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 sous la Loi de 2007 sur 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

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 7, 2016	2016_267528_0017	023206-16	Resident Quality Inspection

Licensee/Titulaire de permis

DELHI NURSING HOME LTD
750 GIBRALTAR STREET DELHI ON N4B 3B3

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

DELHI LONG TERM CARE CENTRE
750 GIBRALTAR STREET DELHI ON N4B 3B3

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

CYNTHIA DITOMASSO (528), DIANNE BARSEVICH (581)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): This inspection was conducted on the following date(s): August 8, 9, 10, 11, 12, 2016

This inspection was completed concurrently with Complaint Inspection Log #'s 029834-15 related to aspiration, 017419-16 related to fall with fracture, and 023237-16 related to responsive behaviours; and Follow Up Log #'s 013753-16 related to plan of care and 013754-16 related to neglect

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Directors of Resident Care (DOC) and previous Director of Resident Care, Director of Resident Quality Outcomes, Director of Food Services (DFS), Director of Legislation, Registered Dietitian (RD), Physiotherapist (PT), physiotherapy assistant (PTA), Office Manager, Pharmacy Technician, registered nurses (RN), registered practical nurses (RPN), personal support workers (PSW), dietary aides, residents and families.

The inspectors also toured the home, observed the provision of care and services, reviewed documents, including but not limited to: menus, production sheets, staffing schedules, policies and procedures, meeting minutes, clinical health records, and log reports.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dignity, Choice and Privacy
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Nutrition and Hydration
Pain
Residents' Council
Responsive Behaviours

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

- **7 WN(s)**
- **2 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
LTCHA, 2007 s. 19.	CO #002	2016_188168_0011	528
LTCHA, 2007 s. 6. (8)	CO #001	2016_188168_0011	528

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. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
4. Monitoring of all residents during meals. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that all residents were monitored during meals.

In 2015, resident #080 was admitted to the home on a regular diet, regular texture and on thin liquids. During the week of admission, the resident was noted to have poor oral intake and several days after admission the resident was noted to have dysphagia. Registered staff documented that the resident required a modified texture diet and a referral was sent to the Registered Dietician. The following day, PSW #106 assisted the resident in their room, and then left the room to assist another resident. PSW #106 was alerted to come back into resident #080's room by their roommate who reported the resident was in distress. The critical incident reporting and interview with the Director of Care at the time of the incident, confirmed that the resident was not provided with adequate supervision to ensure safe swallowing. PSW #106 stated that when they left the room to assist another resident, they had taken the food; however, did not ensure that the resident had safely swallowed what was in their mouth. PSW #106 also identified that there was a glass of water in the resident's reach which was not removed when they left the room. Resident #080 was not provided with monitoring to ensure safe swallowing of their food.

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 O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that staff participated in the implementation of the infection prevention and control program.

The home's policy "Hand Hygiene Program", indicated staff were to complete hand hygiene at "The 4 Moments of Hand Hygiene"
1. Before initial resident or resident environment contact
2. Before aspectic procedure
3. After body fluid exposure risk
4. After resident or resident environment contact

On August 11, 2016, during lunch service in the large dining room. PSW staff were observed clearing residents' dirty dishes and then assisting other residents including but not limited to, assisting residents with eating, serving drinks, and wiping residents' faces. PSW staff did not consistently complete hand hygiene between clearing residents dirty dishes and assisting the different residents. Interview with PSW #108 and #117 confirmed that staff were to complete hand hygiene between resident or resident environment contact, as required in the home's policy. [s. 229. (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 that staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that when a resident had fallen, the resident was assessed and that where the condition or circumstances for the resident required, a post-fall assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for falls.

Review of the home's policies identified that when a resident has fallen, registered staff were to assess the resident using the following clinically appropriate assessment instruments:

i. The home's policy, "Fall Prevention and Management Program-Falls Risk Factors & Related Interventions", reference No: 005190.00, stated when a resident had fallen, the registered staff would conduct the Falls Screening/Assessment in Point Click Care (PCC), ensuring all sections of the tool were completed.
ii. The home's policy, "Head Injury", reference No:005200.00, indicated that any resident who potentially had sustained an injury to the head following a fall or impact with an object, would be promptly assessed and the Head Injury Routine (HIR) initiated and all unwitnessed falls would be assessed for a potential head injury. Document assessments as indicated on the HIR form as per times on the form and all interventions taken on the progress notes and the vital sign recordings on the Head Injury Routine Monitoring Record and place in the resident's chart upon completion.
iii. Document post fall injury assessment every shift for any fall for 48 hours.
iv. Conduct the Fall-Risk Screening and Assessment in Point Click Care post fall and within 24 hours of admission and readmission.

A. Resident #011 fell in July 2016 and sustained an injury. Review of the plan of care identified the following:
i. The HIR was initiated but not all sections were completed as required by the home's policy.
ii. The post falls follow-up note was not completed on evening shift of the date of the fall.
Interview with registered staff #104 confirmed that resident #011 was not assessed using a clinically appropriate assessment tool that was designed for falls as outlined in the home's Falls Prevention and Management Program and the Head Injury Policy after resident #011 fell and had an injury.

B. Review of the plan of care identified that resident #016 fell in August 2016 and sustained an injury. Review of the plan of care identified the HIR was initiated post fall,

but not all sections were completed. Interview with registered staff #105 confirmed the HIR was not fully completed, as required by the home's policy.

C. Resident #040 fell in June 2016, and sustained an injury requiring transfer to hospital for assessment. Review of the plan of care identified that the Fall-Risk Screening and Assessment was not completed when the resident was admitted to the home in 2015 and was not completed within 24 hours after they returned from hospital. Interview with registered staff #103 stated that the resident was at risk of falling and that the Fall-Risk Screening and Assessment was not completed when admitted or within 24 hours after being readmitted as required by the home's policy. (581) [s. 49. (2)]

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 when a resident has fallen, the resident is assessed and that where the condition or circumstances for the resident required, a post-fall assessment iss conducted using a clinically appropriate assessment instrument that iss specifically designed for falls, 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. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that the staff and others involved in the different aspects of care of the resident collaborated with each other, in the assessment of the resident so that their assessments were integrated and were consistent with and complemented each other.

Review of the Minimum Data Set (MDS) assessment completed in May 2016, for resident #016 indicated they had not fallen in the past 31 to 180 days. Review of the plan of care identified that the resident had fallen more than once in the quarter. Interview with registered staff #103 stated the resident had fallen in the past 31 to 180 days and confirmed that the MDS assessment and the post falls assessments were not consistent with each other. [s. 6. (4) (a)]

WN #5: 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. The home's policy "Pain Assessment Program", effective November 2015, stated that a non-triggered clinical problem for pain will be completed each quarter with RAI-MDS assessment for every resident that is receiving analgesia or has an outcome score for pain less than zero. Resident Assessment Protocol will include effectiveness of medication when triggered by analgesia.

In May 2016, the Minimum Data Set (MDS) assessment for resident #016 identified that the resident had moderate pain less than daily. The electronic medication administration record (eMAR) from May 2016, confirmed that the resident was receiving routine administration of an opioid analgesia and non steroidal anti-inflammatory, as well as, had an additional opioid analgesia as needed, which was administered approximately thirteen times. Review of the plan of care did not include a non-triggered clinical program note with the May 2016, MDS assessment. Interview with registered staff #103 confirmed the non-triggered clinical resident assessment protocol was not completed, as required by the home's policy. (528) [s. 8. (1) (b)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 40. Every licensee of a long-term care home shall ensure that each resident of the home is assisted with getting dressed as required, and is dressed appropriately, suitable to the time of day and in keeping with his or her preferences, in his or her own clean clothing and in appropriate clean footwear. O. Reg. 79/10, s. 40.

Findings/Faits saillants :

1. The licensee failed to ensure that the resident was assisted with getting dressed as required, and was dressed appropriately, suitable to the time of day and in accordance with his/her preferences, in his/her own clean clothing and appropriate clean footwear.

On an identified morning in August 2016, resident #13 was changed out of a hospital gown into their own clothes. Review of the plan of care revealed that in in the past year, the substitute decision maker (SDM) of resident #013 expressed concerns that the resident was not being placed in their own clothes, as documented by registered staff. The plan of care directed staff to ensure that the resident used their own clothes. During the course of the inspection, clean clothes were observed in the resident's dresser. Interview with PSW #107 confirmed that the resident was placed in a hospital gown, despite having their own clothes available. Interview with registered staff #110 confirmed that the staff were to use the resident's own clothes; however, had not been dressed in accordance to the resident SDM's preferences. (528) [s. 40.]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that drugs were administered to residents in accordance with the directions for use specified by the prescriber.

In May 2016, medication orders were received for resident #081 including a non-steroidal anti-inflammatory along with an additional medication. The prescription included notation that both medications were to be discontinued when the resident was no longer using the non-steroidal anti-inflammatory. Review of the resident's eMARS from August 2016, identified that when the anti-inflammatory was discontinued but registered staff continued to administer the the second medication for approximately one week. Interview with the Pharmacy Technician confirmed that both medications were not discontinued, as directed by the prescriber. (528) [s. 131. (2)]

Issued on this 12th day of September, 2016

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

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

Ministére 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

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

Division des foyers de soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	CYNTHIA DITOMASSO (528), DIANNE BARSEVICH (581)
Inspection No. / No de l'inspection :	2016_267528_0017
Log No. / Registre no:	023206-16
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Report Date(s) / Date(s) du Rapport :	Sep 7, 2016
Licensee / Titulaire de permis :	DELHI NURSING HOME LTD 750 GIBRALTAR STREET, DELHI, ON, N4B-3B3
LTC Home / Foyer de SLD :	DELHI LONG TERM CARE CENTRE 750 GIBRALTAR STREET, DELHI, ON, N4B-3B3
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Jeremy Zinger

To DELHI NURSING HOME LTD, 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. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Order / Ordre :

The licensee shall ensure that:
i. All residents are monitored during meals, including those residents eating in their rooms
ii. All direct care staff are provided education on prevention of aspiration, including but not limited to safe feeding techniques

Grounds / Motifs :

1. This Compliance Order is served based upon the application of the factors of severity, scope and compliance history in keeping with s.229(1) of the Regulation: in respect to severity the resident sustained actual harm/risk, in respect to scope the number of residents involved was isolated, and in relation to history the licensee had previous non-compliance in a similar area in the last three years for dining and snack service.

The licensee failed to ensure that all residents were monitored during meals.

In 2015, resident #080 was admitted to the home on a regular diet, regular texture and on thin liquids. During the week of admission, the resident was noted to have poor oral intake and several days after admission the resident was noted to have dysphagia. Registered staff documented that the resident required a modified texture diet and a referral was sent to the Registered Dietician. The following day, PSW #106 assisted the resident in their room, and then left the room to assist another resident. PSW #106 was alerted to come back into resident #080's room by their roommate who reported the resident was in distress. The critical incident reporting and interview with the Director of Care at the time of the incident, confirmed that the resident was not provided with adequate supervision to ensure safe swallowing. PSW #106 stated that when they left the room to assist another resident, they had taken the food; however, did not ensure that the resident had safely swallowed what was in their mouth. PSW #106 also identified that there was a glass of water in the resident's reach which was not removed when they left the room. Resident #080 was not provided with monitoring to ensure safe swallowing of their food. (528)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Oct 21, 2016

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
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 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
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 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
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
TORONTO, 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.

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
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
TORONTO, 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 7th day of September, 2016

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Cynthia DiTomasso

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