



**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**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 22, 2015	2015_346133_0038	O-002242-15	Follow up

Licensee/Titulaire de permis

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

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

MONTFORT
705 Montreal Road OTTAWA ON K1K 0M9

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection



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

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

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

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

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): September 18, 2015

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care and the Environmental Manager.

During the course of the inspection, the inspector verified if applicable doors were equipped with audible doors alarms, and connected, as prescribed.

**The following Inspection Protocols were used during this inspection:
Safe and Secure Home**

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

1 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home

Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

- i. kept closed and locked,**
- ii. equipped with a door access control system that is kept on at all times, and**
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,**

A. is connected to the resident-staff communication and response system, or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. O. Reg. 79/10, s. 9. (1).

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 9(1) 1. iii. in that the licensee has failed to ensure that all resident accessible doors that lead to the outside of the home, with the exception of doors that lead to an outside secured area that precludes exit by a resident, and all resident accessible doors that lead to a stairway, are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, is connected to the resident-staff communication and response system, or, is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.



This is the licensee's third consecutive finding of non-compliance, that includes a Compliance Order, relating to doors. The widespread non-compliance described below presents a potential risk to residents of the home.

2. On September 18th, 2015, inspector #133 conducted a follow up inspection at the home, to assess compliance with compliance order #001 (CO #001), served on the licensee on June 4th, 2015, as a result of inspection #2015_346133_0017, during which time it was established that the basement was accessible to residents as a result of elevator #1. CO #001 was specifically related to the need to lock and alarm the two basement level doors that lead to the outside of the home, and the basement level door that leads to a stairway. Inspector #133 began the follow up inspection by meeting with the home's Environmental Manager (EM), who explained that the doors in question had been locked, but not alarmed. The EM explained that he had not been aware that CO #001 required the doors in question to be alarmed, and therefore he had not directed the door technician to alarm them. The EM confirmed that no changes had been made to the home's elevators since inspection #2015_346133_0017 was conducted by inspector #133 in May 2015.

The stairway door in the basement and the two exit doors in the basement were not equipped with audible doors alarms.

3. On September 18th, 2015, beginning at 10:50am, inspector #133 and the EM set out to verify if resident accessible doors that lead to the outside of the home, and resident accessible doors that lead to stairways, were equipped with door alarms, and connected, as prescribed. The following issues were noted by the inspector and the EM during the testing process.

a) The resident accessible door in the chapel was not equipped with an audible door alarm. The door leads to a patio that is only partially enclosed by a fence, therefore it is not secured to preclude exit by a resident. The patio door is equipped with a key lock, and the EM indicated that the door is very rarely unlocked. The EM explained that the patio area is most typically accessed by people from outside of the home. The EM unlocked the door and held it open for seven minutes (11:08am – 11:15am) and there was no audible alarm. The inspector then went into the Allée des Tulipes unit and noted that the audio visual enunciator at the nurses' station, which is a component of the resident - staff communication and response system, was reflecting that the door was open. This door was tested a second time, later that day, by the EM, in the presence of the Administrator, and again it was noted that there was no audible alarm at the door. It



was confirmed by the EM that the door system was not on bypass.

b) In La Pommeraie unit, the inspector and the EM found that the audio visual enunciator at the nurses' station only reflected that the stairway A2 door alarm was activated when the stairway door was closed. This was tested several times, and each time, the panel would not reflect that the A2 stairway door alarm was active if the door was open. The audio visual enunciator must reflect that a door alarm has activated as soon as the alarm is activated, regardless of the position of the door.

4. Stairway C1 door was not equipped with an audible door alarm. Following the conclusion of the testing process with the EM, the inspector noted that there was a stairway door within the main entrance/exit vestibule, stairway door C1, that had not been tested. This door was locked, and a staff ID badge was needed to open it. The inspector sought the assistance of the Director of Care (DOC) to test this door. The DOC held the door open for several minutes and there was no audible alarm. While the door was being held open by the DOC, the inspector went into the Allée des Tulipes unit to observe the audio visual enunciator at the nurses' station. The enunciator did not register that stairway C1 door was open. This stairway door is accessible to the home's residents as they enter and exit the home. [s. 9. (1)]

Additional Required Actions:

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

Issued on this 22nd day of September, 2015

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

Original report signed by the inspector.



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

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

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

**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) : JESSICA LAPENSEE (133)

Inspection No. /

No de l'inspection : 2015_346133_0038

Log No. /

Registre no: O-002242-15

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Sep 22, 2015

Licensee /

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

LTC Home /

Foyer de SLD : MONTFORT
705 Montreal Road, OTTAWA, ON, K1K-0M9

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Kelly Boisclair

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

Order(s) of the InspectorPursuant 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***Order # /****Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre
existant:** 2015_346133_0017, CO #001;**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

i. kept closed and locked,
ii. equipped with a door access control system that is kept on at all times, and
iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system, or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 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*

In order to achieve compliance with O. Reg. 79/10, s. 9 (1) 1. iii, the licensee will ensure that all doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, A. are connected to the resident-staff communication and response system, or B. are connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

This includes doors specifically noted to be in issue as a result of the inspection, such as the two exit doors and the one stairway door in the basement, the patio door in the chapel and the stairway door within the main entrance/exit vestibule.

Once all doors have been equipped as prescribed, the licensee will implement a testing process to ensure that the alarms and associated components, such as the audio visual enunciators at the nurses' stations, function as required.

As per O. Reg. 79/10, s. 9 (1) 4, the licensee will ensure that all alarms for doors leading to the outside are connected to the home's generator.

Grounds / Motifs :

1. The licensee has failed to comply with O. Reg. 79/10, s. 9(1) 1. iii. in that the licensee has failed to ensure that all resident accessible doors that lead to the outside of the home, with the exception of doors that lead to an outside secured area that precludes exit by a resident, and all resident accessible doors that lead to a stairway, are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, is connected to the resident-staff communication and response system, or, is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

This is the licensee's third consecutive finding of non-compliance, that includes a Compliance Order, relating to doors. The widespread non-compliance described below presents a potential risk to residents of the home.

2. On September 18th, 2015, inspector #133 conducted a follow up inspection at the home, to assess compliance with compliance order #001 (CO #001), served on the licensee on June 4th, 2015, as a result of inspection

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*

#2015_346133_0017, during which time it was established that the basement was accessible to residents as a result of elevator #1. CO #001 was specifically related to the need to lock and alarm the two basement level doors that lead to the outside of the home, and the basement level door that leads to a stairway. Inspector #133 began the follow up inspection by meeting with the home's Environmental Manager (EM), who explained that the doors in question had been locked, but not alarmed. The EM explained that he had not been aware that CO #001 required the doors in question to be alarmed, and therefore he had not directed the door technician to alarm them. The EM confirmed that no changes had been made to the home's elevators since inspection #2015_346133_0017 was conducted by inspector #133 in May 2015.

The stairway door in the basement and the two exit doors in the basement were not equipped with audible doors alarms.

3. On September 18th, 2015, beginning at 10:50am, inspector #133 and the EM set out to verify if resident accessible doors that lead to the outside of the home, and resident accessible doors that lead to stairways, were equipped with door alarms, and connected, as prescribed. The following issues were noted by the inspector and the EM during the testing process.

a) The resident accessible door in the chapel was not equipped with an audible door alarm. The door leads to a patio that is only partially enclosed by a fence, therefore it is not secured to preclude exit by a resident. The patio door is equipped with a key lock, and the EM indicated that the door is very rarely unlocked. The EM explained that the patio area is most typically accessed by people from outside of the home. The EM unlocked the door and held it open for seven minutes (11:08am – 11:15am) and there was no audible alarm. The inspector then went into the Allée des Tulipes unit and noted that the audio visual enunciator at the nurses' station, which is a component of the resident - staff communication and response system, was reflecting that the door was open. This door was tested a second time, later that day, by the EM, in the presence of the Administrator, and again it was noted that there was no audible alarm at the door. It was confirmed by the EM that the door system was not on bypass.

b) In La Pommeraie unit, the inspector and the EM found that the audio visual enunciator at the nurses' station only reflected that the stairway A2 door alarm was activated when the door was closed. This was tested several times, and



**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*

each time, the panel would not reflect that the A2 stairway door alarm was active if the door was open. The audio visual enunciator must reflect that a door alarm has activated as soon as the alarm is activated, regardless of the position of the door.

4. Stairway C1 door was not equipped with an audible door alarm. Following the conclusion of the testing process with the EM, the inspector noted that there was a stairway door within the main entrance/exit vestibule, stairway door C1, that had not been tested. This door was locked, and a staff ID badge was needed to open it. The inspector sought the assistance of the Director of Care (DOC) to test this door. The DOC held the door open for several minutes and there was no audible alarm. While the door was being held open by the DOC, the inspector went into the Allée des Tulipes unit to observe the audio visual enunciator at the nurses' station. The enunciator did not register that stairway C1 door was open. This stairway door is accessible to the home's residents as they enter and exit the home. (133)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Oct 22, 2015



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

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

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

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.



**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.



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

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

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 22nd day of September, 2015

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :** JESSICA LAPENSEE

**Service Area Office /
Bureau régional de services :** Ottawa Service Area Office