



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

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

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

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

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

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

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 # / Registre no	Type of Inspection / Genre d'inspection
Oct 6, 2016	2016_429642_0009	008667-15, 011166-16, 011788-16, 013617-16, 014670-16, 014789-16, 015785-16	Critical Incident System

Licensee/Titulaire de permis

VALLEY EAST LONG TERM CARE CENTRE INC.
689 YONGE STREET MIDLAND ON L4R 2E1

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

ELIZABETH CENTRE
2100 Main Street Val Caron ON P3N 1S7

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

AMY GEAUVREAU (642), MISHA BALCIUNAS (637)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): June 20-24, 2016.

This Critical Incident Inspection is related to critical incidents submitted to the Director related to allegations of abuse, improper care/harm, failure to comply, falls prevention and management, and duty to protect.

A Complaint Inspection was conducted concurrently with this inspection. For details, see inspection #2016_429642_0008.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Restorative Care, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and residents and residents' Substitute decision-makers (SDM).

During the course of the inspection, the Inspector conducted a daily walk through of common areas, observed the provision of care to residents, reviewed residents clinical health records, residents' plans of care, reviewed various policies and procedures, observed staff to resident interactions, resident to resident interactions and interviewed residents and residents families.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Hospitalization and Change in Condition

Medication

Prevention of Abuse, Neglect and Retaliation

Skin and Wound Care

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

2 WN(s)

1 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)



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. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents was complied with.

A Critical Incident report (CI) was submitted to the Director on May 6, 2016, related to staff to resident abuse. The CI report stated that PSW #117 had verbally abused residents #008, #009 and #010. PSW #117 was suspended for a specific time and following the suspension was relocated to a different area of the home.

Verbal abuse as defined by the Long-Term Care Homes Act, 2007, Ontario Regulation 79/10, as any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident, O. Reg. 79/10, s. 2 (1).

Inspector #637 reviewed the home's policy on June 22, 2016, titled: "Resident Rights, Care and Services-Abuse-Zero-Tolerance" revised on March 23, 2015. The policy stated Zero Tolerance means that the right of the residents are to be treated with dignity and respect, and to live free from abuse and neglect. Prohibit the abuse of any resident by any person, and prohibit the neglect of residents by staff. A zero-tolerance policy allows no exceptions, tolerates no abusive or neglectful behaviour and requires strict compliance and enforcement.

Inspector #637 reviewed the home's investigation documentation on June 22, 2016. The investigation determined that the verbal abuse to resident #008, #009, and #010 was substantiated.

Inspector #637 interviewed the DOC on June 24, 2016, who confirmed that it is the home's expectation that the Zero Tolerance Policy would be complied with and in the case of substantiated abuse, PSW #117 had not complied with the Residents' Rights and Service-Abuse-Zero-Tolerance policy. [s. 20. (1)]

2. A Critical Incident report was submitted to the Director in May, 2016, related to staff to resident abuse. Inspector #637 reviewed the home's investigation documentation and it stated that PSW #127, witnessed PSW #117 verbally abuse resident #008 on an unrecalled date in March, 2016. PSW #127 did not report this to the home until May 6, 2016, failing to immediately report all suspected, alleged or witnessed abuse, as outlined



in the home's policy.

Inspector #637 reviewed the home's policy on June 22, 2016, titled Resident Rights, Care and Services-Abuse-Zero-Tolerance under investigating and responding to alleged abuse and neglect it stated that "Staff members, volunteers, substitute decision-makers, family members or any other person who has reasonable grounds to suspect abuse or neglect of a resident must immediately report their suspicion to the most senior administrative personnel on site at the Home."

Inspector #637 interviewed the DOC on June 24, 2016, who confirmed that it is the home's expectation that the Zero Tolerance Policy would be complied with and in the case of substantiated abuse, PSW #127 had not complied with the home's Residents Rights and Services-Abuse-Zero-Tolerance policy. [s. 20. (1)]

3. A Critical Incident report was reported to the Director in April, 2016, related to staff to resident abuse. The CI report stated that PSW #114 had verbally abused resident #003 and a disciplinary action resulted.

Inspector #642 reviewed the home's investigation records on June 22, 2016 and it stated that PSW #114 had verbally abused resident #003 as witnessed by a staff member and a student and it was documented as substantiated abuse.

Inspector #637 interviewed the DOC on June 24, 2016 who confirmed that it is the home's expectation that the Zero Tolerance Policy would be complied with and in the case of substantiated abuse, PSW #114 had not complied with the home's Residents Rights and Service-Abuse-Zero Tolerance policy. [s. 20. (1)]

Additional Required Actions:

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

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**



Specifically failed to comply with the following:

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 licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

A Critical Incident report (CI) was submitted to the Director in May, 2015, related to an injury from a fall which resulted in a significant change in the resident's health status.

Inspector #637 reviewed the plan of care on June 22, 2016 for resident #011 and found that the resident was to have a device on, in their room at all times as an intervention to prevent resident #011 from falling.

Inspector observed that there was no device in resident #011's room and it was not turned on.

During an interview on June 22, 2016, PSW #116 confirmed there was no device in resident #011's room.

Inspector #637 conducted an interview with ADOC #1 on June 22, 2016 and confirmed there was no device in resident #011's room and it was not on for the resident. ADOC #1 confirmed that there should be a device on in resident #011's room and the home was not following the resident's fall interventions as outlined in their care plan.

During an interview with the DOC on June 22, 2016 they confirmed there was no device in resident #011's room and staff was not following the interventions as outlined in resident #011's care plan. [s. 6. (7)]

2. A Critical Incident report was submitted to the Director in February, 2016, related to a fall which resulted in a significant change in resident's #005's health status.

Inspector #642 reviewed the care plan for resident #005 on June 20, 2016 and under Focus: Fracture related to fall, it stated that resident #005 was supposed to wear a device at all times and it was not to be removed at bedtime.



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Inspector observed resident #005 on June 24, 2016, without their device on.

Inspector interviewed RPN #122 and PSW's #123, and #124 on June 24, 2016, who confirmed that resident #005 was supposed to have their device on at all times as stated in their care plan.

Inspector #642 interviewed ADOC #1 on June 24, 2016, who verified that resident #005 was supposed to have their device on at all times as specified in their plan of care. [s. 6. (7)]

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 ensuring that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

Issued on this 13th day of October, 2016

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

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*

**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) : AMY GEAUVREAU (642), MISHA BALCIUNAS (637)

Inspection No. /

No de l'inspection : 2016_429642_0009

Log No. /

Registre no: 008667-15, 011166-16, 011788-16, 013617-16, 014670-16, 014789-16, 015785-16

Type of Inspection /

Genre

d'inspection:

Critical Incident System

Report Date(s) /

Date(s) du Rapport : Oct 6, 2016

Licensee /

Titulaire de permis : VALLEY EAST LONG TERM CARE CENTRE INC.
689 YONGE STREET, MIDLAND, ON, L4R-2E1

LTC Home /

Foyer de SLD : ELIZABETH CENTRE
2100 Main Street, Val Caron, ON, P3N-1S7

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : SHELLY MURPHY

To VALLEY EAST LONG TERM CARE CENTRE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:



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

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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*

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. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Order / Ordre :

The Licensee shall:

Ensure that the Policy to Promote Zero Tolerance of Abuse and Neglect of residents is complied with.

Grounds / Motifs :

1. The licensee has failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents was complied with.

A Critical Incident report (CI) was reported to the Director in April, 2016, related to staff to resident abuse. The CI report stated that PSW #114 had verbally abused resident #003 and a disciplinary action resulted.

Inspector #642 reviewed the home's investigation records on June 22, 2016 and it stated that PSW #114 had verbally abused resident #003 as witnessed by a staff member and a student and it was documented as substantiated abuse.

Inspector #637 interviewed the DOC on June 24, 2016 who confirmed that it is the home's expectation that the Zero Tolerance Policy would be complied with and in the case of substantiated abuse, PSW #114 had not complied with the home's Residents Rights and Service-Abuse-Zero Tolerance policy.

(642)

2. A Critical Incident report was submitted to the Director in May, 2016, related to staff to resident abuse. Inspector #637 reviewed the home's investigation

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documentation and it stated that PSW #127, witnessed PSW #117 verbally abuse resident #008 on an unrecalled date in March, 2016. PSW #127 did not report this to the home until May 6, 2016, failing to immediately report all suspected, alleged or witnessed abuse, as outlined in the home's policy.

Inspector #637 reviewed the home's policy on June 22, 2016, titled Resident Rights, Care and Services-Abuse-Zero-Tolerance under investigating and responding to alleged abuse and neglect it stated that "Staff members, volunteers, substitute decision-makers, family members or any other person who has reasonable grounds to suspect abuse or neglect of a resident must immediately report their suspicion to the most senior administrative personnel on site at the Home."

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(637)

3. A Critical Incident report was submitted to the Director in May, 2016, related to staff to resident abuse. The CI report stated that PSW #117 had verbally abused residents #008, #009 and #010. PSW #117 was suspended for a specific time and following the suspension was relocated to a different area of the home.

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Inspector #637 reviewed the home's policy on June 22, 2016, titled: "Resident Rights, Care and Services-Abuse-Zero-Tolerance," revised on March 23, 2015. The policy stated Zero Tolerance means that the right of the residents are to be treated with dignity and respect, and to live free from abuse and neglect. Prohibit the abuse of any resident by any person, and prohibit the neglect of residents by staff. A zero-tolerance policy allows no exceptions, tolerates no abusive or neglectful behaviour and requires strict compliance and enforcement.



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Inspector #637 reviewed the home's investigation documentation on June 22, 2016. The investigation determined that the verbal abuse to resident #008, #009, and #010 was substantiated.

Inspector #637 interviewed the DOC on June 24, 2016, who confirmed that it is the home's expectation that the Zero Tolerance Policy would be complied with and in the case of substantiated abuse, PSW #117 had not complied with the Residents' Rights and Service-Abuse-Zero-Tolerance policy.

The decision to issue this compliance order was based on the severity which indicated actual harm/risk, the scope which indicated a pattern and the compliance history which indicates previous non compliance issued including a VPC from inspection 2016_269627_0008 on May 18, 2016.

(637)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Oct 28, 2016



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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
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



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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
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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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

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

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



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
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 6th day of October, 2016

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Amy Geauvreau

Service Area Office /

Bureau régional de services : Sudbury Service Area Office