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,

iv. staff members,

v. government officials,

vi. any other person inside or outside the long-term care home.

18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.

19. Every resident has the right to have his or her lifestyle and choices respected.

20. Every resident has the right to participate in the Residents' Council.

21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and

other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that every residents right to be protected from abuse is fully respected and promoted. The plan is to include but not limited to:

-A schedule of ongoing staff training to ensure that all staff are able to recognize abuse and situations that may lead to abuse.

-The development and implementation of a protocol that staff follow when they identify resident abuse or suspect that abuse may occur.

The plan is to be submitted on or before March 20, 2014 by mail to Phyllis Hiltz-Bontje at 119 King Street West, 11th Floor, Hamilton, Ontario L8P 4Y7 or by e-mail at Phyllis.Hiltzbontje@Ontario.ca

Grounds / Motifs :

1. Previously identified non-compliant as a CO on January 17, 2012 and as a CO on February 26, 2013
2. The licensee did not protect resident #004 from abuse, when on an identified date in 2013 the resident suffered an abrasion when a staff member was observed to force a procedure on the resident. A PSW, who witnessed the incident and the home's investigative notes confirmed that a staff member forced a procedure on resident #004, despite the resident resisting this care. The witness to this incident confirmed the resident attempted to raise their hands to prevent the staff persons actions; however, the staff member held the resident's arm down and continued to force the resident to accept the procedure. Following the homes investigation the employment of the staff member involved in the incident was terminated. (536)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Apr 30, 2014

Order # / Ordre no : 002

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

Linked to Existing Order / Lien vers ordre existant: 2013_027192_0003, CO #001;

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that all residents are protected from abuse by anyone. The plan shall include, but not limited to:
- A protocol for the monitoring of staff who have an identified history of inappropriate and or abusive behaviour towards residents.
- A system for monitoring that all staff receive annual retraining in relation to the prevention of abuse and a process to ensure that those staff who were unable to attend the scheduled training receive this training in an alternate format.

The plan is to be submitted on or before March 20, 2014 by mail to Phyllis Hiltz-Bontje at 119 King Street West, 11 Floor, Hamilton, Ontario L8P4Y7 or by email at Phyllis.Hiltzbontje@Ontario.ca

Grounds / Motifs :

1. Previously identified as non-compliant as a CO on January 17, 2012 and as a CO on February 26, 2013.
2. Resident #004 was physically abused by a Personal Support Worker (PSW) in 2013 when the staff person was witnessed to force a procedure on the resident while they were resisting this action. Upon assessment by the Nurse Practitioner and Registered Nurse following the incident it was noted that resident #004's had an abrasion in the area of the procedure.
3. The Licensee failed to protect this resident from abuse when:
a) Executive Director confirmed that although the employment history for this staff person included several incidence of discipline for negative resident interactions, no action was taken to monitor the staff persons and their interactions with residents. The discipline history of this staff person included:
-A resident complaint that this staff was rude and mean to her and refused to assist the resident with toileting which resulted in this staff person being suspended for two days,
-A verbally aggressive disagreement with a co-worker that caused a resident sitting in the area to become emotionally upset because the resident thought they had done something wrong which resulted in this staff person receiving a written warning,
-Inappropriate comments made in front of residents which resulted in a this staff person being counselled by management staff,
-The staff person was found to not respect the rights of a resident to be treated with dignity and respect which resulted in this staff person being counselled by management staff
b)The licensee did not ensure that all staff received annual retraining in the home's policy to promote zero tolerance of abuse and neglect and the duty under section 24 to make mandatory reports. Training records provided by the Director of Care indicated that out of 163 total staff, 46 did not receive training in 2013. (536)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Apr 30, 2014

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.

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 14th day of February, 2014

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : PHYLLIS HILTZ-BONTJE

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