



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

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

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

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

**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**

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
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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
Feb 18, 2014	2014_190159_0004	H-000524- 13H-000960 -13	Follow up

Licensee/Titulaire de permis

OAKWOOD RETIREMENT COMMUNITIES INC.
325 Max Becker Drive, Suite 201, KITCHENER, ON, N2E-4H5

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

THE VILLAGE OF ERIN MEADOWS
2930 Erin Centre Boulevard, MISSISSAUGA, ON, L5M-7M4

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

ASHA SEHGAL (159)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 27, 28, 29, 2014

H-000524-13, H-000960-13, H-000961-13

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Registered Dietitian, Registered Practical Nurses, Personal Support Workers (PSWs), cook, dietary aides and residents.

During the course of the inspection, the inspector(s) observed meal service, reviewed health records, plans of care for identified residents, reviewed policies and procedures of the home.

The following Inspection Protocols were used during this inspection:

Dining Observation

Food Quality

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.



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. 6. Plan of care

Specifically failed to comply with the following:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
 - (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

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



Findings/Faits saillants :

1. The plan of care for resident #0001 did not give clear direction to staff in relation to fluid restriction.

The plan of care and the diet list identified resident #0001 on a prescribed amount fluid restriction. On January 2014, resident was served 4 servings of fluid at breakfast meal (water 125 ml, milk 125ml, juice 125 ml and coffee 200 ml). The resident received almost ½ amount of the daily restricted fluid requirement at one meal. The plan of care did not set clear directions for the staff regarding the choice and the number of servings of fluid resident to receive at each meal and nourishment pass. The dietary staff interview confirmed that there were no directions available for serving fluids to residents on fluid restriction.

The Quarterly Nutritional Assessment completed by the Registered Dietitian December 2013, identified resident as high risk due to a medical condition. The resident was documented on a specific amount of restricted fluids a day. However, the Registered Dietitian had documented estimate fluid requirement 1600 cc/day which was contrary to the plan of care and the diet ordered by attending physician.

Resident's plan of care (both electronic and paper copy) was reviewed on January 28, 2014. The plan of care dated December 2013 stated under the section "Goals" specific amount of fluid restriction, however, under the section "concern" related to difficulty meeting nutritional needs due to medical condition, the documented interventions were to "Encourage more fluids between meals", which was contrary to the prescribed fluid restriction [s. 6.(1)(c)]

2. The licensee did not ensure that the care set out in the plan of care was provided to resident #0002 as specified in the plan of care.

[s. 6. (7)]

The plan of care for resident #0002 indicated the resident be provided double portion of protein at lunch and dinner. On January 28. 2014, the lunch served to the resident consisted of pureed cream of cauliflower soup, pureed broccoli noodle parmesan, pureed green salad and lemon chiffon. The resident was served regular portion of entrée. The dietary staff interviewed confirmed that they did not refer to the special menu posted in the kitchen and the resident did not receive double portion of protein as per diet list.

The plan of care dated January 2014 and home's Registered Dietitian interviewed confirmed that the hospital dietitian had recommended resident to receive 2 servings of protein at breakfast and the double protein portion at lunch and dinner. The plan of



care had identified resident as a high risk for meeting the nutritional requirement due to medical diagnosis.

Resident #0002's plan of care stated they required all fluids to be thickened to honey consistency, however, the resident received pudding thickened soya milk at the observed lunch meal January 28, 2014. The fluids fed to the resident by a staff person, were not consistent with resident diet. The staff person confirmed that the thickened fluids were prepared by the dietary staff and the milk fed to the resident was not thickened to honey consistency.

Resident's plan of care stated resident to receive nutritional supplement, ½ box at 0800 hour and ½ box at 20.00 hour. Documentation on the Medication Administration Record (MAR) confirmed that a 28 days period in January 2014 the resident did not receive nutritional supplement at 20:00 hours. The Registered Practical Nurse interviewed verified the supplement was prescribed by the doctor and confirmed that the resident did not receive the supplement at 20:00 hours consistently. The plan of care stated the supplement recommended by the hospital dietitian was to provide additional protein to meet nutritional needs of the resident. The Registered dietitian confirmed that this information would indicate that the resident's nutritional care was at risk related to medical condition.

The plan of care and the diet ordered for the resident confirmed resident was to receive prescribed amount of restricted fluids day. The resident's food and fluid intake record for January 2014 indicated resident was consuming over the daily fluid restriction of the prescribed amount. The Registered Practical Nurse confirmed resident's daily intake exceeded the fluid restriction. [s. 6. (7)]

3. Resident #0001 had a plan of care that identified resident to receive specific amount of restricted fluids a day. The food and fluid intake records for November 2013, December 2013, and January 2014 identified most days resident's fluid intake was over the daily fluid requirement. The Registered Practical Nurse confirmed resident's daily fluid intake exceeded prescribed fluid restriction. [s. 6. (7)]



Additional Required Actions:

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

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 there is a written plan of care for each resident that sets clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (2) The food production system must, at a minimum, provide for, (c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s. 72 (2).

Findings/Faits saillants :

1. The licensee did not ensure that the food production system provided for standardized recipes for all menu item. [s. 72(2) (c)]

Not all recipes were consistent with the quantities of the menu items specified on the production sheet report. The recipes available for staff were not scaled and adjusted for the number of servings required for the planned menu. On January 27, 2014 recipe available for black bean soup was for 132 servings, however, on the production sheet the required number of servings for black bean soup were 190 (132 regular and 58 pureed servings). Staff confirmed there were not all recipes adjusted for the number of servings required. [s. 72. (2) (c)]

WN #3: 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:

6. Food and fluids being served at a temperature that is both safe and palatable to the residents. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. Food was not served at a temperature that was both safe and palatable to the residents at lunch meal.

On January 27, 2014, food temperatures were taken just before the residents received their meals. The temperature monitoring record indicated that the hot foods were to be served above 140 degree Fahrenheit (F) or above 60 degree Celsius(C). On January 27, 2014, black bean soup was probed at 48 degree Celsius, perogies and onion was 30 degree Celsius and zucchini was probed at 40 degree Celsius. Residents who were interviewed stated that meals were often cold at both lunch and supper meals. The Food Service Manager interviewed confirmed hot food transported from the kitchen was not meeting the standard. [s. 73. (1) 6.]

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/ LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

Table with 4 columns: REQUIREMENT/ EXIGENCE, TYPE OF ACTION/ GENRE DE MESURE, INSPECTION # / NO DE L'INSPECTION, INSPECTOR ID #/ NO DE L'INSPECTEUR. Rows include LTCHA, 2007 S.O. 2007, c.8 s. 6. (11) and O.Reg 79/10 s. 8. (1).



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Issued on this 18th day of February, 2014

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



**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) : ASHA SEHGAL (159)

Inspection No. /

No de l'inspection : 2014_190159_0004

Log No. /

Registre no: H-000524-13H-000960-13

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Feb 18, 2014

Licensee /

Titulaire de permis : OAKWOOD RETIREMENT COMMUNITIES INC.
325 Max Becker Drive, Suite 201, KITCHENER, ON,
N2E-4H5

LTC Home /

Foyer de SLD :

THE VILLAGE OF ERIN MEADOWS
2930 Erin Centre Boulevard, MISSISSAUGA, ON,
L5M-7M4

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Anneliese Krueger

To OAKWOOD RETIREMENT COMMUNITIES INC., 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**

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
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de l'article 154 de la *Loi de 2007 sur les foyers
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Order # /

Ordre no : 001

Order Type /

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

Linked to Existing Order /

Lien vers ordre existant: 2013_190159_0016, CO #002;

Pursuant to / Aux termes de :

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

Order / Ordre :

The order was previously issued on July 26, 2013.

The licensee shall prepare, submit and implemented a plan that ensures the care set out in the plan of care is provided to residents, including resident # 0001 and resident #0002, as specified in the plan related to special nutritional requirements. The plan is to be submitted by March 14, 2014 to Long Term Care Inspector Asha Sehgal, asha.sehgal@ontario.ca

Grounds / Motifs :

1. The licensee did not ensure that the care set out in the plan of care was provided to resident #0001, resident #0002 as specified in the plan of care. Resident #0001 had a plan of care that identified resident to receive prescribed amount of restricted fluids a day. The food and fluid intake records for November 2013, December 2013, and January 2014 identified most days resident's fluid intake was over the daily fluid requirement. The Registered Practical Nurse confirmed resident's daily fluid intake exceeded prescribed fluid restriction. (159)

2. (1)The plan of care for resident #0002 indicated the resident be provided double portion of protein at lunch and dinner. On January 28. 2014, the lunch served to the resident consisted of pureed cream of cauliflower soup, pureed broccoli noodle parmesan, pureed green salad and lemon chiffon. The resident was served regular portion of entrée. The dietary staff interviewed confirmed that they did not refer to the special menu posted in the kitchen and the resident did not receive double portion of protein as per diet list.

(2). The plan of care dated January 2014 and home's Registered Dietitian interviewed confirmed that the hospital dietitian had recommended resident to receive 2 servings of protein at breakfast and the double protein portion at lunch and dinner. The plan of care had identified resident as a high risk for meeting the nutritional requirement due to medical diagnosis.

(3) Resident #0002's plan of care stated they required all fluids to be thickened to honey consistency, however, the resident received pudding thickened soya milk at the observed lunch meal January 28, 2014. The fluids fed to the resident by a staff person, were not consistent with resident diet. The staff person confirmed that the thickened fluids were prepared by the dietary staff and the milk fed to the resident was not thickened to honey consistency.

(4) Resident's plan of care stated resident to receive nutritional supplement, ½ box at 0800 hour and ½ box at 20.00 hour. Documentation on the Medication Administration Record (MAR) confirmed that a 28 days period in January the resident did not receive nutritional supplement at 20:00 hours. The Registered Practical Nurse interviewed verified the supplement was prescribed by the doctor and confirmed that the resident did not receive the supplement at 20:00 hours consistently. The plan of care stated the supplement recommended by the hospital dietitian was to provide additional protein to meet nutritional needs of the resident. The Registered dietitian confirmed that this information would indicate that the resident's nutritional care was at risk related to medical diagnosis.

(5) The plan of care and the diet ordered for the resident confirmed resident was to receive prescribed amount of restricted fluids a day. The resident's food and fluid intake record for January 2014 indicated resident was consuming over the daily fluid restriction. The Registered Practical Nurse confirmed resident's daily fluid intake exceeded the fluid restriction.

(159)



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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

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

Mar 14, 2014



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

**Ministère de la Santé et
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Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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de l'article 154 de la *Loi de 2007 sur les foyers
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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



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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, 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.



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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*

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 18th day of February, 2014

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : ASHA SEHGAL

Service Area Office /

Bureau régional de services : Hamilton Service Area Office