Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
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Bureau régional de services de Hamilton
119, rue King Ouest 11iém étage
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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 13, 2021	2021_868561_0011	005114-21, 012905-21, 014533-21, 017606-21	Complaint

Licensee/Titulaire de permis

The Regional Municipality of Halton
1151 Bronte Road Oakville ON L6M 3L1

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

Allendale
185 Ontario Street South Milton ON L9T 2M4

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

DARIA TRZOS (561), FARAH_ KHAN (695)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): October 28, 29, 2021, November 1, 2, 3, 4, 5, 8, 9, 10, 12 (offsite), 16, 2021.

The complaints inspections with the following log numbers were completed during this inspection:
log #017606-21 - related to staffing, food quality and infection prevention and control,
log #012905-21 - related to improper care of a resident,
log #014533-21 - related to staffing.

A Follow Up inspection, log #005114-21, from inspection #2020_555506_0032, was also conducted with this inspection and was complied.

A Critical Incident (CI) inspection number 2021_868561_0012, was completed concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Senior Nursing Manager (SNM), Managers of Resident Care (MoRC), Registered Dietitian (RD), Nutrition Services Supervisor (NSS), Dietary Aide, Clinical Resource Nurse, registered staff including Registered Nurses (RNs) and Registered Practical Nurses (RPNs), Scheduling Supervisor, Personal Support Workers (PSWs), family member and residents.

During the course of the inspection, the inspector(s): observed provision of care, reviewed the documentation related to the FU, reviewed investigation notes, complaints log, Residents' Council meeting minutes, residents' clinical records, Staffing plan, schedules and any relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management
Dining Observation
Medication
Pain
Personal Support Services
Reporting and Complaints
Skin and Wound Care
Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.
- **7 WN(s)**
- **3 VPC(s)**
- **1 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 8. (1)	CO #002	2020_555506_0032	695

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents, who required continence care products had sufficient changes to remain clean, dry and comfortable.

A complaint was received related to residents not receiving continence care due to shortage of staff. One of the residents had to stay in a soiled brief for a period of time which led to impaired skin integrity and required treatment.
Two other residents who required two person assistance for continence care did not receive the care when the home was short staffed. The Senior Nursing Manager (SNM) indicated that the home was aware that they were short staffed on some shifts and resident care was not always being provided.

Not having sufficient continence product changes may have left residents uncomfortable and placed the residents at risk of developing skin issues.

Sources: residents' plans of care, including progress notes and POC documentation; home's staff schedule; interviews with a resident, and staff. [s. 51. (2) (g)]

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. 22. Licensee to forward complaints

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :

1. The licensee has failed to immediately forward any written complaints that have been received concerning the care of a resident or the operation of the home to the Director.

A) A written complaint was submitted to the home's Administrator from a resident's substitute decision maker (SDM) related to the care of the resident. The complainant requested that the home look into the incident to prevent it from occurring to someone else. The Administrator responded on the same date stating they would initiate an investigation. The SDM had also written to the Administrator about another care concern. The home failed to notify the Director of these complaints.

Sources: Reviewed emails from the resident's SDM to the home and the responses; interviewed the Administrator.

B) Two other written complaints related to the care of residents were reviewed. One was submitted to the Manager of Resident Care (MoRC) and the other to the Administrator. The home failed to notify the Director about these complaints related to the care of the residents.

Sources: Reviewed emails from resident's SDM; reviewed the Client Service Response Forms; interviewed the Administrator. [s. 22. (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 ensure any written complaints that have been received concerning the care of a resident or the operation of the home are immediately forwarded to the Director, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 24. 24-hour admission care plan

Specifically failed to comply with the following:

s. 24. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate to the extent possible in the development and implementation of the resident's care plan, and in reviews and revisions of the care plan. O. Reg. 79/10, s. 24 (5).

Findings/Faits saillants :

1. The licensee failed to ensure that a resident's SDM was given an opportunity to participate to the extent possible in the development and implementation of the resident's care plan.

A SDM reported that they were not informed of a medication that was restarted. The admission orders in the long-term care home stated that the medication was continued after the resident was admitted. There were no progress notes to indicate whether the SDM was informed that the medication was restarted. Registered staff stated that if a family was notified about restarting of medications, it should have been documented in the progress notes.
The SNM acknowledged that the SDM should be informed when medication is restarted in the home and that there was no evidence that the SDM was informed that the home restarted the medication for this resident.

Sources: Review of resident's plan of care; interviews with staff. [s. 24. (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 resident's SDM is given an opportunity to participate in the development and implementation of the resident's plan of care, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing

Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents, were bathed, at a minimum, twice a week by the method of their choice.

A complaint was received related to residents not being bathed twice a week by the method of their choice, when the home was short staffed.
Three residents did not receive showers, which was the method of their choice, at minimum twice a week. It was identified that the showers were not provided on identified dates when the home was short staffed. One of the residents was upset that the home failed to provide two showers on an identified week.
The SNM stated that they were aware that residents were not receiving baths/showers at times when the home was short staffed.

Not bathing residents, at minimum, twice a week by the method of their choice, could have led to poor hygiene and additional health concerns.

Sources: Resident's plans of care; home's staff schedule; interviews with staff. [s. 33. (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 ensure that residents are bathed, at a minimum, twice a week by the method of their choice, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

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 has failed to ensure that actions taken with respect to a resident under the Nursing program, was documented.

A resident was not doing well and was sent to the hospital later that day. The complainant questioned whether a proper assessment was completed. Registered staff stated that they assessed the resident at that time. Clinical records did not have the assessments documented by registered staff.

Sources: Review of resident's records; interviews with staff. [s. 30. (2)]

2. The licensee failed to ensure that actions taken with respect to a resident under the Skin and Wound Program, specifically the interventions and resident's responses to interventions were documented.

A complaint was received related to a resident's altered skin integrity. The complainant stated that the treatment being used was ineffective.
The 24 hour care plan for the resident stated that the resident had the altered skin integrity and there was treatment provided; however, the documentation in the records did not accurately describe the state of the altered skin integrity and the interventions that were used as described by the PSW and registered staff.
The SNM stated that management was unaware of the extent of the altered skin integrity. They stated they were only made aware after the family member expressed concerns.

Sources: Review of resident's health records; interviews with staff. [s. 30. (2)]

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

Conditions of licence
s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Findings/Faits saillants :

1. The licensee has failed to comply with Compliance Order (CO) #002 from Inspection # 2020_555506_0032 served on Mar 22, 2021, with a compliance due date of Jun 25, 2021.

The home was required to develop and implement an auditing process and schedule to regularly audit residents who received insulin and if their blood glucose levels dropped below 4 millimoles per litre (mmol/L) to ensure that the home's policy was followed. The licensee was to maintain a copy of the audit tools used and audit results. The home did not keep records of the audit tool or the results of the audit.

Sources: CO #002 from #2020_555506_0032; the home’s compliance action plan binder that included monthly print outs of the blood glucose levels; interview with SNM. [s. 101. (3)]

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:
2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that a follow-up response was made to the complainant as soon as possible in the circumstances where it could not be investigated and resolved within ten business days.

A complainant sent an email to the home requesting that the home look into a possible medication error they believed led to a negative outcome to a resident.

The Medical Director was requested to look into this incident; however, results of the investigation were not provided to the complainant within ten business days.

The Administrator acknowledged that they did not make attempts to immediately contact the complainant after the investigation results were available.

Sources: Emails between resident's SDM and the LTCH; The document titled, Allendale Village, Quality Review Resident Death 4 Day Admission; interview with the Administrator. [s. 101. (1) 2.]

Issued on this 20th day of December, 2021

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère 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

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) / Nom de l’inspecteur (No) :	DARIA TRZOS (561), FARAH_ KHAN (695)
Inspection No. / No de l’inspection :	2021_868561_0011
Log No. / No de registre :	005114-21, 012905-21, 014533-21, 017606-21
Type of Inspection / Genre d’inspection:	Complaint
Report Date(s) / Date(s) du Rapport :	Dec 13, 2021
Licensee / Titulaire de permis :	The Regional Municipality of Halton 1151 Bronte Road, Oakville, ON, L6M-3L1
LTC Home / Foyer de SLD :	Allendale 185 Ontario Street South, Milton, ON, L9T-2M4
Name of Administrator / Nom de l’administratrice ou de l’administrateur :	Sean Weylie

To The Regional Municipality of Halton, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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 # / No d'ordre : 001

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 51. (2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

(h) residents are provided with a range of continence care products that,

(i) are based on their individual assessed needs,

(ii) properly fit the residents,

(iii) promote resident comfort, ease of use, dignity and good skin integrity,

(iv) promote continued independence wherever possible, and

(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Order / Ordre :

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

The licensee must be compliant with r. 51(2) of O. Reg. 79/10.

Specifically, the licensee shall prepare, submit and implement a plan to ensure that each resident, who require continence care products have sufficient changes to remain clean, dry and comfortable.

The plan must include but is not limited to:
- how the home will ensure that residents, who require continence care products, will have sufficient changes to remain clean, dry and comfortable.

The plan must also include:
- development and implementation of an auditing process to ensure that residents, who require continence care products, have sufficient changes to remain clean, dry and comfortable. The home shall keep records of the completed audits.

Please submit the written plan for achieving compliance for inspection #2021_868561_0011 to Daria Trzos, LTC Homes Inspector, MLTC, by email to HamiltonSAO.MOH@ontario.ca by December 30, 2021.

Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds / Motifs :

1. The licensee has failed to ensure that residents, who required continence care products had sufficient changes to remain clean, dry and comfortable.

A complaint was received related to residents not receiving continence care due to shortage of staff. One of the residents had to stay in a soiled brief for a period of time which led to impaired skin integrity which required treatment.
Two other residents who required two person assistance for continence care did not receive the care when the home was short staffed. The Senior Nursing Manager (SNM) indicated that the home was aware that they were short staffed on some shifts and resident care was not always being provided.

Not having sufficient continence product changes may have left residents uncomfortable and placed the residents at risk of developing skin issues.

Sources: residents' plans of care, including progress notes and POC documentation; home's staff schedule; interviews with a resident, and staff.

An order was made by taking the following factors into account:

Severity: There was actual harm to one of the residents.

Scope: The scope of this non-compliance was widespread.

Compliance history: No previous non-compliances have been issued for the same section in the last 36 months.
(561)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Mar 14, 2022

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 Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
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:

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 Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS 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 des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

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 revision 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 des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
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 13th day of December, 2021

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Daria Trzos

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