



**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**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
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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
Feb 20, 2015	2015_229213_0007	L-001170-14	Follow up

Licensee/Titulaire de permis

SHARON FARMS & ENTERPRISES LIMITED
1340 HURON STREET LONDON ON N5V 3R3

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

KENSINGTON VILLAGE
1340 HURON STREET LONDON ON N5V 3R3

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

RHONDA KUKOLY (213), MELANIE NORTHEY (563)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): February 17, 2015

During the course of the inspection, the inspector(s) spoke with the Owner, the Administrator of the Retirement Home, and the Resident Assessment Instrument Coordinator (RAI-C).

The following Inspection Protocols were used during this inspection:



**Family Council
Reporting and Complaints
Residents' Council
Training and Orientation**

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

**2 WN(s)
0 VPC(s)
2 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 # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 101.	WN	2012_182128_0009		213
O.Reg 79/10 s. 101.	WN	2014_261522_0019		213
O.Reg 79/10 s. 101. (2)	CO #002	2014_261522_0019		213
O.Reg 79/10 s. 65.	WN	2014_261522_0019		213

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :



1. The licensee has failed to seek the advice of the Residents' Council and Family Council in developing and carrying out the satisfaction survey, and in acting on its results.

Record review of the Residents' Council Meeting minutes for meetings held monthly from June to December 2014 and in January 2015 revealed there was no mention of the Satisfaction Survey questions, review of the questions, carrying out the survey or the results of the survey.

Record review of the Family Council Meeting minutes for meetings held monthly from August - November 2014 and in January 2015 revealed there was no mention of the Satisfaction Survey questions, review of the questions, carrying out the survey or the results of the survey.

Staff interview with the Resident Assessment Coordinator (RAI-C) on February 17, 2015 confirmed all satisfaction surveys were just recently completed for 2014, there are no results related to the satisfaction surveys completed at this time and monthly satisfaction surveys are not discussed at Continuous Quality Improvement (CQI) meetings.

This has been previously issued as a written notification (WN) on February 21, 2012 during a Resident Quality Inspection and issued as a compliance order (CO) on August 11, 2014 during a Resident Quality Inspection with a compliance date of October 27, 2014. [s. 85. (3)]

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. 221. Additional training — direct care staff



Specifically failed to comply with the following:

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

- 1. Falls prevention and management. O. Reg. 79/10, s. 221 (1).**
- 2. Skin and wound care. O. Reg. 79/10, s. 221 (1).**
- 3. Continence care and bowel management. O. Reg. 79/10, s. 221 (1).**
- 4. Pain management, including pain recognition of specific and non-specific signs of pain. O. Reg. 79/10, s. 221 (1).**
- 5. For staff who apply physical devices or who monitor residents restrained by physical devices, training in the application, use and potential dangers of these physical devices. O. Reg. 79/10, s. 221 (1).**
- 6. For staff who apply PASDs or monitor residents with PASDs, training in the application, use and potential dangers of the PASDs. O. Reg. 79/10, s. 221 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff who provide direct care to residents receive additional training in the following areas:

1. Falls prevention and management.
2. Skin and wound care.
3. Continence care and bowel management
4. Pain management, including pain recognition of specific and non-specific signs of pain.

Staff interview with the Administrator for the Retirement Home (in the absence of the Long Term Care Home Administrator) and the Resident Assessment Instrument Coordinator (RAI-C) confirmed that as of July 2014, all education is completed online through Surge Learning.

The RAI-C confirmed that there are 13 Registered Practical Nurses (RPNs), 14 Registered Nurses (RN), and 50 Personal Support Workers currently working in the long term care home and that this number, a total of 77 nursing staff has been consistent since December 2014.

Review of Surge Learning Reports dated February 17, 2015 revealed:
Course Completion Skin and Wound Care Program for Clinical Staff From 2014-01-01 to



2014-12-31: 44 staff out of 77 = 57%

Course Completion Pain Management Program for Registered Staff From 2014-01-01 to 2014-12-31: 12 registered staff out of 27 & 0 PSWs = 16%

Course Completion Contenance Care for Direct Care Staff From 2014-01-01 to 2014-12-31: 30 staff out of 77 = 39%

Course Completion for OANHSS Falls Prevention and Management Training From 2014-01-01 to 2014-12-31: 49 staff out of 77 = 64%

The RAI-C confirmed that not all staff have completed the Surge Learning programs on Pain Management, Skin & Wound Care, Contenance Care and Bowel Management and Falls Prevention and Management and that each department manager is responsible to follow up with staff to ensure they have completed the required training. The RAI-C was not able to confirm if audits have been completed and was not able to find documentation of education audits completed.

The compliance plan completed by the home August 18, 2014 revealed:

IMMEDIATE: The staff education coordinator identified which direct care staff still required the mandatory education to be completed.

SHORT-TERM: The required education modules for falls prevention and management, skin and wound care, continence and bowel management and pain management will be uploaded to our online Surge Learning program for all remaining direct care staff to complete. All direct care staff will be notified that they must complete the education by Dec 31, 2014. Compliance with ensuring direct care staff have completed the education will occur via a monthly audit completed by the managers of their respective departments.

LONG-TERM: All mandatory education sessions required with respect to falls prevention, skin and wound care, continence and pain will be uploaded to Surge for all direct care staff to complete in 2015 and annually thereafter.

This has been previously issued as a compliance order on August 11, 2014 during a Resident Quality Inspection with a compliance date of December 31, 2014. [s. 221. (1)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".



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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**

Issued on this 20th day of February, 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) : RHONDA KUKOLY (213), MELANIE NORTHEY (563)

Inspection No. /

No de l'inspection : 2015_229213_0007

Log No. /

Registre no: L-001170-14

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Feb 20, 2015

Licensee /

Titulaire de permis : SHARON FARMS & ENTERPRISES LIMITED
1340 HURON STREET, LONDON, ON, N5V-3R3

LTC Home /

Foyer de SLD : KENSINGTON VILLAGE
1340 HURON STREET, LONDON, ON, N5V-3R3

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Leslie Ducharme

To SHARON FARMS & ENTERPRISES LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:



**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

Order # /

Ordre no : 001

Order Type /

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

Linked to Existing Order /

**Lien vers ordre
existant:** 2014_261522_0019, CO #001;

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Order / Ordre :

The licensee shall seek the advice of the Residents' Council and the Family Council, in developing and carrying out the survey, and acting on its results.

Grounds / Motifs :



**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*

1. The licensee has failed to seek the advice of the Residents' Council and Family Council in developing and carrying out the satisfaction survey, and in acting on its results.

Record review of the Residents' Council Meeting minutes for meetings held monthly from June to December 2014 and in January 2015 revealed there was no mention of the Satisfaction Survey questions, review of the questions, carrying out the survey or the results of the survey.

Record review of the Family Council Meeting minutes for meetings held monthly from August - November 2014 and in January 2015 revealed there was no mention of the Satisfaction Survey questions, review of the questions, carrying out the survey or the results of the survey.

Staff interview with the Resident Assessment Coordinator (RAI-C) on February 17, 2015 confirmed all satisfaction surveys were just recently completed for 2014, there are no results related to the satisfaction surveys completed at this time and monthly satisfaction surveys are not discussed at CQI meetings.

This has been previously issued as a written notification (WN) on February 21, 2012 during a Resident Quality Inspection and issued as a compliance order (CO) on August 11, 2014 during a Resident Quality Inspection with a compliance date of October 27, 2014.

(563)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 31, 2015

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*

Order # /

Ordre no : 002

Order Type /

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

Linked to Existing Order /

Lien vers ordre existant: 2014_261522_0019, CO #003;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

1. Falls prevention and management.
2. Skin and wound care.
3. Continence care and bowel management.
4. Pain management, including pain recognition of specific and non-specific signs of pain.
5. For staff who apply physical devices or who monitor residents restrained by physical devices, training in the application, use and potential dangers of these physical devices.
6. For staff who apply PASDs or monitor residents with PASDs, training in the application, use and potential dangers of the PASDs. O. Reg. 79/10, s. 221 (1).

Order / Ordre :

The licensee shall ensure that 100% all staff who provide direct care to residents receive re-training in 2015 by March 31, 2015 in the following areas :

1. Falls prevention and management
2. Skin and wound care
3. Continence care and bowel management
4. Pain management, including pain recognition of specific and non-specific signs of pain.

Grounds / Motifs :

1. The licensee has failed to ensure that all staff who provide direct care to residents receive additional training in the following areas:

1. Falls prevention and management.
2. Skin and wound care.
3. Continence care and bowel management
4. Pain management, including pain recognition of specific and non-specific

signs of pain.

Staff interview with the Administrator for the Retirement Home (in the absence of the Long Term Care Home Administrator) and the Resident Assessment Instrument Coordinator (RAI-C) confirmed that as of July 2014, all education is completed online through Surge Learning.

The RAI-C confirmed that there are 13 Registered Practical Nurses (RPNs), 14 Registered Nurses (RN), and 50 Personal Support Workers currently working in the long term care home and that this number, a total of 77 nursing staff has been consistent since December 2014.

Review of Surge Learning Reports dated February 17, 2015 revealed:
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The compliance plan completed by the home August 18, 2014 revealed:
IMMEDIATE: The staff education coordinator identified which direct care staff still required the mandatory education to be completed.
SHORT-TERM: The required education modules for falls prevention and management, skin and wound care, continence and bowel management and pain management will be uploaded to our online Surge Learning program for all remaining direct care staff to complete. All direct care staff will be notified that they must complete the education by Dec 31, 2014. Compliance with ensuring direct care staff have completed the education will occur via a monthly audit



**Ministry of Health and
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Order(s) of the Inspector

Pursuant to section 153 and/or
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**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*

completed by the managers of their respective departments.

LONG-TERM: All mandatory education sessions required with respect to falls prevention, skin and wound care, continence and pain will be uploaded to Surge for all direct care staff to complete in 2015 and annually thereafter.

This has been previously issued as a compliance order on August 11, 2014 during a Resident Quality Inspection with a compliance date of December 31, 2014.

(213)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 31, 2015



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

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

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Ordre(s) de l'inspecteur

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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

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



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

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

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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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*

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 20th day of February, 2015

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : RHONDA KUKOLY

Service Area Office /

Bureau régional de services : London Service Area Office