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

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 13, 2013	2013_189120_0013	T-001188-12	Complaint

Licensee/Titulaire de permis

NORTH YORK GENERAL HOSPITAL
4001 LESLIE STREET, NORTH YORK, ON, M2K-1E1

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

SENIORS' HEALTH CENTRE
2 BUCHAN COURT, NORTH YORK, ON, M2J-5A3

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): February 6, 13 and 14, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, Associate Director of Care, Environmental Consultant, maintenance personnel, registered staff, non-registered staff and residents.

During the course of the inspection, the inspector(s) toured all 4 floors of the home, all common areas, random resident rooms and washrooms, all bathing areas, utility rooms and dining rooms, reviewed environmental services policies and procedures, elevator maintenance reports and complaint records kept on file at the home.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Infection Prevention and Control

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

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 LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

The licensee has not ensured that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

1. Numerous night tables located on the 3rd floor were identified to be in an unsafe condition and in a state of disrepair. The top surface of the night tables located in identified resident rooms were observed to be deeply cracked, rough and difficult to clean. The particle board layer under the top laminate layer has splintered and become rough.

2. Numerous electric baseboard heaters were observed on all 3 days of the inspection to be missing the front facing cover. The heaters with missing covers were noted in the G1 lounge, G1 and 2nd floor dining rooms, 2nd floor piano lounge and two identified resident rooms. Without the cover, sharp internal components become exposed.

3. The shower room identified as 344-C, located on the 3rd floor, was observed to be unsafe and in a state of disrepair on February 6, 2013. Approximately 8 floor tiles were missing at the time of inspection and 4 wall tiles were applied to a wall without grout. The surfaces are not able to be adequately cleaned and disinfected in this state and water can be absorbed into material behind and under the tile. Accumulated water was noted to be pooling in areas where the floor tiles were missing and the water was not able to drain properly into the drain. A foul odour was noted. The shower area was being actively used by staff and residents. Shower chairs are generally used for many residents and when a shower chair was tested in the shower area, the wheels would get stuck in the spaces without floor tiles. According to the maintenance person, the tiles were re-applied once in 2011 and once in 2012. The repairs were an interim solution until the room could be fully renovated. The room is scheduled to be renovated in 2013, however a set date has not been confirmed by the management of the home and plans had not been submitted to the Ministry of Health and Long-Term Care by the end of the inspection.

4. The 3 elevators in the home accessed by residents were modernized between November 2012 and January 31, 2013 with new components to resolve aging components and leveling issues. According to testimonials from staff and family, over the course of 2011 and 2012, all three elevators would intermittently fail to stop level with the designated floor and present a tripping hazard for the passengers upon entry or exit. Several minor injuries were reported by staff to management staff over the last

2 years. According to the elevator contractor, elevators will fail to stop level if the hydraulic oil becomes overheated during peak use periods. The home had oil coolers installed to rectify the problem in late 2011.

However, during two separate days of the inspection, 1 out of the 3 elevators (one still remains out of commission) was noted to present a raised transition of 1/4 to 1/2 an inch between the floor and the elevator. The uneven stop was intermittent and would resolve itself over the course of several minutes to an hour. A few days prior to the inspection, on February 2, 2013, maintenance staff made a service call to their elevator contractor for the same elevator failing to stop level and the elevator controls were re-adjusted (but the oil coolers were not adjusted). The elevator continued to stop unevenly and another service adjustment was made to the hydraulic oil coolers on February 25, 2013. According to the elevator contractor, the leveling was again checked on February 26, 2013 and appeared to be functioning properly.

During the course of 2012, the maintenance staff were not able to provide any documentation as to when they made a service call to the elevator contractor and did not document if the elevator was taken out of service and if so, when. The administrator reported that a sign was posted in and around the elevators warning passengers about the tripping hazard. The home's staff have not been able to demonstrate that they took all necessary efforts to resolve the leveling issues. The lack of adequate documentation, disorganized record keeping and lack of procedures and direction for staff were evident during the inspection. [s. 15(2)(c)]

Additional Required Actions:

CO # - 001, 003, 004, 005 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. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, the licensee of a long-term care home did not ensure that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance.

The home currently has their maintenance services managed by an external company. The company has provided the home with written schedules and procedures for staff to follow with respect to remedial, preventive and routine maintenance for operational systems and some equipment in the home. The procedures and frequencies that have been developed have not been implemented. Based on the following observations made on February 6, 13 & 14, 2013, the negative outcomes identified did not have a procedure or schedule developed.

1. Numerous night tables located on the 3rd floor were identified to be in an unsafe condition and in a state of disrepair. The top surface of the night tables located in identified resident rooms were observed to be deeply cracked, rough and difficult to clean. The particle board layer under the top laminate layer has splintered and become rough. No schedules or procedures have been developed to address how furnishings will be maintained in the home.

2. Numerous electric baseboard heaters were observed on all 3 days of the inspection to be missing the front facing cover. The heaters with missing covers were noted in the G1 lounge, G1 and 2nd floor dining rooms, 2nd floor piano lounge and two resident rooms. Without the cover, sharp internal components become exposed. No schedules or procedures have been developed to maintain the heaters in good condition.

3. Numerous window roller blinds located in several dining rooms and some of the lounges were observed to be in a state of disrepair on all 3 days of the inspection. The blinds were either down or drawn and the pull cords were missing or the roller mechanism was not working. The blinds could not be rolled up. Other blinds could not be drawn due to missing pull cords or broken roller mechanisms.

4. The shower room identified as 344-C, located on the 3rd floor, was observed to be in a state of disrepair. Approximately 8 floor tiles were missing at the time of inspection and 4 wall tiles were applied to a wall without grout. The surfaces are not able to be adequately cleaned and disinfected in this state and water can be absorbed into material behind the tile. Accumulated water was noted to be pooling in areas

where the floor tiles were missing and the water was not able to drain properly into the drain. A foul odour was noted. The shower area was being actively used by staff and residents. According to the maintenance person, the tiles were re-applied once in 2011 and once in 2012. The repairs were an interim solution until the room could be fully renovated. The room is scheduled to be renovated in 2013, however a set date has not been confirmed and the plans had not been submitted to the Ministry of Health and Long-Term Care by the end of the inspection. No schedules or procedures have been developed to ensure that walls and floors in bathing areas are maintained in good condition.

5. Hand wash faucets in many resident rooms, staff washrooms, soiled utility rooms and dining rooms were mildly to heavily coated in scale. Hoppers located in various soiled utility rooms were drained of water and coated in a heavy layer of scale. No schedules or procedures have been developed to address how plumbing fixtures will be maintained in the home.

6. The 5 tubs located in the building were noted to be non-functional and according to staff, have not been functional for over 4 years. No service records or preventive maintenance records could be provided by staff of the home to determine if the tubs have been inspected and serviced. According to the tub manufacturer for 4 out of the 5 tubs, one tub was installed in 2001 and the other 3 in 2005. The manufacturer did not have any service records for these tubs. No schedules or procedures have been developed to ensure bathing equipment is maintained in good condition.

7. The 3 elevators in the home which are accessible to residents, were maintained and serviced by 2 separate elevator companies in 2012. Preventive maintenance records could not be located nor provided by the home for elevator inspection checks or service calls conducted between February and December 2012. Records were located and reviewed for both service calls and inspection checks conducted in January and February 2013. No schedules or procedures have been developed for in house maintenance staff with respect to their role in maintaining and monitoring the elevators for safety and ensuring they remain in a good state of repair. [s. 90(1)(b)]

Additional Required Actions:

CO # - 002, 006 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 86. Infection prevention and control program

Specifically failed to comply with the following:

s. 86. (2) The infection prevention and control program must include,
(a) daily monitoring to detect the presence of infection in residents of the long-term care home; and 2007, c. 8, s. 86. (2).
(b) measures to prevent the transmission of infections. 2007, c. 8, s. 86. (2).

Findings/Faits saillants :

The infection prevention and control program does not include measures to prevent the transmission of infections.

The infection prevention and control program includes various practices to control the transmission of infections, one of which includes the cleaning and disinfection of communal equipment and personal care articles. The home has not instituted or enforced any measures for the cleaning and disinfection of shower chairs, commode chairs or personal care articles such as wash basins, bed pans, urinals, urine measures or kidney basins. Best practices have been established by the Provincial Infectious Diseases Advisory Committee (PIDAC) for cleaning and disinfecting various equipment and personal care articles. Multiple guidelines state that the articles are to be cleaned and disinfected after each use and stored in a manner to avoid or prevent cross contamination.

1. A tour of the home's soiled utility rooms on February 6, 13 and 14, 2013 revealed that the rooms were not being used for any cleaning or disinfection purposes. The rooms were not observed to be used for any other purpose but storage as they contained furnishings, appliances, resident equipment, resident belongings, wheelchairs and other objects. Cleaning supplies(brushes) or cleaning/disinfection solutions were not observed in any of the rooms on any day of the inspection. Some of the rooms did not have an adequately sized sink in which to clean any of the personal care articles. Some of the rooms had blocked hand sinks. One room in particular had over 20 soiled personal care articles piled on top of one another across the entire counter and sink area for 8 days. Management staff confirmed that the personal care articles such as wash basins, bed pans and urinals are required to be cleaned and disinfected in the soiled utility rooms but the expectation has not been put into writing and staff have not been orientated to the process.

2. Random resident rooms on all floors were observed on all 3 days of the inspection to have personal care articles improperly stored in various locations within their washrooms. Basins were observed on the floor and on towel or grab bars. Bed pans were noted on toilet tanks and grab bars. The majority of the resident washrooms have a stainless steel cabinet built into the washroom wall for the storage of personal care articles. According to PIDAC best practices, personal care equipment must be properly stored, especially after being cleaned and disinfected so that it does not become contaminated.

3. Non-registered staff reported cleaning wash basins after use with soap and water in the resident's sink and leaving it in the resident's washroom for use the next day, without using disinfectant between use. Resident's wash basins were noted to be soiled in two identified resident rooms on February 6 and again on February 14, 2013. A bed pan was observed with a coating of scale in resident washroom and scale was noted on a wash basin in another resident washroom. Identified resident washrooms all had an iodine-containing skin antiseptic product either on the vanity or inside of a washroom cabinet. Wash basins were noted to be stained red in some of the washrooms. After bringing the matter to the attention of the management staff, who had the bottles promptly removed, it was identified that staff were using the iodine skin antiseptic to "disinfect" the basins. Skin antiseptics are not formulated to be used on personal care articles for the purposes of disinfection.

4. A tour of all 7 shower/tub rooms was conducted to determine whether or not staff had access to disinfection cleaning agents and supplies for cleaning shower chairs between resident use. Disinfectant supplies were only identified in one shower area on February 6, 13 and 14, 2013. Brushes were not available in any room. A staff member reported that they have been given a disinfectant wipe to use on shower chairs. Staff were observed using various shower areas on each day of the inspection and were not observed to be using any disinfectant product. Two shower chairs were left in a soiled state at the end of the showering process in the 1st floor and 3rd floor shower rooms on February 6, 2013.

5. As a measure to prevent the transmission of infections, hand washing supplies, either soap or paper towel or both were not available in the following soiled utility rooms on Feb. 13 and 14, 2013; #433, 420, 469, 340-C, 3rd floor East side, 272-W and 2nd floor East side. The homes policy XII-1-20.10 titled "Liquid Hand Soap" requires that the housekeeping staff must ensure that hand soap is always available in resident rooms, washrooms and sink areas throughout the home.

Interviews with non-registered staff, the administrator and associate director of care revealed that no specific verbal directions have been given to all staff and no written policies or procedures established for the various cleaning and disinfection practices required in the home. [s. 86(2)(b)]

Additional Required Actions:

CO # - 007 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(a) cleaning of the home, including,
(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and
(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee did not ensure that procedures are developed and implemented for, (a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and
(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces

The home currently has their housekeeping services managed by an external company. The company has provided the home with various procedures for staff to follow with respect to cleaning frequencies and cleaning expectations for various areas of the home. The procedures and cleaning frequencies that have been developed for the cleaning of the home have not been implemented based on the following observations made on February 6, 13 and 14, 2013;

* 4th floor lounge with kitchenette - The cabinet surfaces (mostly lower), fridge exterior, and oven exterior were visibly soiled.
* 3rd floor Dining Room/lounge - Both sets of double doors that connect the corridor to the dining and lounge areas were both heavily soiled with dried food/liquid matter.
* 3rd floor dining room/lounge - The white laminate cabinet above the hand sink had a visibly stained interior. The white laminate cabinet under the sink was heavily stained inside with a black substance (mould) along the back area.
* 3rd floor dining room/lounge - Walls were noted to be soiled behind the microwave stand, garbage can, water cooler, under the servery window and under the nurse call pull station near the servery. The electric baseboard heater surfaces were noted to be stained in the lounge area.
* Soiled Utility Rooms - All of the rooms (2 per floor) were noted to either have visible matter on cabinet interiors or exterior surfaces, floors stained or dusty, soiled walls and dirty hoppers (coated in a thick layer of scale and without water).
* G1 and G2 Dining Rooms - Visibly soiled walls noted in the rooms (more prominent beside certain tables) and soiling noted on both the interior and exterior cabinet surfaces(above and below hand sinks).
* G1 lounge - cabinet surfaces visibly soiled.
* Call bell and overbed light pulls noted to be stained in many resident rooms/washrooms. Cording is absorbent and difficult to clean.
* 4th floor resident washroom floors observed to be black with a heavy layer of dirt

ground into the material.
* Heavy dust accumulations noted on horizontal surfaces such as baseboards (4th floor) and trim on the stainless steel cabinets in washrooms, on top of the fish tank in the 2nd floor lounge and window trim in the 2nd floor dining room.
* Thick dust accumulations noted on exhaust grille covers in resident/visitor and staff washrooms on each floor.
* Stained window drapes observed, mostly on 3rd floor in resident bedrooms.
* Visibly stained window roller blinds noted in several dining rooms and various lounge spaces.
[s. 87(2)(a)]

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 procedures are implemented for cleaning of the home, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

The licensee of a long-term care home did not ensure that all hazardous substances at the home are kept inaccessible to residents at all times.

An Iodine-containing product (Dovidine) which is an antiseptic skin cleanser was identified on February 6, 2013 in 6 resident rooms. This product may cause gastro-intestinal irritations, nausea, headache and altered vision when ingested. Some of the rooms in which this product was found had discoloured wash basins. The iodine, when used on surfaces will leave behind a red-coloured residue. Management staff were not aware of the fact that the product was located in the above noted rooms and when informed, had the bottles promptly removed. [s. 91]

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 all hazardous substances at the home are kept inaccessible to residents at all times, to be implemented voluntarily.

Issued on this 13th day of March, 2013

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

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

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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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) :	BERNADETTE SUSNIK (120)
Inspection No. / No de l'inspection :	2013_189120_0013
Log No. / Registre no:	T-001188-12
Type of Inspection / Genre d'inspection:	Complaint
Report Date(s) / Date(s) du Rapport :	Mar 13, 2013
Licensee / Titulaire de permis :	NORTH YORK GENERAL HOSPITAL 4001 LESLIE STREET, NORTH YORK, ON, M2K-1E1
LTC Home / Foyer de SLD :	SENIORS' HEALTH CENTRE 2 BUCHAN COURT, NORTH YORK, ON, M2J-5A3
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	~~SUZANNE MACKENZIE~~ Sarah Rooney BL

To NORTH YORK GENERAL HOSPITAL, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

Ministére 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)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Order / Ordre :

The licensee shall:

Repair or replace all night table surfaces that are cracked, fissured and not tight-fitting so that they are smooth, easy to clean and tight-fitting.

Grounds / Motifs :

1. The licensee has not ensured that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Numerous night tables located on the 3rd floor were identified to be in an unsafe condition and in a state of disrepair. The top surface of the night tables located in identified resident rooms were observed to be deeply cracked, rough and difficult to clean. The particle board layer under the top laminate layer has splintered and become rough. (120)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Apr 15, 2013

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

Order # / Ordre no : 002

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Order / Ordre :

The licensee shall:

Develop and implement schedules and procedures for routine, preventive and remedial maintenance for the elevators, tubs, window blinds, furnishings, electric baseboard heaters, plumbing fixtures and shower surfaces (walls & floors).

Note: If an extension of the compliance date is required, please contact the Inspector at least one week before expiration of the original compliance date.

Grounds / Motifs :

1. As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, the licensee of a long-term care home did not ensure that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance.

The home currently has their maintenance services managed by an external company. The company has provided the home with written schedules and procedures for staff to follow with respect to remedial, preventive and routine maintenance for operational systems and some equipment in the home. The procedures and frequencies that have been developed have not been implemented. Based on the following observations made on February 6, 13 &

14, 2013, the negative outcomes identified did not have a procedure or schedule developed.

1. Numerous night tables located on the 3rd floor were identified to be in an unsafe condition and in a state of disrepair. The top surface of the night tables located in identified resident rooms were observed to be deeply cracked, rough and difficult to clean. The particle board layer under the top laminate layer has splintered and become rough. No schedules or procedures have been developed to address how furnishings will be maintained in the home.

2. Numerous electric baseboard heaters were observed on all 3 days of the inspection to be missing the front facing cover. The heaters with missing covers were noted in the G1 lounge, G1 and 2nd floor dining rooms, 2nd floor piano lounge and two resident rooms. Without the cover, sharp internal components become exposed. No schedules or procedures have been developed to maintain the heaters in good condition.

3. Numerous window roller blinds located in several dining rooms and some of the lounges were observed to be in a state of disrepair on all 3 days of the inspection. The blinds were either down or drawn and the pull cords were missing or the roller mechanism was not working. The blinds could not be rolled up. Other blinds could not be drawn due to missing pull cords or broken roller mechanisms.

4. The shower room identified as 344-C, located on the 3rd floor, was observed to be in a state of disrepair. Approximately 8 floor tiles were missing at the time of inspection and 4 wall tiles were applied to a wall without grout. The surfaces are not able to be adequately cleaned and disinfected in this state and water can be absorbed into material behind the tile. Accumulated water was noted to be pooling in areas where the floor tiles were missing and the water was not able to drain properly into the drain. A foul odour was noted. The shower area was being actively used by staff and residents. According to the maintenance person, the tiles were re-applied once in 2011 and once in 2012. The repairs were an interim solution until the room could be fully renovated. The room is scheduled to be renovated in 2013, however a set date has not been confirmed and the plans had not been submitted to the Ministry of Health and Long-Term Care by the end of the inspection. No schedules or procedures have been developed to ensure that walls and floors in bathing areas are maintained in

good condition.

5. Hand wash faucets in many resident rooms, staff washrooms, soiled utility rooms and dining rooms were mildly to heavily coated in scale. Hoppers located in various soiled utility rooms were drained of water and coated in a heavy layer of scale. No schedules or procedures have been developed to address how plumbing fixtures will be maintained in the home.

6. The 5 tubs located in the building were noted to be non-functional and according to staff, have not been functional for over 4 years. No service records or preventive maintenance records could be provided by staff of the home to determine if the tubs have been inspected and serviced. According to the tub manufacturer for 4 out of the 5 tubs, one tub was installed in 2001 and the other 3 in 2005. The manufacturer did not have any service records for these tubs. No schedules or procedures have been developed to ensure bathing equipment is maintained in good condition.

7. The 3 elevators in the home which are accessible to residents, were maintained and serviced by 2 separate elevator companies in 2012. Preventive maintenance records could not be located nor provided by the home for elevator inspection checks or service calls conducted between February and December 2012. Records were located and reviewed for both service calls and inspection checks conducted in January and February 2013. No schedules or procedures have been developed for in house maintenance staff with respect to their role in maintaining and monitoring the elevators for safety and ensuring they remain in a good state of repair. (120)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : May 15, 2013

Ontario

Ministry of Health and Long-Term Care

Ministére 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 : 003

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Order / Ordre :

The licensee shall:

Replace any missing electric baseboard heater covers in the home and ensure that the covers are not easily dislodged.

Grounds / Motifs :

1. The licensee has not ensured that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Numerous electric baseboard heaters were observed on all 3 days of the inspection to be missing the front facing cover. The heaters with missing covers were noted in the G1 lounge, G1 and 2nd floor dining rooms, 2nd floor piano lounge and in two resident rooms. Without the cover, sharp internal components become exposed. (120)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Mar 29, 2013

Ontario

Ministry of Health and Long-Term Care

Ministére 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 : 004

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,

(a) the home, furnishings and equipment are kept clean and sanitary;

(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Order / Ordre :

The licensee shall:

Repair the floor and wall surfaces in the shower area located on the 3rd floor identified as 344-C. The surfaces are to be made tight-fitting, easy to clean and impervious to moisture.

Grounds / Motifs :

1. The licensee has not ensured that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The shower room identified as 344-C, located on the 3rd floor, was observed to be unsafe and in a state of disrepair on February 6, 2013. Approximately 8 floor tiles were missing at the time of inspection and 4 wall tiles were applied to a wall without grout. The surfaces are not able to be adequately cleaned and disinfected in this state and water can be absorbed into material behind and under the tile. Accumulated water was noted to be pooling in areas where the floor tiles were missing and the water was not able to drain properly into the drain. A foul odour was noted. The shower area was being actively used by staff and residents. Shower chairs are generally used for many residents and when a shower chair was tested in the shower area, the wheels would get stuck in the spaces without floor tiles. According to the maintenance person, the tiles were re-applied once in 2011 and once in 2012. The repairs were an interim solution until the room could be fully renovated. The room is scheduled to be renovated in 2013, however a set date has not been confirmed by the management of the home and plans had not been submitted to the Ministry of Health and Long-Term Care by the end of the inspection. (120)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Mar 29, 2013

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

Order # / Ordre no : 005

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Order / Ordre :

The licensee shall;

Prepare, submit and implement a plan outlining what steps or precautions will be taken to minimize or prevent potential tripping hazards for residents and visitors using the elevators.

The plan shall be submitted to Bernadette Susnik, LTC Homes Inspector, either by mail or e-mail to 119 King St. E., 11th Floor, Hamilton, ON, L8P 4Y7 or Bernadette.susnik@ontario.ca by April 15, 2013.

Note: If an extension of the compliance date is required, please contact the Inspector at least one week before expiration of the original compliance date.

Grounds / Motifs :

1. The licensee has not ensured that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The 3 elevators in the home accessed by residents were modernized between November 2012 and January 31, 2013 with new components to resolve aging components and leveling issues. According to testimonials from staff and family, over the course of 2011 and 2012, all three elevators would intermittently fail to stop level with the designated floor and present a tripping

hazard for the passengers upon entry or exit. Several minor injuries were reported by staff to management staff over the last 2 years. According to the elevator contractor, elevators will fail to stop level if the hydraulic oil becomes overheated during peak use periods. The home had oil coolers installed to rectify the problem in late 2011.

However, during two separate days of the inspection, 1 out of the 3 elevators (one still remains out of commission) was noted to present a raised transition of 1/4 to 1/2 an inch between the floor and the elevator. The uneven stop was intermittent and would resolve itself over the course of several minutes to an hour. A few days prior to the inspection, on February 2, 2013, maintenance staff made a service call to their elevator contractor for the same elevator failing to stop level and the elevator controls were re-adjusted (but the oil coolers were not adjusted). The elevator continued to stop unevenly and another service adjustment was made to the hydraulic oil coolers on February 25, 2013. According to the elevator contractor, the leveling was again checked on February 26, 2013 and appeared to be functioning properly.

However, during two separate days of the inspection, 1 out of the 3 elevators (one remains out of commission) was noted to present a raised transition of 1/4 to 1/2 an inch between the floor and the elevator. The uneven stop was intermittent and would resolve itself over the course of several minutes to an hour. A few days prior to the inspection, on February 2, 2013, maintenance staff made a service call to their elevator contractor for the same elevator failing to stop level and the elevator controls were re-adjusted (but the oil coolers were not adjusted). The elevator continued to stop unevenly and another service adjustment was made to the hydraulic oil coolers on February 25, 2013. According to the elevator contractor, the leveling was again checked on February 26, 2013 and appeared to be functioning properly.

Over the course of 2012, the maintenance staff were not able to provide any documentation as to when they made a service call to the elevator contractor and did not document if the elevator was taken out of service and when. The administrator reported that a sign was posted in and around the elevators warning passengers about the tripping hazard. The home staff have not been able to demonstrate that they took all necessary efforts to resolve the leveling issues. The lack of adequate documentation, disorganized record keeping and lack of procedures and direction for staff were evident during the inspection.

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

(120)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Apr 15, 2013

Ontario

Ministry of Health and Long-Term Care

Ministére 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 : 006

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Order / Ordre :

The licensee shall:

Prepare, submit and implement a plan outlining how and when the licensee will ensure that all bathtubs in the home are in good working (according to manufacturer's instructions) and readily available for use.

The plan shall be submitted to Bernadette Susnik, LTC Homes Inspector, either by mail or e-mail to 119 King St. E., 11th Floor, Hamilton, ON, L8P 4Y7 or Bernadette.susnik@ontario.ca by April 15, 2013.

Note: If an extension of the compliance date is required, please contact the Inspector at least one week before expiration of the original compliance date.

Grounds / Motifs :

1. As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, the licensee of a long-term care home did not ensure that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance.

The home currently has their maintenance services managed by an external company. The company has provided the home with written schedules and procedures for staff to follow with respect to remedial, preventive and routine maintenance for operational systems and some equipment in the home. The procedures and frequencies that have been developed have not been implemented. Based on the following observations made on February 6, 13 & 14, 2013, the negative outcomes identified did not have a procedure or schedule developed.

The 5 tubs located in the building were noted to be non-functional and according to staff, have not been functional for over 4 years. No service records or preventive maintenance records could be provided by staff of the home to determine if the tubs have been inspected and serviced. According to the tub manufacturer for 4 out of the 5 tubs, one tub was installed in 2001 and the other 3 in 2005. The manufacturer did not have any service records for these tubs. No schedules or procedures have been developed to ensure bathing equipment is maintained in good condition. (120)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Apr 15, 2013

Order # / Ordre no : 007

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 86. (2) The infection prevention and control program must include,
(a) daily monitoring to detect the presence of infection in residents of the long-term care home; and
(b) measures to prevent the transmission of infections. 2007, c. 8, s. 86. (2).

Order / Ordre :

The licensee shall:

Prepare, submit and implement a plan which outlines how and when the licensee will ensure that communal equipment and personal care articles will be managed to prevent the transmission of infections.

The plan shall be submitted to Bernadette Susnik, LTC Homes Inspector, either by mail or e-mail to 119 King St. E., 11th Floor, Hamilton, ON, L8P 4Y7 or Bernadette.susnik@ontario.ca by April 29, 2013.

Note: If an extension of the compliance date is required, please contact the Inspector at least one week before expiration of the original compliance date.

Grounds / Motifs :

1. The infection prevention and control program does not include measures to prevent the transmission of infections.

The infection prevention and control program includes various practices to control the transmission of infections, one of which includes the cleaning and disinfection of communal equipment and personal care articles. The home has not instituted or enforced any measures for the cleaning and disinfection of shower chairs, commode chairs or personal care articles such as wash basins, bed pans, urinals, urine measures or kidney basins. Best practices have been established by the Provincial Infectious Diseases Advisory Committee (PIDAC)

for cleaning and disinfecting various equipment and personal care articles. Multiple guidelines state that the articles are to be cleaned and disinfected after each use and stored in a manner to avoid or prevent cross contamination.

1. A tour of the home's soiled utility rooms on February 6, 13 and 14, 2013 revealed that the rooms were not being used for any cleaning or disinfection purposes. The rooms were not observed to be used for any other purpose but storage as they contained furnishings, appliances, resident equipment, resident belongings, wheelchairs and other objects. Cleaning supplies(brushes) or cleaning/disinfection solutions were not observed in any of the rooms on any day of the inspection. Some of the rooms did not have an adequately sized sink in which to clean any of the personal care articles. Some of the rooms had blocked hand sinks. One room in particular had over 20 soiled personal care articles piled on top of one another across the entire counter and sink area for 8 days. Management staff confirmed that the personal care articles such as wash basins, bed pans and urinals are required to be cleaned and disinfected in the soiled utility rooms but the expectation has not been put into writing and staff have not been orientated to the process.

2. Random resident rooms on all floors were observed on all 3 days of the inspection to have personal care articles improperly stored in various locations within their washrooms. Basins were observed on the floor and on towel or grab bars. Bed pans were noted on toilet tanks and grab bars. The majority of the resident washrooms have a stainless steel cabinet built into the washroom wall for the storage of personal care articles. According to PIDAC best practices, personal care equipment must be properly stored, especially after being cleaned and disinfected so that it does not become contaminated.

3. Non-registered staff reported cleaning wash basins after use with soap and water in the resident's sink and leaving it in the resident's washroom for use the next day, without using disinfectant between use. Resident's wash basins were noted to be soiled in two resident washrooms on February 6 and again on February 14, 2013. A bed pan was observed with a coating of scale in one washroom and scale was noted on a wash basin in another washroom. Six resident washrooms all had an iodine-containing skin antiseptic product either on the vanity or inside of a washroom cabinet. Wash basins were noted to be stained red in some of the washrooms. After bringing the matter to the attention of the management staff, who had the bottles promptly removed, it was

identified that staff were using the iodine skin antiseptic to "disinfect" the basins. Skin antiseptics are not formulated to be used on personal care articles for the purposes of disinfection.

4. A tour of all 7 shower/tub rooms was conducted to determine whether or not staff had access to disinfection cleaning agents and supplies for cleaning shower chairs between resident use. Disinfectant supplies were only identified in one shower area on February 6, 13 and 14, 2013. Brushes were not available in any room. A staff member reported that they have been given a disinfectant wipe to use on shower chairs. Staff were observed using various shower areas on each day of the inspection and were not observed to be using any disinfectant product. Two shower chairs were left in a soiled state at the end of the showering process in the 1st floor and 3rd floor shower rooms on February 6, 2013.

5. As a measure to prevent the transmission of infections, hand washing supplies, either soap or paper towel or both were not available in the following soiled utility rooms on Feb. 13 and 14, 2013; #433, 420, 469, 340-C, 3rd floor East side, 272-W and 2nd floor East side. The homes policy XII-1-20.10 titled "Liquid Hand Soap" requires that the housekeeping staff must ensure that hand soap is always available in resident rooms, washrooms and sink areas throughout the home.

Interviews with non-registered staff, the administrator and associate director of care revealed that no specific verbal directions have been given to all staff and no written policies or procedures established for the various cleaning and disinfection practices required in the home.

(120)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Apr 29, 2013

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

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.

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, 11e 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.

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

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

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 13th day of March, 2013

Signature of Inspector / Signature de l'inspecteur : B. Susnik

Name of Inspector / Nom de l'inspecteur : BERNADETTE SUSNIK

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