



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 prévue
sous *la Loi de 2007 sur les foyers
de soins de longue durée*

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

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

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159 rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 9, 2019	2018_668543_0028	025846-17, 025851-17	Follow up

Licensee/Titulaire de permis

The West Nipissing General Hospital
725 chemin Coursol Road STURGEON FALLS ON P2B 2Y6

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

The West Nipissing General Hospital
725 chemin Coursol Road STURGEON FALLS ON P2B 2Y6

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

TIFFANY BOUCHER (543), LOVIRIZA CALUZA (687)

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): December 10-14, 2018

A Critical Incident System Inspection (CIS) #2018_668543_0027 was completed concurrently with this Follow-up inspection.

The following intakes were inspected during the Follow-up inspection:

One Follow up intake regarding compliance order #001 issued during inspection #2017_572627_0016, related to section 20 (2), policy to promote zero tolerance of abuse, and

One Follow up intake, regarding compliance order #002, issued during inspection #2017_572627_0016, related to section 19, duty to protect of the LTCHA.

During the course of the inspection, the inspector(s) spoke with the Administrator/Chief Nursing Officer, Long-Term Care Unit Manager, Registered Practical Nurses (RPNs) and Personal Support Workers (PSWs) and residents.

The Inspectors also observed resident care areas, the provision of care and services to residents, staff to resident interactions, reviewed relevant health care records, internal investigation documents and policies and procedures.

**The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation**

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

1 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #002	2017_572627_0016		543

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
<p>WN – Written Notification</p> <p>VPC – Voluntary Plan of Correction</p> <p>DR – Director Referral</p> <p>CO – Compliance Order</p> <p>WAO – Work and Activity Order</p>	<p>WN – Avis écrit</p> <p>VPC – Plan de redressement volontaire</p> <p>DR – Aiguillage au directeur</p> <p>CO – Ordre de conformité</p> <p>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. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

- s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,**
- (a) shall provide that abuse and neglect are not to be tolerated; 2007, c. 8, s. 20 (2).**
 - (b) shall clearly set out what constitutes abuse and neglect; 2007, c. 8, s. 20 (2).**
 - (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect; 2007, c. 8, s. 20 (2).**
 - (d) shall contain an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 20 (2).**
 - (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents; 2007, c. 8, s. 20 (2).**
 - (f) shall set out the consequences for those who abuse or neglect residents; 2007, c. 8, s. 20 (2).**
 - (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and 2007, c. 8, s. 20 (2).**
 - (h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents contained an explanation of the duty under section 24 of the Act to make mandatory reports; and comply with any requirements respecting the matters provided for in clauses (a) through (f) that were provided for in the regulations.

The licensee failed to comply with compliance order (CO) #001 from inspection #2017_572627_0016, issued on October 20, 2017, with a compliance date of November 17, 2017.

The licensee was ordered to review and revise the home's policy to promote zero tolerance of abuse and neglect of residents to ensure it complies with the requirement of the LTCHA and regulations and should include but not limited to:



- 1) Contain an explanation of the duty under section 24 of the Act to make mandatory reports,
 - 2) set out the consequences for those who abused or neglected residents, and
 - 3) complied with any requirements respecting the matters provided for in clauses (a) through (f) that were provided for in the regulations.
- B) The policy shall be implemented and complied with.
- C) All staff in the home shall receive training related to the policy to promote zero tolerance of abuse and neglect of residents.
- D) A record is kept of the required training, including; when the training occurred, who was in attendance and what the training entailed.

In accordance with the LTCHA, 2007, section 20 (2) (d), the licensee was required to ensure that, at a minimum, the “Zero Tolerance of Abuse and Neglect” policy contains a) an explanation of the duty to protect under section 24 to make mandatory reports, and d) comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulation.

According to section 24 of the LTCHA, a person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director.

Inspector #543 reviewed the home’s “Zero Tolerance of Abuse and Neglect” policy. The Inspector identified that the policy did not comply with the LTCHA, section 20 (2) (d). The home’s “Zero Tolerance of Abuse and Neglect” policy indicated that the unit manager/delegate or the Chief Nursing Officer will notify the MOHLTC within 12 hours if the abuse or neglect is alleged, suspected or witnessed and the abuse/neglect does not lead to physical injury, pain or distress which could be detrimental to resident.

On December 20, 2018, Inspector #543 and #687 spoke with the Chief Nursing Officer to follow up with the interview Inspector #687 had conducted on December 14, 2018. The Inspectors spoke specifically to section 20 (2) (d) of the LTCHA, and requested that the Chief Nursing Officer explain how their “Zero Tolerance of Abuse and Neglect” policy met the requirements of s. 20 (2) (d) of the LTCHA. The Chief Nursing Officer stated that portions of their policy did not meet the requirements and would have to be reviewed and revised. [s. 20. (2)]



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Additional Required Actions:

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

Issued on this 10th day of January, 2019

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

Original report signed by the inspector.



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Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

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

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : TIFFANY BOUCHER (543), LOVIRIZA CALUZA (687)

Inspection No. /

No de l'inspection : 2018_668543_0028

Log No. /

No de registre : 025846-17, 025851-17

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Jan 9, 2019

Licensee /

Titulaire de permis : The West Nipissing General Hospital
725 chemin Coursol Road, STURGEON FALLS, ON,
P2B-2Y6

LTC Home /

Foyer de SLD : The West Nipissing General Hospital
725 chemin Coursol Road, STURGEON FALLS, ON,
P2B-2Y6

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Cynthia Desormiers



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

To The West Nipissing General Hospital, you are hereby required to comply with the following order(s) by the date(s) set out below:



Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
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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) (b)

Linked to Existing Order / 2017_572627_0016, CO #001;
Lien vers ordre existant:

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,

- (a) shall provide that abuse and neglect are not to be tolerated;
- (b) shall clearly set out what constitutes abuse and neglect;
- (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;
- (d) shall contain an explanation of the duty under section 24 to make mandatory reports;
- (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;
- (f) shall set out the consequences for those who abuse or neglect residents;
- (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and
- (h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).

Order / Ordre :



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section 154 of the *Long-Term
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foyers de soins de longue durée*, L.
O. 2007, chap. 8

The licensee must be compliant with section 20 (2) (d) of the LTCHA.

The licensee shall prepare, submit and implement a plan to ensure that the policy to promote zero tolerance of abuse and neglect of residents contains an explanation of the duty under section 24 of the Act to make mandatory reports.

Specifically related to the home's "Zero Tolerance of Abuse and Neglect" policy; the plan must; but is not limited to including the following:

- a) contain an explanation of the duty under section 24 of the Act to make mandatory reports,
- b) comply with any requirements respecting the matters provided for in clauses (a) through (e) that are provided for in section 96, of the Ontario Regulation 79/10,
- c) identify the individuals who reviewed the policy, and verify that the "Zero Tolerance of Abuse and Neglect" policy is compliant with the legislation, and
- d) indicate that all staff will be trained on the updated policy, provide a date when the training will be completed, and maintain a record to verify that all staff has been trained.

Please submit the written plan, quoting #2018_668543_0028 and Tiffany Boucher by email to SudburySAO.moh@ontario.ca. by January 25, 2019.

Please ensure that the submitted written does not contain and PI/PHI.

Grounds / Motifs :

1. The licensee has failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents contained an explanation of the duty under section 24 of the Act to make mandatory reports; and comply with any requirements respecting the matters provided for in clauses (a) through (f) that were provided for in the regulations.

The licensee failed to comply with compliance order (CO) #001 from inspection



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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

#2017_572627_0016, issued on October 20, 2017, with a compliance date of November 17, 2017.

The licensee was ordered to review and revise the home's policy to promote zero tolerance of abuse and neglect of residents to ensure it complies with the requirement of the LTCHA and regulations and should include but not limited to:

- 1) Contain an explanation of the duty under section 24 of the Act to make mandatory reports,
 - 2) set out the consequences for those who abused or neglected residents, and
 - 3) complied with any requirements respecting the matters provided for in clauses (a) through (f) that were provided for in the regulations.
- B) The policy shall be implemented and complied with.
C) All staff in the home shall receive training related to the policy to promote zero tolerance of abuse and neglect of residents.
D) A record is kept of the required training, including; when the training occurred, who was in attendance and what the training entailed.

In accordance with the LTCHA, 2007, section 20 (2) (d), the licensee was required to ensure that, at a minimum, the "Zero Tolerance of Abuse and Neglect" policy contains a) an explanation of the duty to protect under section 24 to make mandatory reports, and d) comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulation.

According to section 24 of the LTCHA, a person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director.

Inspector #543 reviewed the home's "Zero Tolerance of Abuse and Neglect" policy. The Inspector identified that the policy did not comply with the LTCHA, section 20 (2) (d). The home's "Zero Tolerance of Abuse and Neglect" policy indicated that the unit manager/delegate or the Chief Nursing Officer will notify the MOHLTC within 12 hours if the abuse or neglect is alleged, suspected or witnessed and the abuse/neglect does not lead to physical injury, pain or distress which could be detrimental to resident.



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2007, c. 8

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foyers de soins de longue durée*, L.
O. 2007, chap. 8

On December 20, 2018, Inspector #543 and #687 spoke with the Chief Nursing Officer to follow up with the interview Inspector #687 had conducted on December 14, 2018. The Inspectors spoke specifically to section 20 (2) (d) of the LTCHA, and requested that the Chief Nursing Officer explain how their "Zero Tolerance of Abuse and Neglect" policy met the requirements of s. 20 (2) (d) of the LTCHA. The Chief Nursing Officer stated that portions of their policy did not meet the requirements and would have to be reviewed and revised.

The severity of this issue was determined to be a level 2 as there is minimal harm or a potential for actual harm to the residents. The scope of the issue was a level 3 as there is a potential for the issue to affect a large number of residents. The home had a level 4 compliance history, with a previous compliance orders with this section of the LTCHA:

-compliance order #001 issued on October 20, 2017, with a compliance due date of November 17, 2017, from inspection report #2017_572627_0016.

(543)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Feb 28, 2019



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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, commercial courier or by fax upon:

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

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

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



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O. 2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

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

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



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O. 2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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foyers de soins de longue durée*, L.
O. 2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 9th day of January, 2019

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Tiffany Boucher

Service Area Office /

Bureau régional de services : Sudbury Service Area Office