



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des Soins
de longue durée**

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

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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 7, 2019	2019_674610_0006	028689-18	Follow up

Licensee/Titulaire de permis

Revera Long Term Care Inc.
5015 Spectrum Way, Suite 600 MISSISSAUGA ON L4W 0E4

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

Elmwood Place
46 Elmwood Place West LONDON ON N6J 1J2

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

NATALIE MORONEY (610)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
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The purpose of this inspection was to conduct a Follow up inspection.

**This inspection was conducted on the following date(s): January 17, 21, and 22,
2019**

This inspection was completed related to a follow up order for Duty to Protect

**The following CIS report was completed concurrently during this inspection:
Critical Incident Log #029018/182662-000039-18 related to responsive behaviours
and allegations of abuse.**

**During the course of the inspection, the inspector(s) spoke with the Director of
Care, Assistant Director of Care, Registered Nurses, Registered Practical Nurses,
Clinical Consultant and Personal Support Workers.**

**The inspectors also observed residents and the care provided to them, reviewed
health care records and plans of care for identified residents and reviewed
documentation related to the home's Responsive Behaviours program, Zero
tolerance of Abuse program and Skin and Wound program.**

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

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

1 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
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 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).	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 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. 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).

The Ontario Regulation 79/10 defines “neglect”, as the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents. O. Reg. 79/10, s. 5.

The Ontario Regulation 79/10 of the LTCHA s. 50. (2) Every licensee of a long-term care home shall ensure that, (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, (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Review of the home's policy "Resident non-abuse Program" stated in part "Revera has zero tolerance for abuse and neglect. Any form of abuse or neglect by any person interacting with residents, whether through deliberate acts or negligence, will not be tolerated".

Review of the home's policy "Skin and Wound Care Program" stated in part "Routine skin care will be provided to maintain skin integrity and prevent wounds".

Review of the home's policy "Skin and Wound Care - LTC - New Wound" stated in part "Setup Treatment Observation Record - Ongoing Weekly Wound Assessment".

1) Record review of documentation in Point Click Care (PCC) showed that an identified resident had an three identified areas of altered skin integrity.

Further review of record documentation for an identified resident showed that a “Weekly Wound Care Champion” referral had not been completed and an area of altered skin integrity site was not assessed.

Further review showed a “Worsening Wound Checklist” was completed for the altered skin integrity for the identified resident.



Further record documentation for “Ongoing Weekly Wound Assessments” showed that on a specific date there was no documented evidence that the home had completed the assessment.

Record documentation for the identified resident showed that there were several concerns from the family in regards to the care that was being provided to the identified resident altered areas of skin integrity and that a treatment had been prescribed but was not being administered to the identified resident's altered skin integrity areas that resulted in an infection to the site.

The treatment orders for the identified resident’s altered skin integrity areas further showed that there was no documented evidence that the treatment had been applied despite the current treatment orders.

The plan of care for the identified resident showed that the plan was not initially created when the resident had been first admitted to the home.

During an interview with the Nurse they acknowledged that not all wound assessments have been completed weekly by the registered staff, and in those incidents an email was sent to the DOC and the staff member responsible for completing those treatments and assessments. The nurse further stated that all registered staff had training for completing weekly skin and wound assessments as well as they had reviewed the skin and wound program, zero tolerance of abuse policy and that education was provided to the front line staff to assess skin every bath day and they would document the assessment in POC.

DOC said that it was the homes expectation that all skin and wounds would be assessed on admission, and that any skin and wound alterations would be assessed and document on weekly and that treatments would be given as prescribed. DOC further acknowledge that treatments were not provided as ordered for the identified residents altered skin integrity areas.

2) Every licensee has to ensure that, (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds were reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

A) Record review documentation for an identified resident showed that the resident was admitted to the home altered skin integrity areas.

On a specific date four days after the resident was admitted to the home an “Initial Wound Care Champion Referral” was completed.



On a specific date, and several days after the resident was admitted to the home an "Initial Wound Care Champion Referral" was completed for altered skin integrity areas but was not weekly assessed.

B) Record review documentation for an identified resident showed a "Wound Care Champion Referral" was completed for altered skin integrity areas and the "Initial Wound Assessment Treatment Observation Record" had been completed. Further review of the weekly skin and wound assessment showed that there was no documented evidence that the wound had been assessed weekly.

Review of the home's policy "Skin and Wound Care Program" 2018, stated in part "Routine skin care will be provided to maintain skin integrity and prevent wounds".

Review of the home's policy "Skin and Wound Care Program" stated in part "Routine skin care will be provided to maintain skin integrity and prevent wounds".

During an interview with Nurse, acknowledged that not all wound assessments have been completed weekly by the registered staff, and in those incidents an email was sent to the DOC and the staff member responsible for completing those treatments and assessments. The Nurse further stated that all registered staff had training for completing weekly skin and wound assessments as well as they reviewed the skin and wound program, zero tolerance of abuse policy and that education was provided to the front line staff to assess skin every bath day and would document the assessment in POC.

The DOC said that it was the home's expectation that all skin and wounds would be assessed at least weekly and that one nurse had several weekly skin and wound assessments with no documented evidence that the weekly skin and wound assessments were completed.

The licensee has failed to ensure that all residents are protected from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff and that resident's exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds were reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

The severity of this issue was determined to be a level 3 as there was actual harm. The scope of the issue was a level 3 as it was related to three out of three residents



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reviewed. Compliance History was a level 3 as there was orders served related noncompliance in a previous inspection #2018674610016 issued on October 23, 2018. [s. 19. (1)]

Additional Required Actions:

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

Issued on this 19th day of February, 2019

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

Original report signed by the inspector.



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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 Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée
Inspection de soins de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : NATALIE MORONEY (610)

Inspection No. /

No de l'inspection : 2019_674610_0006

Log No. /

No de registre : 028689-18

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Feb 7, 2019

Licensee /

Titulaire de permis : Revera Long Term Care Inc.
5015 Spectrum Way, Suite 600, MISSISSAUGA, ON,
L4W-0E4

LTC Home /

Foyer de SLD : Elmwood Place
46 Elmwood Place West, LONDON, ON, N6J-1J2

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Lisa Maynard

To Revera Long Term Care 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 # /**Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /** 2018_674610_0016, CO #001;
Lien vers ordre existant:**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 must be compliant with s. 19. (1) of the Long Term Care Home Act (LTCHA).

Specifically, the licensee shall ensure the following:

1. For three identified resident's and all other residents, when exhibiting altered skin integrity, if clinically indicated, are reassessed at least weekly by a member of the registered nursing staff using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessments, and the assessment is documented.
2. The plan of care related to altered skin integrity for three identified resident's and all other residents with impaired skin integrity, will provide clear direction to staff regarding the specific treatment, the specific area and location, and the dates and times that the treatment is to be provided.
3. Treatments and care related to altered skin integrity for three identified resident's and all other residents exhibiting altered skin integrity, are completed as planned and documented.

Grounds / Motifs :

1. The licensee has failed to comply with compliance order #001 from inspection 2018_674610_0016 served on October 23, 2018, with a compliance date of November 28, 2018.

Specifically, the licensee shall ensure the following:

1. All residents, when exhibiting altered skin integrity, if clinically indicated, are

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reassessed at least weekly by a member of the registered nursing staff using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessments, and the assessment is documented.

2. The plan of care related to altered skin integrity for all resident's with impaired skin integrity, will provide clear direction to staff regarding the specific treatment, the specific area and location, and the dates and times that the treatment is to be provided.

3. Treatments and care related to altered skin integrity for all resident exhibiting altered skin integrity, are completed as planned and documented.

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).

The Ontario Regulation 79/10 defines "neglect", as the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents. O. Reg. 79/10, s. 5.

The Ontario Regulation 79/10 of the LTCHA s.50. (2) Every licensee of a long-term care home shall ensure that, (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, (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

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safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents. O. Reg. 79/10, s. 5.

The Ontario Regulation 79/10 of the LTCHA s.50. (2) Every licensee of a long-term care home shall ensure that, (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, (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Review of the home's policy "Resident non-abuse Program" stated in part "Revera has zero tolerance for abuse and neglect. Any form of abuse or neglect by any person interacting with residents, whether through deliberate acts or negligence, will not be tolerated".

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1) Record review of documentation in Point Click Care (PCC) showed that an identified resident had an three identified areas of altered skin integrity.

Further review of record documentation for an identified resident showed that a "Weekly Wound Care Champion" referral had not been completed and an area of altered skin integrity site was not assessed.

Further review showed a "Worsening Wound Checklist" was completed for the altered skin integrity for the identified resident.



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Further record documentation for "Ongoing Weekly Wound Assessments" showed that on a specific date there was no documented evidence that the home had completed the assessment.

Record documentation for the identified resident showed that there were several concerns from the family in regards to the care that was being provided to the identified resident altered areas of skin integrity and that a treatment had been prescribed but was not being administered to the identified resident's altered skin integrity areas that resulted in an infection to the site.

The treatment orders for the identified resident's altered skin integrity areas further showed that there was no documented evidence that the treatment had been applied despite the current treatment orders.

The plan of care for the identified resident showed that the plan was not initially created when the resident had been first admitted to the home.

During an interview with the Nurse they acknowledged that not all wound assessments have been completed weekly by the registered staff, and in those incidents an email was sent to the DOC and the staff member responsible for completing those treatments and assessments. The nurse further stated that all registered staff had training for completing weekly skin and wound assessments as well as they had reviewed the skin and wound program, zero tolerance of abuse policy and that education was provided to the front line staff to assess skin every bath day and they would document the assessment in POC.

DOC said that it was the homes expectation that all skin and wounds would be assessed on admission, and that any skin and wound alterations would be assessed and document on weekly and that treatments would be given as prescribed. DOC further acknowledge that treatments were not provided as ordered for the identified residents altered skin integrity areas.

2) Every licensee has to ensure that, (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds were reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

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A) Record review documentation for an identified resident showed that the resident was admitted to the home altered skin integrity areas.

On a specific date four days after the resident was admitted to the home an "Initial Wound Care Champion Referral" was completed.

On a specific date, and several days after the resident was admitted to the home an "Initial Wound Care Champion Referral" was completed for altered skin integrity areas but was not weekly assessed.

B) Record review documentation for an identified resident showed a "Wound Care Champion Referral" was completed for altered skin integrity areas and the "Initial Wound Assessment Treatment Observation Record" had been completed. Further review of the weekly skin and wound assessment showed that there was no documented evidence that the wound had been assessed weekly.

Review of the home's policy "Skin and Wound Care Program" 2018, stated in part "Routine skin care will be provided to maintain skin integrity and prevent wounds".

Review of the home's policy "Skin and Wound Care Program" stated in part "Routine skin care will be provided to maintain skin integrity and prevent wounds".

During an interview with Nurse, acknowledged that not all wound assessments have been completed weekly by the registered staff, and in those incidents an email was sent to the DOC and the staff member responsible for completing those treatments and assessments. The Nurse further stated that all registered staff had training for completing weekly skin and wound assessments as well as they reviewed the skin and wound program, zero tolerance of abuse policy and that education was provided to the front line staff to assess skin every bath day and would documented the assessment in POC.

The DOC said that it was the homes expectation that all skin and wounds would be assessed as least weekly and that one nurse had several weekly skin and wound assessments with no documented evidence that the weekly skin and wound assessments were completed.



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The licensee has failed to ensure that all residents are protected from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff and that resident's exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds were reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

The severity of this issue was determined to be a level 3 as there was actual harm. The scope of the issue was a level 3 as it was related to three out of three residents reviewed. Compliance History was a level 3 as there was orders served related noncompliance in a previous inspection #2018674610016 issued on October 23, 2018. [s. 19. (1)]
(610)

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

Mar 08, 2019



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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 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, 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:



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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 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.



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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 de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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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 de la Santé et 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 7th day of February, 2019

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Natalie Moroney

Service Area Office /

Bureau régional de services : London Service Area Office