



**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
Aug 23, 2013	2013_195166_0026	O-000771- 13	Complaint

Licensee/Titulaire de permis

INA GRAFTON GAGE HOME OF TORONTO
40 Bell Estate Road, SCARBOROUGH, ON, M1L-0E2

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

INA GRAFTON GAGE HOME
40 Bell Estate Road, SCARBOROUGH, ON, M1L-0E2

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

CAROLINE TOMPKINS (166)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): August 20, 21, 2013

During the course of the inspection, the inspector(s) spoke with Residents, a resident's Power of Attorney, the Administrator, the Executive Assistant, the Director of Care, the Assistant Directors of Care(2), Registered Staff and Personal Support Workers.

During the course of the inspection, the inspector(s) reviewed residents' clinical records, the licensee's "Abuse Prevention Policy 2004" and the licensee's staff education records.

**The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy**

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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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. 20. Policy to promote zero tolerance



Specifically failed to comply with the following:

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).

s. 20. (3) Every licensee shall ensure that the policy to promote zero tolerance of abuse and neglect of residents is communicated to all staff, residents and residents' substitute decision-makers. 2007, c. 8, s. 20 (3).

Findings/Faits saillants :

1. Log O-000771-13

Review of the licensee's policy related to the "Abuse Prevention Program (2004)" and interview with the Administrator and the Director of Care indicated that the licensee's policy related to Abuse of Residents has not been revised since 2004 and does reflect the legislative requirements as specified in LTCHA 2007.s.20. [s. 20. (2)]

2. Log O-000771-13

There is no evidence that the licensee's abuse policy is posted and communicated to residents, staff and substitute decision makers in any public or resident home areas. Interview with the Director of Care indicated the licensee's "Abuse Prevention Program (2004)" has not been communicated as specified in LTCHA s.20 [s. 20. (3)]



Additional Required Actions:

CO # - 001, 002 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. 76. Training

Specifically failed to comply with the following:

s. 76. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

- 1. Abuse recognition and prevention. 2007, c. 8, s. 76. (7).**
 - 2. Mental health issues, including caring for persons with dementia. 2007, c. 8, s. 76. (7).**
 - 3. Behaviour management. 2007, c. 8, s. 76. (7).**
 - 4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations. 2007, c. 8, s. 76. (7).**
 - 5. Palliative care. 2007, c. 8, s. 76. (7).**
 - 6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).**
-

Findings/Faits saillants :

1. Log O-000771-13

Review of the licensee's documentation pertaining to training and education did not provide evidence of zero tolerance of abuse and neglect training for all staff who provide direct care to residents.

Interview with the Administrator and the Director of Care indicated the staff of the home had not received annual training related to Abuse, Neglect and Retaliation. The Administrator and the Director of Care were not able to provide documentation indicating when the staff last received such training.

Log O-000772-12

Interview with the Administrator, the Director of Care, the Assistant Director of Care and a member of the Registered nursing staff indicated that all staff who provide direct care for residents had not received annual training related to mental health issues, including caring for persons with dementia and behaviour management as required [s. 76. (7)]



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Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance

Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,

(a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;

(b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;

(c) identifies measures and strategies to prevent abuse and neglect;

(d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and

(e) identifies the training and retraining requirements for all staff, including,

(i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and

(ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.

Findings/Faits saillants :



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1. Log O-000771-13

The licensee's policy on "Abuse Prevention Program (2004)" has not been revised to reflect current legislation and does not contain procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected. [s. 96. (a)]

2. Log O-000771-13

The licensee's policy on "Abuse Prevention Program (2004)" has not be revised to reflect current legislation and does not contain procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents. [s. 96. (b)]

3. Log O-000771-13

The licensee's policy on "Abuse Prevention Program (2004)" has not be revised to reflect current legislation and does not identify measures and strategies to prevent abuse and neglect. [s. 96. (c)]

4. Log O-000771-13

The licensee's policy on "Abuse Prevention Program (2004)" has not be revised to reflect current legislation and does not identify the manner in which allegations of abuse of neglect will be investigated. [s. 96. (d)]

5. Log O-000771-13

Interview with the Administrator , the Director of Care and the Assistant Director of Care and review of training documentation did not provide evidence of zero tolerance of abuse and neglect training for staff , which includes training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in position of trust, power and responsibility for resident care ,and (ii) situations that may lead to abuse and neglect and how to avoid such situations. [s. 96. (e)]

Additional Required Actions:

CO # - 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #4: 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:

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

Findings/Faits saillants :

1. Log O-000771-13

On an identified date, Resident(#01 requested an analgesic for pain. Resident (#01) made this request to a Personal Support Worker, who did not report the request to the Registered Nurse until Resident(#01) called and made a second request for analgesic. Resident(#01) did not receive the analgesic when requested and waited 2 hours before the RN was notified of the request. [s. 3. (1) 4.]

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. Log O-000771-13

There is no evidence to support that an analysis of every incident of abuse or neglect of a resident is undertaken after the licensee becomes aware of an incident. [s. 99. (a)]

2. Log O-000771-13

There is no evidence to support that an evaluation is made to determine the effectiveness of the licensee's policy to promote zero tolerance of abuse and neglect of residents. Review of the licensee's policy "Abuse Prevention Program (2004)" indicates the policy content does not comply with the legislative requirements of the LTCHA 2007, policy to promote zero tolerance of abuse and neglect of residents. [s. 99. (b)]

3. Log O-000771-13

Review of the licensee's policy "Abuse Prevention Program (2004)" indicates the policy content does not comply with the legislative requirements of the LTCHA 2007, policy to promote zero tolerance of abuse and neglect of residents. [s. 99. (d)]

4. Log O-000771-13

There is no evidence of a written record of an annual evaluation of the policy to promote zero tolerance of abuse and neglect of residents that includes dates, names of persons who participated in the evaluation and the date that changes and improvements were implemented. Review of the licensee's policy "Abuse Prevention Program (2004)" indicates the policy content does comply with the legislative requirements of the LTCHA 2007, policy to promote zero tolerance of abuse and neglect of resident's. [s. 99. (e)]



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Loi de 2007 sur les foyers de
soins de longue durée

Issued on this 23rd day of August, 2013

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

A handwritten signature in cursive script, appearing to read "Arlene Tompkins", written in black ink within a rectangular box.



**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

**Ministère de la Santé et
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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**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : CAROLINE TOMPKINS (166)

Inspection No. /

No de l'inspection : 2013_195166_0026

Log No. /

Registre no: O-000771-13

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Aug 23, 2013

Licensee /

Titulaire de permis : INA GRAFTON GAGE HOME OF TORONTO
40 Bell Estate Road, SCARBOROUGH, ON, M1L-0E2

LTC Home /

Foyer de SLD : INA GRAFTON GAGE HOME
40 Bell Estate Road, SCARBOROUGH, ON, M1L-0E2

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Denise Bedard-Eldridge

To INA GRAFTON GAGE HOME OF TORONTO, you are hereby required to comply with the following order(s) by the date(s) set out below:



**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

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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)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 20. (3) Every licensee shall ensure that the policy to promote zero tolerance of abuse and neglect of residents is communicated to all staff, residents and residents' substitute decision-makers. 2007, c. 8, s. 20 (3).

Order / Ordre :

The licensee shall ensure that the revised policy to promote zero tolerance of abuse and neglect is communicated to all staff, residents and residents' substitute decision -makers.

Grounds / Motifs :

1. There is no evidence that the licensee's abuse policy is posted and communicated to residents, staff and Substitute Decision Makers in any public or resident home areas. Interview with the Director of Care indicated the licensee's "Abuse Prevention Program (2004)" has not been communicated as specified in LTCHA s.20 (166)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 09, 2013



**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
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de l'article 154 de la *Loi de 2007 sur les foyers
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Order # /

Ordre no : 002

Order Type /

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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;
- (b) shall clearly set out what constitutes abuse and neglect;
- (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;
- (d) shall contain an explanation of the duty under section 24 to make mandatory reports;
- (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;
- (f) shall set out the consequences for those who abuse or neglect residents;
- (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and
- (h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).

Order / Ordre :

The licensee shall ensure that the home's written policy to promote zero tolerance of abuse and neglect of residents contains the necessary requirements under section 20 of the LTCHA 2007

Grounds / Motifs :

1. Review of the licensee's policy related to the "Abuse Prevention Program" 2004 and interview with Administrator and DOC indicated that the licensee's policy related to Abuse of Residents has not been revised since 2004 and does not reflect the legislative requirements as specified in LTCHA 2007.s.20. (166)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 09, 2013



**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
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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 : 003

Order Type /

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 76. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

1. Abuse recognition and prevention.
2. Mental health issues, including caring for persons with dementia.
3. Behaviour management.
4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations.
5. Palliative care.
6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).

Order / Ordre :

The licensee shall ensure that all staff who provide direct care to residents receive training at times or at intervals provided for in the regulations pertaining to abuse recognition and prevention, mental health issues, caring for persons with dementia and behaviour management.

Grounds / Motifs :



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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

1. Review of the licensee's documentation pertaining to training and education did not provide evidence of zero tolerance of abuse and neglect training for all staff who provide direct care to residents.

Interview with the Administrator and the Director of Care indicated the staff of the home had not received annual training related to Abuse, Neglect and Retaliation. The Administrator and the Director of Care were not able to provide documentation indicating when the staff last received such training.

Log O-000772-12

Interview with the Administrator, the Director of Care, the Assistant Director of Care and a member of the Registered nursing staff indicated that all staff who provide direct care for residents had not received annual training related to mental health issues, including caring for persons with dementia and behaviour management. (166)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 27, 2013



**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

**Ministère de la Santé et
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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

Order # /

Ordre no : 004

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 96. Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,

(a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;

(b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;

(c) identifies measures and strategies to prevent abuse and neglect;

(d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and

(e) identifies the training and retraining requirements for all staff, including,

(i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and

(ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.

Order / Ordre :

The licensee shall ensure that the policy to promote zero abuse and neglect of residents clearly identifies the requirements as specified in O.Reg. 79/10,s.96.

Grounds / Motifs :



**Ministry of Health and
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Aux termes de l'article 153 et/ou
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1. The licensee's policy on abuse of residents (2004) has not be revised to reflect current legislation. The licensee's abuse policy:
- (a) does not contain procedure and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected.
 - (b) does not contain procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents.
 - (c) does not identify measures and strategies to prevent abuse and neglect.
 - (d) does not identify the manner in which allegations of abuse or neglect will be investigated.
 - (e) does not identify the training and retraining requirements for all staff, including,
 - (i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in position of trust, power and responsibility for resident care, and
 - (ii) situations that may lead to abuse and neglect and how to avoid such situations. (166)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 09, 2013



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

Order(s) of the Inspector
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Aux termes de l'article 153 et/ou
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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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section 154 of the *Long-Term Care
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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.



**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

**Ministère 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

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.



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Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
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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
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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 23rd day of August, 2013

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur :

CAROLINE TOMPKINS

Service Area Office /

Bureau régional de services : Ottawa Service Area Office