



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 sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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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

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 26, 2014	2014_240506_0003	H-000103- 13/H-000680 -13	Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

GARDEN CITY MANOR
168 Scott Street, St. Catharines, ON, L2N-1H2

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

LESLEY EDWARDS (506), ROSEANNE WESTERN (508)

Inspection Summary/Résumé de l'inspection



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

**This inspection was conducted on the following date(s): February 6,7,10,11,12
and 13, 2014**

**A complaint inspection was conducted concurrently with this inspection
H-000324-13:Findings of non-compliance are contained in this inspection report.**

**During the course of the inspection, the inspector(s) spoke with Director of Care
(DOC),Associate Director of Care(ADOC),RAI Co-ordinator,Environmental
Service Manager,Business Manager,Registered nursing staff, Personal Support
Workers(PSW),Housekeeping and laundry staff,family members and residents.**

**During the course of the inspection, the inspector(s) toured the home,observed
the provision of care and services provided on all resident home areas and
reviewed relevant documents including, but not limited to: policies and
procedures,complaints logs, pest control logs, housekeeping logs and clinical
records.**

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Pain

Personal Support Services

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care Specifically failed to comply with the following:

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
10. Health conditions, including allergies, pain, risk of falls and other special needs. O. Reg. 79/10, s. 26 (3).**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
21. Sleep patterns and preferences. O. Reg. 79/10, s. 26 (3).**

Findings/Faits saillants :



1. The Licensee failed to ensure that there was a written plan of care that included pain management for resident #001, #002 and #004.

A) Resident #001 did not have a plan of care in place to identify pain management. Resident was displaying new pain symptoms. The ADOC confirmed that the resident should have had a plan of care in place to address resident's pain with interventions to direct staff.

B) Resident #002 and #004 did not have a plan of care in place to identify pain management. Resident's had been receiving regular scheduled pain medication and had quarterly pain assessments completed. It was confirmed with the RAI-coordinator that residents with scheduled pain medications are to have a plan of care focus for pain and interventions in place to direct staff. [s. 26. (3) 10.]

2. The licensee had not ensured the plan of care was based on, at a minimum, an interdisciplinary assessment of sleep patterns and preferences.

A) The following residents were observed on February 12, 2014 to be up and dressed with morning care completed at 0525 hours - Resident #010, #011, #012 and #013

B) The following residents were observed on February 12, 2014 to be dressed with morning care completed and sleeping in their beds at 0530 hours - Resident #014, #015, #016, #017, #018, #019 and #020.

There was no documentation in the residents' plans of care indicating a preference for waking times or if waking choices were discussed with the resident or substitute decision maker. These residents were on the staff assignment list to have morning care completed by the night shift. PSW's confirmed that these residents are to get up in the morning as part of their assignment regardless of resident's sleep and wake preferences. The RAI co-ordinator confirmed that resident's sleep patterns and preferences were not assessed or documented in the plan of care. [s. 26. (3) 21.]

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. 3. Residents' Bill of Rights



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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:

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. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. This section was previously issued as a WN in November 2012.

The Licensee had not ensured that all residents have the right to have their lifestyle and choices respected.

Morning care for nine residents had been completed before 0530 hours on February 12, 2014. These residents were on a staff assignment list for night shift to complete morning care. There was no documentation in the plans of care to confirm residents or substitute decision makers were consulted regarding their choices for wake times or preferences. Night shift confirmed they are expected to complete morning care before they end their shift at 0700 hours. The staff did confirm that some of these residents do wake up on their own but not all residents on the list are awake at this time nor want to get up this early. There were four residents up in wheelchairs in common areas and five residents that were dressed with shoes on and lying back down in their beds sleeping at 0530 hours. When the inspector asked resident #012 if they wanted to get up this early they replied by saying "definitely not". Night shift staff confirmed resident #018 is very resistive and tells the staff to leave me alone when they complete morning care. [s. 3. (1) 1.]

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 , to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 87.
Housekeeping**



Specifically failed to comply with the following:

- s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,**
- (a) cleaning of the home, including,**
 - (i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and**
 - (ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).**

Findings/Faits saillants :

1. The Licensee failed to ensure that procedures were fully implemented for the cleaning of the home, including, resident bedroom floors and furnishings.

A) During an observation the inspector observed on February 6, 7 and 10, 2014 on a home area six of the resident's rooms were noted to have dirty floors soiled with food particles, used tissues, clothing, dishes, dust particles and dried liquid under the beds.

Observed one mattress surface in a resident's room soiled with a brown substance that was observed by the inspector on February 6 and remained on the surface until February 10, 2014. The inspector observed a soiled incontinent brief in a resident's room on the bathroom floor at 1200 hours that remained until after shift change at 1430 hours. Ants were observed in the hallway on a home area and in resident's rooms on two occasions. Soiled urinals were found on the floor in bathrooms and on resident's dressers accompanied by an odour of urine. The Environmental Service Manager confirmed that these areas of concerns are part of the daily cleaning routines in the home and were not completed.

B) During an observation the inspector observed on February 6, 7 and 10, 2014 on a home area five of the resident's rooms were noted to have dirty floors soiled with food particles, used tissues, clothing, dishes, dust particles and dried liquid. In a resident's room it was observed on February 7th an area which appeared to be a spilled beverage which remained on the floor until February 10, 2014. The Environmental Service Manager confirmed that these areas of concerns are part of the daily cleaning routines in the home.

C) Throughout the home it was observed on February 6, 7 and 10, 2014 that resident fall mats were stained with visible dirt. The Environmental Service Manager confirmed that the fall mats are to be wiped down daily. [s. 87. (2) (a)]



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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 , to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The Licensee failed to ensure that the staff participated in the implementation of the infection prevention and control program.

A)On February 6, 2014, it was observed in a resident's shared bathroom on a home area, that there were two unlabelled basins.

B)Observation on February 6, 2014, it was observed in a resident's room shared by four residents on a home area that there were unlabelled toothbrushes, deodorant, and an unlabelled bottle of mouthwash.

C)On February 6, 2014, it was observed in a resident's room at 1000 hours, that there were unlabelled urinals hanging at the side of the resident's bed. The urinal contained a moderate amount of urine which had not been emptied during an observation at 1500 hours. The urinal hanging at the side of the resident's bed and the urinal in a resident's shared bathroom were unlabelled.

D)On February 6, 2014, it was observed in a room that there was an unlabelled urinal and bedpan in a resident's shared bathroom.

E)On February 7, 2014, in a room, it was observed in a resident's shared bathroom that there were two unlabelled toothbrushes and an unlabelled basin. It was noted that there was hair stuck to the bristles of the toothbrush.

-It was confirmed by staff that all personal items are to be labelled and all toothbrushes and kidney basins are to be stored at the bedside. [s. 229. (4)]



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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 , to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 233. Retention of resident records

Specifically failed to comply with the following:

s. 233. (1) Every licensee of a long-term care home shall ensure that the record of every former resident of the home is retained by the licensee for at least 10 years after the resident is discharged from the home. O. Reg. 79/10, s. 233 (1).

Findings/Faits saillants :

1. The Licensee did not ensure the record of every former resident of the home was retained by the licensee for at least 10 years after the resident was discharged from the home.

A) The home was unable to provide a complete clinical record for resident #003 for the length of time the resident resided at the home. Part of the clinical record had been taken to an off site storage company. The management of the home searched for the records at the home and at the storage company but were unable to locate the rest of the resident's clinical record. [s. 233. (1)]

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 , to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements



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Specifically failed to comply with the following:

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

Findings/Faits saillants :

1. The Licensee failed to ensure any actions taken, interventions and responses with respect to a resident are documented.

1. During a review of resident #003 Point of Care documentation for identified dates in January and February, 2013 resident did not receive personal hygiene care 9 out of 10 days for morning care. The ADOC confirmed that the documentation reflects that resident did not receive personal hygiene care in the morning during the identified dates.

2. During a review of resident #003 Point of Care documentation for identified dates in January and February, 2013 resident did not receive oral care 9 out of 10 days for morning care. The ADOC confirmed that the documentation reflects that resident did not receive oral care in the morning during the identified dates. [s. 30. (2)]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :



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1. The home's complaint policy directs staff to use the Client Services Response Form (CSR) to record information related to complaints such as missing belongings and other concerns, all complaints are to be kept in the complaints log book. During a review of two verbal complaints received at the home there was not a CSR form in the log binder to address concerns from Power of Attorney's for resident #003 and #001. The ADOC stated that the Executive Director informed her that the CSR forms that the inspector were looking for, were completed on these residents but were kept in a locked drawer and not in the complaint log book which contained CSR forms from 2012 until present. The inspector could not verify if these forms were completed as the home did not have access to this locked drawer. [s. 101. (1) 1.]

Issued on this 26th day of February, 2014

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

Hesley Edwards



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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

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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : LESLEY EDWARDS (506), ROSEANNE WESTERN
(508)

Inspection No. /

No de l'inspection : 2014_240506_0003

Log No. /

Registre no: H-000103-13/H-000680-13

Type of Inspection /

Genre Complaint
d'inspection:

Report Date(s) /

Date(s) du Rapport : Feb 26, 2014

Licensee /

Titulaire de permis : REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA,
ON, L5R-4B2

LTC Home /

Foyer de SLD : GARDEN CITY MANOR
168 Scott Street, St. Catharines, ON, L2N-1H2

Name of Administrator /

Nom de l'administratrice
ou de l'administrateur : KIM WIDDICOMBE

To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:



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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Order # / Ordre no : 001	Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)
-------------------------------------------	----------------------------------------------------------------------------------

Pursuant to / Aux termes de :

O.Reg 79/10, s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).



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Order / Ordre :

The Licensee shall prepare, submit and implement a plan that ensures that there is an interdisciplinary assessment with respect to resident's sleep patterns and preferences.

The plan shall be submitted electronically to Lesley Edwards at Lesley.Edwards@ontario.ca by March 21, 2014

Grounds / Motifs :

1. Previously issued on 2012/11/20 during an RQI inspection as a VPC. The licensee had not ensured the plan of care was based on, at a minimum, an interdisciplinary assessment of sleep patterns and preferences.

A) The following residents were observed on February 12, 2014 to be up and dressed with morning care completed at 0525 hours - Resident #010, #011, #012 and #013

B) The following residents were observed on February 12, 2014 to be dressed with morning care completed and sleeping in their beds at 0530 hours - Resident #014, #015, #016, #017, #018, #019 and #020.

There was no documentation in the residents' plans of care indicating a preference for waking times or if waking choices were discussed with the resident or SDM. These residents were on the staff assignment list to have morning care completed by the night shift. PSW's confirmed that these residents are to get up in the morning as part of their assignment regardless of resident's sleep and wake preferences. The RAI co-ordinator confirmed that resident's sleep patterns and preferences were not assessed or documented in the plan of care. Noted during a review of the night shift assignment that four of the assigned resident's to get up by the night shift were previously assigned to the night shift during an RQI inspection on November 20, 2012. (506)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 21, 2014



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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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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.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e 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.



Ministry of Health and
Long-Term Care

Ministère de la Santé et
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

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 26th day of February, 2014

Signature of Inspector /
Signature de l'inspecteur : 

Name of Inspector /
Nom de l'inspecteur : Lesley Edwards

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