



**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
Mar 27, 2013	2013_178102_0014	002440-12	Follow up

Licensee/Titulaire de permis

MARYCREST HOME FOR THE AGED
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

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

ST JOSEPH'S AT FLEMING
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

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

WENDY BERRY (102)

Inspection Summary/Résumé de l'inspection



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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): March 13 and 14, 2013.

During the course of the inspection, the inspector(s) spoke with the Administrator/CEO; the Director of Resident Care (Interim); the Manager of Environmental Services; the Executive Assistant; a maintenance person; a housekeeper, several nursing and program staff; several residents and visitors.

During the course of the inspection, the inspector(s) followed up on 2 Compliance Orders which were returned to compliance; reviewed the operation of the door security system; reviewed updated specific emergency plans for the home; toured all resident home areas (rha) over a two day inspection period; looked at the condition of floor surfaces in resident areas; checked hot water temperatures and documentation; reviewed Resident Council meeting minutes.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Safe and Secure Home

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 O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature; O. Reg. 79/10, s. 90 (2).

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius; O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :



1. During the inspection on March 13, 2013, the temperature of hot water at a resident accessible hand basin in the Woodland rha was taken by the Inspector at 2:45 pm, with the Manager of Environmental Services present. The hot water temperature was recorded as being 55 degrees Celsius. A maintenance staff member was contacted by the Manager. It was identified that a contractor had been notified regarding the water temperature. At 3 pm, the water temperature at a sink in the Woodland "F" activity room was recorded at 53 degrees Celsius. At approximately 3:15 pm the water temperature at a sink in the Woodland "F" dining room was recorded to be 48 degrees Celsius. [s. 90. (2) (g)]

2. On March 14, 2013, all hot water temperatures taken during the inspection were below 49 degrees Celsius. Hot water temperature records were obtained from the Environmental services Manager for the period from December 01, 2012 to March 14, 2013.

The records obtained and reviewed were labelled: "St. Joseph's at Fleming Daily Water Temperature Recording Sheet form F2.3-30". The hot water temperatures are taken and recorded once on each shift, with the shifts identified as 6:15 am; 3:00 pm; and 11:00 pm. Temperatures are taken at preselected locations where hot water is used by residents. Recorded hot water temperatures for March 2013 identified that every temperature taken and recorded for the 6:15 am shift and the 11:00pm shift was in excess of 49 degrees Celsius: ranging from 52 to over 60 degrees in resident areas. Similar entries are identified during December 2012, January and February 2013 which indicates a daily pattern of excessive hot water temperatures in resident areas. [s. 90. (2) (h)]

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. 15. Accommodation services



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Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8,
s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and
delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and
in a good state of repair. 2007, c. 8, s. 15 (2).
-

Findings/Faits saillants :



1. Floors in many residents' bedrooms and in some corridor and communal spaces in resident home areas (rha) were observed to have visible debris (which included, but is not limited to, dust, dirt, sand, human and/or animal hair, food particles identified to cheese, orange peel, food crumbs) accumulated on floor surfaces at floor wall junctures, under and around the base of furnishings, and /or behind open doors in bedrooms. One vacant bedroom which was identified as having been cleaned and ready for a new occupant, was identified to have debris present under the bed side table when the table was moved by the Inspector.

Many floor surfaces were also observed to be streaked with what appears to be cleaning product residue.

In many areas (corridors, bedrooms, etc.) of the home where duct tape has been used to cover damaged and/or lifting floor coverings, the duct tape has deteriorated, leaving a roughened, peeling surface and/or sticky residue exposed which can not be effectively cleaned. Soiled and sticky surfaces are evident throughout the home.

During the inspection on March 13, 2013, soiled continence care products, used gloves and/or soiled clothing, had been placed and left in direct contact with bedroom floor surfaces in 2 resident rooms. Management staff of the home were notified.

Floors in the home are not kept in a clean and sanitary condition which is an infection control risk to residents and also provides increased opportunities for pests (ants, etc.). Ants were observed in several residents' rooms in one resident home area on March 13, 2013. A pest control program was identified to be in place. [s. 15. (2) (a)]

2. Floor surfaces were observed to be damaged, lifting and peeling along seams, uneven/not level, and have gaps evident in many resident rooms and corridors throughout the home.

Duct tape has been used extensively throughout the home to cover lifting and /or damaged sections of flooring. In many areas, the condition of the duct tape has deteriorated



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presenting a potential tripping and/or mobility hazard due to frayed, roughened, lifting and separating sections of tape across floor surfaces in corridors, bedrooms, room and washroom entrances, access to common rooms, etc.

Sections of flooring were observed to be lifting and/or separating along seems at the entrance to a number of ensuite washrooms in the Woodland rha placing residents at increased risk for falls.

Flooring in many areas of the home is not maintained in a safe condition and in a good state of repair which presents potential safety risks to residents.

Note: Management of the home has identified that a major project related to defective floor and sub floor surfaces is being planned. An operational plan, with completion dates has not yet been developed and submitted. [s. 15. (2) (c)]

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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :



1. During the inspection on March 13, 2013 Nursing staff were observed using the Woodland RHA servery as a passageway. The doors were repeatedly left open and/or unlocked providing unsupervised resident access to the servery. Serveries in other rhas were also observed to be open and unsupervised during the inspection on March 14, 2013.

Each servery was observed to contain a Bunn hot water dispenser that easily dispenses a flow of hot water at 77 degrees Celsius by flipping a handle. The chemical storage cupboard in the Woodland rha servery was not locked to prevent resident access. Chemicals within the cupboard included disinfecting and cleaning agents with cautionary statements on labels identifying products as skin irritant; eye irritant.

Lifting floor coverings, including damaged duct tape patches on floor surfaces presented potential mobility hazards in a number of resident areas throughout the home.

Hot water temperatures at resident accessible sinks, tubs and showers are not being maintained at or below 49 degrees Celsius (C); a review of hot water temperature records from December 2012 to the date of this inspection identifies that immediate action is not taken to reduce the hot water temperature in resident areas when it exceeds 49 C. The home's policies related to responding to hot water temperatures above 49 C were not followed.

The above noted examples are potential risks to resident safety and security. [s. 5.]

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 evaluate, update and implement measures to ensure that the home is a safe and secure environment for its residents, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 230. Emergency plans



Specifically failed to comply with the following:

s. 230. (5) The licensee shall ensure that the emergency plans address the following components:

1. Plan activation. O. Reg. 79/10, s. 230 (5).
 2. Lines of authority. O. Reg. 79/10, s. 230 (5).
 3. Communications plan. O. Reg. 79/10, s. 230 (5).
 4. Specific staff roles and responsibilities. O. Reg. 79/10, s. 230 (5).
-

Findings/Faits saillants :

1. During the inspection on March 13, 2013 written emergency plans for the home were reviewed. The plans are contained in a binder labelled "Emergency Preparedness Manual". Management staff confirmed that the binder contained the updated plans.

Plans for the loss of essential services includes a plan for the loss of the resident staff communication and response system. The plan does not address specific staff roles and responsibilities. [s. 230. (5)]

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 ensure that the emergency plans for the home set out specific staff roles and responsibilities for the loss of the resident staff communication and response system, to be implemented voluntarily.

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

**COMPLIED NON-COMPLIANCE/ORDER(S)
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDRES:**



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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 230. (4)	CO #001	2012_178102_0014	102
LTCHA, 2007 S.O. 2007, c.8 s. 5.	CO #002	2012_178102_0014	102
O.Reg 79/10 s. 9.	WN	2012_028102_0024	102

Issued on this 2nd day of April, 2013

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



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Order(s) of the Inspector
Pursuant to section 153 and/or
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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
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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) : WENDY BERRY (102)

Inspection No. /

No de l'inspection : 2013_178102_0014

Log No. /

Registre no: 002440-12

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Mar 27, 2013

Licensee /

Titulaire de permis : MARYCREST HOME FOR THE AGED
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

LTC Home /

Foyer de SLD : ST JOSEPH'S AT FLEMING
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

Name of Administrator /

Nom de l'administratrice
ou de l'administrateur :

Alan Cavell
~~GARY SIMS~~

To MARYCREST HOME FOR THE AGED, you are hereby required to comply with
the following order(s) by the date(s) set out below:



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Order # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;

(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;

(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;

(e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;

(f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;

(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;

(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;

(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;

(j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and

(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

Order / Ordre :



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The licensee will ensure that:

- 1.) the temperature of hot water serving all bathtubs, showers and hand basins used by residents does not exceed 49 degrees Celsius and is controlled by a device that regulates the temperature; and
- 2.) immediate action is taken to reduce hot water temperatures in the event that it exceeds 49 degrees Celsius.
- 3.) applicable staff are provided training to ensure that the home's policies related to resident safety and hot water temperatures are followed.

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. During the inspection on March 13, 2013, the temperature of hot water at a resident accessible hand basin in the Woodland rha was taken by the Inspector at 2:45 pm, with the Manager of Environmental Services present. The hot water temperature was recorded as being 55 degrees Celsius. A maintenance staff member was contacted by the Manager. It was identified that a contractor had been notified regarding hot water temperature. At 3 pm, the water temperature at a sink in the Woodland "F" activity room was recorded at 53 degrees Celsius. At approximately 3:15 pm the water temperature at a sink in the Woodland "F" dining room was recorded at 48 degrees Celsius.

On March 14, 2013, all hot water temperatures taken during the inspection were below 49 degrees Celsius. Hot water temperature records were obtained from the Environmental Services Manager for the time period from December 01, 2012 through to March 14, 2013.

The records reviewed were labelled: "St. Joseph's at Fleming Daily Water Temperature Recording Sheet form F2.3-30". The hot water temperatures are taken and recorded once on each shift, with the shifts identified as 6:15 am; 3:00 pm; and 11:00 pm. Temperatures are taken at preselected locations where the hot water is used by residents. Recorded hot water temperatures for March 2013 identified that every temperature taken and recorded for the 6:15 am shift and the 11:00pm shift was in excess of 49 degrees Celsius: ranging from 52 to over 60 degrees in resident areas. Similar entries are identified during December 2012, January and February 2013 indicating a daily pattern of excessive hot water temperatures in resident use areas. (102)

2. Records from December 2012, January, February and March 2013 clearly identify that immediate action is not being taken when the hot water temperature exceeds 49 C. Policies of the home related to hot water temperatures identified to be in excess of 49 degrees Celsius are not being followed.

Hot water temperatures in excess of 49 degrees Celsius in resident areas is a risk to the health, safety, comfort and well being of residents. (102)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 15, 2013



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Order(s) of the Inspector

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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. 15. (2) Every licensee of a long-term care home shall ensure that,

- (a) the home, furnishings and equipment are kept clean and sanitary;
- (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
- (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Order / Ordre :



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The licensee will ensure that measures are developed and implemented to
maintain all floor

surfaces throughout the long term care home:

1. in a clean state;
2. in a safe condition and
3. in a good state of repair

A plan for achieving compliance is to be prepared and implemented which
identifies

immediate, short term, long term and ongoing actions taken and planned
including time

frames for correction to:

- a) thoroughly clean the floors in resident home areas, including under and
around furnishings
and equipment in bedrooms, common areas and corridors;
- b) remove damaged and soiled duct tape from floor surfaces;
- c) repair lifting and separating seams and edges of floor coverings;
- d) repair and replace, as needed, uneven and damaged flooring and sub floor
materials

through out the home. (plans and specification for flooring replacement must
comply with

O.reg 79/10, s. 305)

A copy of the plan for achieving compliance is to be submitted by May 01, 2013,
to the

attention of

Wendy Berry (102), Long Term Care Homes Inspector;

Ottawa Service Area Office

Fax # 613 569 9670

Grounds / Motifs :

1. Floors in many residents' bedrooms and in some corridor and communal
spaces in
resident home areas (rha) were observed to have visible debris (which included,
but is not
limited to, dust, dirt, sand, human and/or animal hair, food particles identified to
cheese,
orange peel, food crumbs) accumulated on floor surfaces at floor wall junctures,



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under and
around the base of furnishings, and /or behind open doors in bedrooms. One
vacant bedroom
which was identified as having been cleaned and ready for a new occupant, was
identified to
have debris present under the bed side table when the table was moved by the
Inspector.
Many floor surfaces were also observed to be streaked with what appears to be
cleaning
product residue.

In many areas (corridors, bedrooms, etc.) of the home where duct tape has
been used to
cover damaged and/or lifting floor coverings, the duct tape has deteriorated,
leaving a
roughened, peeling surface and/or sticky residue exposed which can not be
effectively
cleaned. Soiled and sticky surfaces are evident throughout the home.

During the inspection on March 13, 2013, soiled continence care products, used
gloves
and/or soiled clothing, had been placed and left in direct contact with bedroom
floor surfaces
in 2 resident rooms. Management staff of the home were notified.

Floors in the home are not kept in a clean and sanitary condition which is an
infection control
risk to residents and also provides increased opportunities for pests (ants, etc.).
Ants were
observed in several residents' rooms in one resident home area on March 13,
2013. A pest
control program was identified to be in place.

(102)

2. Floor surfaces were observed to be damaged, lifting and peeling along
seams, uneven/
not level, and have gaps evident in many resident rooms and corridors



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throughout the home.

Duct tape has been used extensively throughout the home to cover lifting and /or damaged sections of flooring. In many areas, the condition of the duct tape has deteriorated presenting a potential tripping and/or mobility hazard due to frayed, roughened, lifting and separating sections of tape across floor surfaces in corridors, bedrooms, room and washroom entrances, access to common rooms, etc.

Sections of flooring were observed to be lifting and/or separating along seams at the entrance to a number of ensuite washrooms in the Woodland rha placing residents at increased risk for falls.

Flooring in many areas of the home is not maintained in a safe condition and in a good state of repair which presents potential safety risks to residents.

Note: Management of the home has identified that a major project related to defective floor and sub floor surfaces is being planned. An operational plan, with completion dates has not yet been developed and submitted. (102)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 03, 2013



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Pursuant to section 153 and/or
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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



**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

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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Pursuant to section 153 and/or
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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.



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Pursuant to section 153 and/or
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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
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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 27th day of March, 2013

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur :

WENDY BERRY

Service Area Office /

Bureau régional de services : Ottawa Service Area Office