



**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**

Ottawa Service Area Office
347 Preston St 4th Floor
OTTAWA ON L1K 0E1
Telephone: (613) 569-5602
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Bureau régional de services d'Ottawa
347 rue Preston 4^{ième} étage
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Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 18, 2014	2014_270531_0026	O-001108	Resident Quality Inspection

Licensee/Titulaire de permis

GIBSON HOLDINGS (ONTARIO) LTD
343 Amherst Drive Amherstview ON K7N 1X3

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

HELEN HENDERSON NURSING HOME
343 Amherst Drive Amherstview ON K7N 1X3

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

SUSAN DONNAN (531), BARBARA ROBINSON (572), CHANTAL LAFRENIERE (194),
JESSICA PATTISON (197), WENDY BROWN (602)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): November 3, 4, 5, 6, 7, 10 and 12, 2014.

During the Course of this inspection complaint Log # O-00785-14 was also inspected.

During the course of the inspection, the inspector(s) spoke with Residents, Resident family members, Activity Director, Personal Support Workers, Housekeeping staff, the RAI Coordinator, the Office Assistant, Physiotherapist, Activity Aide, Registered Practical Nurses, Registered Nurses, Assistant Director of Care, Director of Care, the Administrator, Resident Council President and the Family Council President.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Responsive Behaviours
Skin and Wound Care
Sufficient Staffing**



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

4 WN(s)
1 VPC(s)
1 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.



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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8.
Nursing and personal support services**

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :



The licensee has failed to comply with LTCHA 2007, s. 8 (3) in that there was not at least one registered nurse who is both an employee of the licensee and a member the regular nursing staff on duty and present at all times in the home.

1. Helen Henderson is a 102 bed home. During the Resident Quality Inspection, it was noted that the home has not been ensuring that at least one registered nurse is on duty and present in the home at all times.

2. The staffing schedule was reviewed from July 13, 2014 to November 12, 2014.

The following shifts were identified as having no RN on duty and present in the home:

July 16, 2014 - 0700 - 1900 hours

July 18, 2014 - 1700 - 1900 hours

September 16, 2014 - 1900 hours to 0700 hours next day

September 17, 2014 - 1900 - 2300 hours

September 18, 2014 - 1900 - 2300 hours

October 24, 2014 - 1700 - 1900 hours

The staffing plan was reviewed and the home's contingency plan states the following: In the event an RN calls in, calls are placed to part time staff, if unable to replace, overtime is offered to Full time staff. ADOC/RAI Co-ordinator covers RN if unable to replace or RPN with experience in the home takes Charge with DOC or designate on call.

On a particular date, the Administrator was interviewed and confirmed that there was not a registered nurse in the home on the identified dates.

The shifts not being covered are not a result of an emergency or a planned or extended leave of absence by a Registered Nurse. Therefore, the exception to the requirement that at least one Registered Nurse who is both an employee of the licensee and a member of the regular nursing staff is not applicable as per Ontario Regulations 79/10 s. 45 (1)(2).



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. 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 :



1. The licensee has failed to comply with LTCHA, 2007 s. 15 (2) (c) whereby the home, furnishings and equipment are not maintained in a safe condition and in a good state of repair.

The following observations were made by inspectors during the course of the inspection:

- Room #1 has large dark areas on floor tiles,
- Room #8 has chipped and cracked floor tiles with large patches of discoloration, lounge chair is worn, paint on dresser is bubbled and cracked, sink drain is rusted,
- Room #10 has chipped and heavily marked floor tiles, doors and trim are chipped with marks,
- Room #24 has worn marks on floor tiles and walls, doors are chipped with marks, trim is marked and has gaps, furniture has bubbled finish,
- Room #37 has heavily worn scuff marks on the floor and chips on walls, doors and floor with numerous rust colored patches,
- Room #39 has heavily worn scuff marks and chips on floor and doors,
- Room #58 has marks and chips on walls,
- Room #62 has marks on walls and face plate of heater not attached,
- Room #66 has heavily scuffed marks on the tile floor,
- Room #67 has marks on walls and heater face plate,
- Room #70 has numerous worn marks on the tile floor and face plate of heater not attached,
- Room #71 has heavily scuffed and dark discoloration marks on floor and face plate of heater not attached, and
- Room #75 has dark scuff marks and chips on floor and walls.

On a specified date the Administrator was interviewed and confirmed that areas of disrepair and that the floors need to be replaced. [s. 15. (2) (c)]

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 the home's furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.



**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails
Specifically failed to comply with the following:**

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
 - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
 - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg. 79/10, s. 15(1) in that a resident's bed rail was not assessed in accordance with evidence-based practices to minimize risk to the resident specific to potential entrapment.

Resident #22 is identified in his/her current care plan as at risk for falling related to diagnoses. The care plan also states that Resident #22 may require 1 person assist for transfers, usually in and out of bed.

On a specified date, Resident #22's bedroom was observed. It was noted that one bed rail was attached at the head of the resident's bed. The opening between the mattress and the top rail was approximately 26 centimetres and the opening between the vertical rails was approximately 45 centimetres and poses a potential entrapment risk.

Health Canada's Guidance Document titled "Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards" identifies the space within a bed rail as "zone 1" for potential entrapment and recommends that the space be less than 12 cm (4¾ inches), representing head breadth.

The resident's health care record was reviewed and there was a note made on a particular date by a Registered Nurse, staff member #S119, indicating that the family had brought in the bed rail and that the Physiotherapist, staff member #S118, had assessed and installed the rail. There was no evidence that the bed rail was assessed related to minimizing risk to the resident specific to potential entrapment.

On a specified date, the Interim Administrator came with the Inspector to look at the bed rail. Staff member #S110 came to look at the rail as well and stated that the resident uses the rail for mobility - to help her in and out of bed.

The home immediately took action, called the family of Resident #22 and replaced the bed rail with 2 quarter rails that did not pose a potential entrapment risk. [s. 15. (1)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service



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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:
1. Communication of the seven-day and daily menus to residents. O. Reg. 79/10, s. 73 (1).**

Findings/Faits saillants :

1. The licensee has failed to comply with O.Reg 79/10, s. 73. (1) 1 in that the seven-day menus were not communicated to residents' living on a particular unit. On a specified date, during multiple meal service observations it was observed that there was no seven-day menu reference posted in the Joyce Fay Terrace (Rec 3 - secure unit) dining or common areas. A weekly/monthly menu reference was posted in between Rec 1 & 2 dining areas, however, this is not accessible for secure unit Joyce Faye Terrace residents.

On a specified date, in an interview with the Food Services Manager it was acknowledged that there was only one seven-day menu reference posted in the Home.
[s. 73. (1) 1.]

Issued on this 21st day of November, 2014

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*

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) : SUSAN DONNAN (531), BARBARA ROBINSON (572),
CHANTAL LAFRENIERE (194), JESSICA PATTISON
(197), WENDY BROWN (602)

Inspection No. /

No de l'inspection : 2014_270531_0026

Log No. /

Registre no: O-001108

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Nov 18, 2014

Licensee /

Titulaire de permis : GIBSON HOLDINGS (ONTARIO) LTD
343 Amherst Drive, Amherstview, ON, K7N-1X3

LTC Home /

Foyer de SLD : HELEN HENDERSON NURSING HOME
343 Amherst Drive, Amherstview, ON, K7N-1X3

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : LISA GIBSON

To GIBSON HOLDINGS (ONTARIO) LTD, you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and
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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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Order # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that at least one Registered Nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times.

The plan is to be submitted in writing by December 31, 2014 to Inspector, Jessica Pattison at 347 Preston Street, 4th floor, Ottawa, Ontario K1S 3J4 or by fax at 1-613-569-9670.

Grounds / Motifs :

1. The licensee has failed to comply with LTCHA 2007, s. 8 (3) in that there was not at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home on duty and present at all times in the home.

1. Helen Henderson is a 102 bed home. During the Resident Quality Inspection, it was noted that the home has not been ensuring that at least one registered nurse is on duty and present in the home at all times.

2. The staffing schedule was reviewed from July 13, 2014 to November 12, 2014.

The following shifts were identified as having no RN on duty and present in the home:

July 16, 2014 - 0700 - 1900 hours

July 18, 2014 - 1700 - 1900 hours



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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*

September 16, 2014 - 1900 hours to 0700 hours next day
September 17, 2014 - 1900 - 2300 hours
September 18, 2014 - 1900 - 2300 hours
October 24, 2014 - 1700 - 1900 hours

The staffing plan was reviewed and the home's contingency plan states the following:

In the event an RN calls in, calls are placed to part time staff, if unable to replace, overtime is offered to Full time staff. ADOC/RAI Co-ordinator covers RN if unable to replace or RPN with experience in the home takes Charge with DOC or designate on call.

The Administrator was interviewed and confirmed that there was not a registered nurse in the home on the identified dates.

The shifts not being covered are not a result of an emergency or a planned or extended leave of absence by a Registered Nurse. Therefore, the exception to the requirement that at least one Registered Nurse who is both an employee of the licensee and a member of the regular nursing staff is not applicable as per Ontario Regulations 79/10 s. 45 (1)(2).

(197)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 31, 2014



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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, 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
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 November, 2014

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :** Susan Donnan

**Service Area Office /
Bureau régional de services :** Ottawa Service Area Office