Ontario

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 prévue le Loi de 2007 les foyers de soins de longue durée

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de 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
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119 rue King Ouest 11iém étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Oct 17, 2017;	2017_689586_0001 (A1)	021040-17	Resident Quality Inspection

Licensee/Titulaire de permis

CLARION NURSING HOMES LIMITED
337 HIGHWAY #8 STONEY CREEK ON L8G 1E7

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

CLARION NURSING HOME
337 HIGHWAY #8 STONEY CREEK ON L8G 1E7

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

Ontario

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 prévue le Loi de 2007 les foyers de soins de longue durée

JESSICA PALADINO (586) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

The home requested a change in wording.

Issued on this 18 day of October 2017 (A1)

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

Original report signed by the inspector.

Ontario

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 prévue le Loi de 2007 les foyers de soins de longue durée

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

CLARION NURSING HOME
337 HIGHWAY #8 STONEY CREEK ON L8G 1E7

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

JESSICA PALADINO (586) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): August 31, September 1, 5, 6 and 7, 2017.

The following Critical Incident System (CIS) Inspection was completed concurrently with the RQI: 008878-17 - Falls Prevention

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC). Resident Director of Care (RDOC), Registered Dietitian (RD), registered nurses (RN), registered practical nurses (RPN), personal support workers (PSW), residents and families.

During the course of the inspection, the inspector also reviewed resident health records, incident investigation notes, policies and procedures, and training records, interviewed staff and observed resident care.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Falls Prevention

Family Council

Infection Prevention and Control

Medication

Nutrition and Hydration

Personal Support Services

Residents' Council

Skin and Wound Care

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

- **6 WN(s)**
- **2 VPC(s)**
- **1 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

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	Legendé 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. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :

(A1)
1. The licensee failed to ensure that staff used safe transferring and positioning devices or techniques when assisting residents.

Review of the home's policy, "Transferring Residents", indicated that two staff were required when using mechanical lifts.

Review of resident #020's plan of care identified their transferring needs. Progress notes identified that the resident sustained an injury of unknown origin causing pain, and upon further medical invesigation, identified an additional significant injury. The home's internal investigation notes identified that PSW #111 transferred the resident using a method other than what was identified in their plan of care. Interview with the PSW confirmed this, and they stated that they were aware of the home's policy around safe transferring.

Interview with the DOC and RDOC confirmed that PSW #111 did not use safe transferring techniques when assisting resident #020, resulting in an injury. [s. 36.]

Additional Required Actions:

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

(A1)The following order(s) have been amended:CO# 001

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. A) The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

Review of the home's policy, "Continence Care - Bowel and Bladder Management Program", revised 2017, indicated that if a resident was continent, to document this information in the resident's care plan and indicate that staff would monitor for any indications that the resident was no longer continent.

Review of the MDS assessment identified that the resident #002 was continent of bowels. Review of the written plan of care revealed that a bowel continence focus, goals and interventions were not documented and therefore did not indicate that staff were monitoring for any changes in their continence. Interview with RPN #100 confirmed the written plan of care did not include bowel continence and the home's policy was not complied with. (581).

B) The home's policy, "Assessing Nutrition/Hydration Risk" (last revised May 2006), directed the RD to reassess each resident's nutrition/hydration risk level using the tool titled 'Nutrition/Hydration Risk Identification Tool', whenever there was a change in a resident's condition, and that every three months, the risk level was reviewed as part of the quarterly review; but if the resident's condition was stable and indicators remained the stable, the risk level remained the same. On the front of the tool, it indicated the following, "Registered Dietitian to complete upon admission and whenever risk indicators change".

i. Resident #004's documented plan of care indicated they were at an identified nutritional risk (last revised in 2015).

Record review demonstrated that the resident experienced a significant weight loss and had poor intake. A progress note from written by the RD indicated that the resident had shown weight loss and decline over the past quarter, and had poor intake. Interview with RPN #104 confirmed this information.

A 'Nutrition/hydration Risk Identification Tool' was located in the resident's paper chart, having been completed in 2015, on admission by the RD. In an interview with the RD, they indicated that they only completed this tool on admission, then would just use it as a reference moving forward; quarterly or when there had been a significant change, but would not document this.

The RD acknowledged that this tool should have been completed quarterly or when there was a significant change in status, and that the resident's nutritional risk level should likely be adjusted given the noted change in their status. The RD completed the tool on September 5, 2017, which demonstrated that the resident was at a different nutritional risk than previously noted.

ii. Resident #005's health record indicated that they were at an identified nutritional risk (last revised in 2016).

Record review demonstrated that the resident experienced a significant weight loss, poor intake, and an area of altered skin integrity. A progress note written by the RD indicated that the nursing staff stated the resident was overall declining and had altered skin integrity.

A 'Nutrition/hydration Risk Identification Tool' was located in the resident's paper chart, having been completed in 2013 on admission by the RD.

The RD acknowledged that the resident should likely be changed to a different nutritional risk. The RD completed the tool on September 5, 2017, which demonstrated that the resident was at a different nutritional risk.

The RD acknowledged that the nutrition risk tools should have been completed for residents #004 and #005, and confirmed that both residents should have been assessed as a particular nutritional risk rather than what they were currently care planned at. The residents' nutritional risks were not appropriately identified and the home's policy was not complied with. [s. 8. (1) (b)]

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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007, s. 101. Conditions of licence

Specifically failed to comply with the following:

s. 101. (4) Every licensee shall comply with the conditions to which the licence is subject. 2007, c. 8, s. 101. (4).

Findings/Faits saillants :

1. The licensee failed to comply with the conditions to which the licensee was subject as outlined in section 4.1 Schedule C of the Long-Term Care home Service Accountability Agreement (LSAA) with the Local Health System Integration Act, 2006, which reads, "The Health Service provider shall use the funding allocated for an envelope for the use set out in Applicable policy". The Long-Term Care Homes Nursing and Personal (NPC) Envelope Section 1. b) reads, "direct nursing and personal care includes the following activities: assistance with the activities of daily living including personal hygiene services, administration of medication, and nursing care".

During the RQI, PSW #107 was observed bringing the residents' personal laundry back to the unit from the laundry room and observed completing laundry duties (delivering personal laundry to resident rooms). PSW #107 verified that the delivery of personal laundry was a regularly assigned duty to the nursing staff. The DOC confirmed that this was a daily assigned nursing duty and the PSW's were being paid out of the NPC envelope. [s. 101. (4)]

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 compliance with the conditions to which the licensee is subject as outlined in section 4.1 Schedule C of the LSAA, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007, s. 6. Plan of care
Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Review of the plan of care for resident #001 identified that they wore incontinent products for an identified reason. Review of the Attends Resident Incontinent List identified they wore an identified product on all three shifts.

The resident was observed wearing a different product. Interview with PSW #110 stated the resident wore the observed product as the care planned product was not appropriate for the resident. Interview with PSW #107, who observed the resident in the aforementioned product and was responsible to update the incontinence list, confirmed they were wearing the identified product but should have been provided the care planned product. Interview with the RDOC stated the resident was assessed to wear the care planned product and that the continence list was accurate, and confirmed that the care set out in the plan of care was not provided to the resident related to the care planned product. [s. 6. (7)]

WN #5: 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,
(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; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that each resident who was incontinent had 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 was implemented.

Review of MDS assessment identified resident #001 was incontinent of bowel. Review of the written plan of care revealed that a bowel continence focus, goals and interventions were not documented to promote and manage bowel continence based on the MDS and the Bowel and Bladder Continence Assessment. Interview with RPN #100 stated the resident was incontinent of bowels and confirmed there was no individual plan as part of the plan of care to promote and manage bowel continence based on the resident's assessment. [s. 51. (2) (b)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff

Specifically failed to comply with the following:

s. 221. (2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 76 (7) of the Act based on the following:
1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 76 (7) of the Act. O. Reg. 79/10, s. 221 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that all staff who provided direct care to residents received, 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 which included any other areas provided for in the regulations.

Regulation 221(2) 1, requires that all staff who provided direct care to residents received the training provided for in subsection 76 (7) of the Act based on the following: 1. Subject to paragraph 2, the staff would receive annual training in all areas required under subsection 76(7) of the Act.

Review of the home's policy, "Transferring Residents", indicated that an in-service once a year was to be held to review proper transfers with the staff. During an interview with the DOC and RDOC they stated they were unable to provide documentation at this time from 2016, training and education related to how many front line staff attended the safe lift and transferring in-service. They revealed the would add the safe lift and transferring module to the home's 2017, surge learning. [s. 221. (2) 1.]

Issued on this 18 day of October 2017 (A1)

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

Original report signed by the inspector.

Ontario

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

Long-Term Care Homes Division
Long-Term Care Inspections Branch
Division des foyers de soins de longue durée
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Name of Inspector (ID #) / Nom de l'inspecteur (No) : JESSICA PALADINO (586) - (A1)

Inspection No. / No de l'inspection : 2017_689586_0001 (A1)

Appeal/Dir# / Appel/Dir#:

Log No. / No de registre : 021040-17 (A1)

Type of Inspection / Genre d'inspection: Resident Quality Inspection

Report Date(s) / Date(s) du Rapport : Oct 17, 2017;(A1)

Licensee / Titulaire de permis :
CLARION NURSING HOMES LIMITED
337 HIGHWAY #8, STONEY CREEK, ON, L8G-1E7

LTC Home / Foyer de SLD :
CLARION NURSING HOME
337 HIGHWAY #8, STONEY CREEK, ON, L8G-1E7

Name of Administrator / Nom de l'administratrice ou de l'administrateur : Michael Janjic

Ontario

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

To CLARION NURSING HOMES LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:

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. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Order / Ordre :

(A1)
The licensee shall ensure that resident #020's plan of care is followed so that they are properly transferred and positioned to promote their safety.

All staff shall review the home's "Transferring Residents" policy, and documentation of this review must be kept, including the staff's signature and date of review.

All front line staff shall complete safe lift and transferring education and training annually.

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

Grounds / Motifs :

(A1)
1. The Order is made based upon the application of the factors of severity (3), scope (1) and compliance history (2), in keeping with s.299 (1) of the Regulation, in respect of the actual harm that resident #020 experienced, the
scope of one isolated incident, and the Licensee??s history of unrelated noncompliance in the area of improper transferring and positioning techniques.

The licensee failed to ensure that staff used safe transferring and positioning devices or techniques when assisting residents.

Review of the home's policy, "Transferring Residents", indicated that two staff were required when using mechanical lifts.

Review of resident #020's plan of care identified their transferring needs. Progress notes identified that the resident sustained an injury of unknown origin causing pain, and upon further medical investigation, identified an additional significant injury. The home's internal investigation notes identified that PSW #111 transferred the resident using a method other than what was identified in their plan of care. Interview with the PSW confirmed this, and they stated that they were aware of the home's policy around safe transferring.

Interview with the DOC and RDOC confirmed that PSW #111 did not use safe transferring techniques when assisting resident #020, resulting in an injury. (581)

This order must be complied with by /
Vous devez vous conformer à cet ordre d’ici le :

Nov 18, 2017

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 Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
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

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

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Long-Term Care Inspections 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.

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 de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
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)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
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 18 day of October 2017 (A1)

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : JESSICA PALADINO - (A1)

Ontario

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

Service Area Office / Bureau régional de services : Hamilton