



**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
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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
Oct 20, 2014	2014_277538_0025	L-001173-14	Resident Quality Inspection

Licensee/Titulaire de permis

KINGSWAY NURSING HOMES LIMITED
310 Queen Street East, R.R. #6, ST. MARYS, ON, N4X-1C8

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

KINGSWAY LODGE NURSING HOME
310 QUEEN STREET EAST, R.R. #6, ST. MARYS, ON, N4X-1C8

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

NANCY JOHNSON (538), JULIE LAMPMAN (522), MELANIE NORTHEY (563),
RHONDA KUKOLY (213)

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): September 16,17,18, 23, 24, 25, 26, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Assistant Director of Care (ADOC), the Director of Operations, the RAI-MDS Co-ordinator, the Activity Assistant, the Director of Environment, 5 Registered Nurses (RN), 2 Registered Practical Nurses (RPN), 9 Personal Support Workers (PSW), 21 Residents, and 4 family members.

During the course of the inspection, the inspector(s) toured all resident care areas, observed dining service, medication passes, medication storage areas, and care provided to residents, resident/staff interactions, infection prevention and control practices, reviewed clinical records and plans of care for identified residents, postings of required information, minutes of meetings related to the inspection, reviewed relevant policies and procedures of the home, and observed the general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Maintenance
Admission and Discharge
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Safe and Secure Home
Sufficient Staffing**

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. 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 :



1. The licensee has failed 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 at all times.

Review of the homes Registered Nurse staffing schedule from August 30, 2014 to September 18, 2014 revealed the following shifts did not have a Registered Nurse on duty:

August 30, 2014 1900-0700
August 31, 2014 1900-0700
September 4, 2014 1900-0700
September 5, 2014 1900-0700
September 6, 2014 1900-0700
September 7, 2014 1900-0700
September 8, 2014 1900-0700
September 9, 2014 1900-0700
September 11, 2014 1900-0700
September 12, 2104 1900-0700
September 13, 2014 1900-0700
September 14, 2014 1900-0700
September 15, 2014 1900-0700
September 16, 2014 1900-0700
September 17, 2014 1900-0700
September 18, 2014 1900-0700

Interview with the Director of Care (DOC) and the Administrator confirmed that there was no Registered Nurse coverage on the the above dates.

The Administrator confirmed the expectation that a member of the regular nursing staff must be on duty and present at all times. [s. 8. (3)](538)

Additional Required Actions:

CO # - 901 was served on the licensee. Refer to the "Order(s) of the Inspector".

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17.
Communication and response system**



Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**
-

Findings/Faits saillants :



1. The licensee failed to ensure that the home is equipped with a resident-staff communication and response system that can be easily seen, accessed and used by residents, staff and visitors at all times.

Observations on September 16 and 17, 2014 revealed a non functioning call bell in a resident bathroom.

An interview Personal Support Worker (PSW) and a Registered Practical Nurse (RPN) confirmed that the call bell was not functioning.

Observation on September 16, 2014 revealed resident #82 lying in bed with the call bell out of reach.

This was confirmed by the Registered Nurse (RN) and Personal Support Worker (PSW).

The Administrator confirmed that it is an expectation of the home that the resident-staff communication and response system be accessible to the resident at all times. (522) [s. 17. (1) (a)]

2. The licensee failed to ensure that the home is equipped with a resident-staff communication and response system that is available in every area accessible by residents.

Observations on September 16, 2014 of the lower level physiotherapy area, recreation area and washroom revealed that there is no call bell system.

Observations on September 17, 2014 at 0900 revealed Resident #28 in the lower level with no staff in the area.

The Director of Activities and the Director of Care confirmed that there is no call bell system in the lower level area where residents attend activities and physiotherapy. [s. 17. (1) (e)]

Additional Required Actions:

CO # - 902 was served on the licensee. Refer to the "Order(s) of the Inspector".



WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents' right to privacy in treatment was afforded.

On four occasions between September 16, 2014 and September 26, 2014 the medication cart was observed unattended and the Electronic Medication Assessment Record (EMAR) screen was open and resident personal health information was visible.

The Registered Nurse (RN) confirmed that the EMAR screen was left open when the cart was unattended on all four occasions. The Administrator confirmed that it is the expectation of the home that the EMAR screen is to be locked at all times when unattended and the resident's personal health information should not be accessible. (538) (522) [s. 3. (1) 8.]

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 residents' right to privacy in treatment, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home



Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

i. kept closed and locked,

ii. equipped with a door access control system that is kept on at all times, and

iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system,

or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :



1. The licensee has failed to ensure that all doors leading to stairways are kept closed and locked.

Observation of the third floor on September 16, 2014 at 1000 revealed the emergency door leading to a stairwell at end of the West wing was found unlocked and slightly ajar.

This was confirmed by the Registered Practical Nurse.

The Administrator confirmed that it is the expectation of the home that all doors leading to stairways be kept closed and locked at all times. [s. 9. (1)]

2. The licensee has failed to ensure that all doors leading to non-residential areas are equipped with locks to restrict unsupervised access to those areas by residents.

Observation of the lower level resident area on September 26, 2014 at 1110 revealed:

A room beside the elevator containing the home's water heaters and shut off water valves was unlocked. The door did not have the capability to lock.

A door leading to a storage area was ajar, unattended and did not have the capability to lock. The storage area contained boxes. Another door within the storage area was open and unattended which provided access to the Fairhill apartment residence.

This was confirmed by the Director of Environment.

Interview with the Director of Operations confirmed that it is the expectation of the home that all nonresident areas should be locked to restrict unsupervised access to those areas by residents. [s. 9. (1) 2.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that all doors leading to stairways are kept closed and locked, to be implemented voluntarily.



WN #5: 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 ensure that the home is maintained in a good state of repair.

A.Observation of the third floor on September 16, 2014 revealed:

- numerous paint chips on the door frame to the lounge.
- a piece missing from the tile floor by the west wing fire doors.
- chipped floor tiles in the elevator.
- the lower level bathroom used by resident's had a hole in the wall behind the door. (522)

B.Observation of the second floor on September 16, 2014 revealed:

- radiator near the dining room appeared rusted and paint was chipped.
- several tiles cracked throughout second floor, and entrance to second floor from entrance of elevator.(563)

C.Observations of resident room #1 on September 17, 2014 revealed a hole in the wall behind the room door.(522)

D.Observations of resident room #2 on September 17, 2014 revealed holes in the wall beside the resident's bed and numerous paint chips around the door frame. (213)

The Director of Environment confirmed that it is the expectation of the home that it is maintained a good state of repair. [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 is maintained in a good state of repair., to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60. Powers of Family Council

Specifically failed to comply with the following:

s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a response to the Family Council has been made in writing within 10 days of receiving a concern or recommendation.

Interview with Director of Activities revealed that concerns and recommendations brought forward by Family Council are not responded to in writing by the Administrator within ten days.

Interview with the Director of Operations confirmed that it is the expectation of the home that a written response is provided to Family Council within ten days. [s. 60. (2)]

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 a response to the Family Council has been made in writing within 10 days of receiving a concern or recommendation, to be implemented voluntarily.



WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).

(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :



1. The licensee has failed to ensure that the licensee seeks the advice of the Family Council in developing and carrying out the satisfaction survey, and in acting on its results.

Interview with Director of Activities and the Director of Operations confirmed that the home does not seek the advice of the Family Council members in developing and carrying out the satisfaction survey, and in acting on its results.[s. 85. (3)]

2. The licensee has failed to ensure that the results of the satisfaction survey are made available to the Residents' and Family Council in order to seek advice of the Council(s) about the survey.

A. An interview confirmed satisfaction survey results were not discussed at Residents' Council meetings.

The Administrator confirmed that satisfaction survey results are not shared with the Residents' Council.

B. An interview confirmed satisfaction survey results were not discussed at Family Council meetings.

Interview with The Director of Activities and the Director of Operations confirmed that the satisfaction survey results are not shared with the Family Council. [s. 85. (4) (a)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the licensee seeks the advice of the Family Council in developing and carrying out the satisfaction survey, and in acting on its results by sharing satisfaction survey results at Family and Resident Council meetings., to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.



Findings/Faits saillants :

1. The licensee has failed to ensure that all hazardous substances are kept inaccessible to residents at all times.

Observations during the initial tour of the home on September 16, 2014 at 0930 revealed that the third floor dirty utility room door was found unlocked and unattended.

The dirty utility room contained Elimo Odour Eliminator, OCP Enzyme Stain Remover and Viper Sanitizer.

Interview with Personal Support Worker (PSW) and the Administrator confirmed that it is the expectation of the home that the dirty utility room door should be locked and hazardous chemicals be kept inaccessible to residents at all times. [s. 91.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that all hazardous substances are kept inaccessible to residents at all times, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs



Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,
- (a) drugs are stored in an area or a medication cart,
 - (i) that is used exclusively for drugs and drug-related supplies,
 - (ii) that is secure and locked,
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
 - (iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).
 - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).
-

Findings/Faits saillants :

1. The licensee has failed to ensure that drugs are stored in an area or a medication cart that is secure and locked.

Observation of a medication pass on September 24, 2014 revealed the Registered Nurse (RN) discarding unused and discontinued medication in a open bin on top of the medication cart.

The Registered Nurse (RN) confirmed all unused or discontinued medication is discarded in the bin until the end of the medication pass and then put in a locked white bin in the medication room for disposal.

Interview with the Assistant Director of Care (ADOC) confirmed that unused or discontinued medication are discarded in an open bin on the medication cart. The ADOC was unaware that unused or discontinued medication should be stored in an area that is secured and locked at all times. [s. 129. (1) (a)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that drugs are stored in an area or a medication cart that is secure and locked, to be implemented voluntarily.



WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal

Specifically failed to comply with the following:

s. 136. (2) The drug destruction and disposal policy must also provide for the following:

2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs. O. Reg. 79/10, s. 136 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

Interview with the Assistant Director of Care (ADOC) revealed that controlled substances to be destroyed are stored in a small silver locked box in the Director of Care's office which is locked at all times.

Observation of the Director of Care's office on September 26, 2014 revealed the office door was ajar and unattended; with the locked box of controlled substances to be destroyed sitting on the floor and visible from the hall.

Interview with the Assistant Director of Care (ADOC) confirmed the office door was open leaving the box of controlled substances visible and accessible.

Interview with the Director of Operations confirmed that all controlled substances to be destroyed and disposed of should be stored in a double locked storage area within the home. [s. 136. (2) 2.]



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 where a drug is to be destroyed is not a controlled substance, it will be done by a team acting together and composed of one member of the registered nursing staff appointed by the Director of Nursing and Personal Care and one other staff member appointed by the Director of Nursing, to be implemented voluntarily.

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

**s. 229. (2) The licensee shall ensure,
(b) that the interdisciplinary team that co-ordinates and implements the program meets at least quarterly; O. Reg. 79/10, s. 229 (2).**

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that there is an interdisciplinary team approach in the co-ordination and implementation of the Infection, Prevention and Control program.

Interview with Assistant Director of Care (ADOC) and review of the Infection, Prevention and Control(IPAC) program revealed that the home does not have an IPAC team that is interdisciplinary. The Assistant Director of Care(ADOC) shared that the ADOC and the Director of Care(DOC) are the only two members of the IPAC team.

The Director of Operations confirmed that the home does not have an Interdisciplinary Infection, Prevention and Control team and do not complete an annual evaluation of the IPAC program. [s. 229. (2) (b)]

2. The licensee has failed to ensure that staff participate in the implementation of the



infection prevention and control program.

A. Observations by inspector #213 on September 16 and 17, 2014 of multiple resident shared bathrooms revealed:

- room #3 shared bathroom had 2 unlabeled visibly soiled kidney basins, 1 unlabeled and soiled wash basin and 1 unlabeled soiled denture cup sitting on the counter
- room #4 shared bathroom had an unlabeled soiled wash basin and urine collection container sitting on the counter
- room #5 shared bathroom had 1 used bar of soap sitting on the side of the sink in no container and 1 used bar of soap sitting in an unlabeled container
- room #6 shared bathroom had 1 bar of used soap sitting in an unlabeled container on the counter
- room #7 shared bathroom had a bar of soap sitting in an unlabeled container on the counter. (213)

B. Dining observation of lunch meal on September 16, 2014 revealed the soda cracker container was sitting inside the opening to the garbage located on the beverage cart, while Personal Support Workers were distributing the crackers to residents.

The Director of Care confirmed that the cracker bin should be placed on top of the beverage cart and not in the garbage. (563)

C. Observations during the initial tour of second floor on September 16, 2014 at 0925 hours revealed the Whirlpool room had 2 used and unlabeled tubes of Barrier cream, 2 used and unlabeled bottles of Refresh Mouth Rinse, one used and unlabeled tub of white petroleum jelly, 2 used and unlabeled tubs of VitaRub, and one used and unlabeled hair brush. Interview with the Registered Nurse revealed those unlabeled items are shared by all residents and referred to them as "Universal". (563)

D. Observations during the initial tour of second floor on September 16, 2014 revealed the inside edge of the handrails were dirty and stained.

Interview with the Director of Operations on September 16, 2014 at 1320 hrs. confirmed the inside ledge of the handrails were dirty and also in disrepair and required painting. (563)

E. On September 16, 2014 a tour of the third floor spa room revealed a used unlabeled



hair brush, an unlabeled nail brush and an unlabeled pair of nail clippers stored on a shelf.

This was confirmed by the Registered Practical Nurse (RPN). The RPN disposed of the items and confirmed that all resident personal care items should be labeled. (522)

F.Observation of the medication pass on On September 24, 2014 at 1155 on the second floor revealed the Registered Nurse (RN) did not wash their hands between residents during the medication pass.

The RN confirmed they should have washed their hands between residents using the waterless hand sanitizer that was on the medication cart.

Interview with the Assistant Director of Care revealed that there is no expectation that staff wash their hands in between resident's during the medication pass.(522) [s. 229. (4)]

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 there is an interdisciplinary team approach in the co-ordination and implementation of the Infection, Prevention and Control program, to be implemented voluntarily.

WN #12: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :



1. The licensee has failed to ensure that the home is a safe and secure environment for its residents.

A. Observation of the second floor kitchen servery on September 16, 2014 revealed the kitchen servery door was left open and unlocked at 1310 hours and a resident had entered the servery and had started to open an unlocked drawer where knives and scissors were stored.

The Personal Support Worker, Director of Operations and the Administrator confirmed the kitchen servery door should be closed and locked at all times when unattended to ensure resident safety.(563)

B.Observation of the lower level resident area on September 26, 2014 revealed the storage of building materials - drywall, wood, metal trim and ladders along the wall beside the elevator.

This was confirmed by the Director of Environment.

Interview with the Director of Operations confirmed that it is the expectation of the home that the building materials should not be stored in a resident area ensuring a safe environment for residents. (522) [s. 5.]

WN #13: 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 licensee has failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident.

A. Interviews with the Personal Support Worker (PSW) and the Registered Nurse (RN) revealed that a specified resident's care plan did not provide clear direction to staff related to refusal of bathing and the absence of interventions in place.

This was confirmed by the Director of Care (DOC). The DOC confirmed the expectation that the plan of care include interventions related to the resident's refusal to bathe. (522)

B. Review of a specified resident's clinical record revealed unclear direction in relation to documentation of which means of toileting is currently in use for the resident. is on an incontinence program. Review of Resident #76's plan of care revealed that the resident uses a mechanical lift for toileting.

Interview with the Assistant Director of Care (ADOC) confirmed the absence of documentation in the resident's plan of care does not provide clear direction to the staff for toileting. (522) [s. 6. (1) (c)]

2. The licensee failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Observations on September 17, 2014 at 10:50 revealed resident #31 was lying in bed without the appropriate treatment intervention in place.

Staff interview with the Registered Practical Nurse(RPN) confirmed the expectation is that the appropriate treatment intervention was not applied by staff.(213) [s. 6. (7)]

WN #14: 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. (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.
O. Reg. 79/10, s. 73 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that residents who require assistance with eating or drinking are only served a meal when someone is available to provide the assistance.

Observation of the dining room lunch service on September 16, 2014 confirmed that 2 specified resident(s) were a meal course. One resident waited 10-15 minutes and the second resident waited over 20 minutes to be assisted with eating.

Interview with the Director of Care (DOC) at 1230 hours confirmed residents should be served a meal only when staff are available to provide immediate assistance. [s. 73. (2) (b)]

WN #15: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information

Specifically failed to comply with the following:

s. 79. (1) Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations. 2007, c. 8, s. 79. (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that all required information is posted in the home.

Initial tour of the home by inspectors # 563 and # 522 on September 16, 2014 revealed the absence of required postings of the homes policies and inspection reports from the past two years.

Tour of the home with the Administrator and Inspector # 538 on September 16, 2014 revealed the absence of the following required policies (Promote Zero Tolerance of abuse and neglect of residents, Whistle Blowing Protection, Home's Policy to minimize the restraining of Residents) and only one inspection report for the past two years were posted on a bulletin board located in the lower level of the home that is not regularly accessed by residents and visitors.

Administrator confirmed that required information is not posted in the home, in a conspicuous and easily accessible location, and was unaware of legislation regarding the required posting of inspection reports for two years. [s. 79. (1)]

WN #16: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

- 1. All areas where drugs are stored shall be kept locked at all times, when not in use.**
- 2. Access to these areas shall be restricted to,**
 - i. persons who may dispense, prescribe or administer drugs in the home, and**
 - ii. the Administrator.**
- 3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.**

Findings/Faits saillants :



**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**

1. The licensee has failed to ensure that all areas where drugs are stored are kept locked at all times, when not in use.

Observation of second floor on September 16, 2014 by inspector(s) # 538 and # 522 revealed that on two separate occasions the medication cart was unlocked and there were no staff visible in the nursing station.

Interview with the Registered Staff on both occasions revealed that they were aware that the cart is to be locked at all times when not in use.

The Registered Nurse and the Administrator confirmed that the expectation of the home is for the medication cart to be locked at all times when unattended.(538)(522) [s. 130. 1.]

Issued on this 22nd day of October, 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) : NANCY JOHNSON (538), JULIE LAMPMAN (522),
MELANIE NORTHEY (563), RHONDA KUKOLY (213)

Inspection No. /

No de l'inspection : 2014_277538_0025

Log No. /

Registre no: L-001173-14

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Oct 20, 2014

Licensee /

Titulaire de permis : KINGSWAY NURSING HOMES LIMITED
310 Queen Street East, R.R. #6, ST. MARYS, ON,
N4X-1C8

LTC Home /

Foyer de SLD : KINGSWAY LODGE NURSING HOME
310 QUEEN STREET EAST, R.R. #6, ST. MARYS, ON,
N4X-1C8

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : THERESA WAKEM



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

Order(s) of the Inspector

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

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

Ordre(s) de l'inspecteur

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

To KINGSWAY NURSING HOMES LIMITED, 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

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

Order # /

Ordre no : 901

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 must 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 to achieve compliance with Reg. 79/10, s. 8. (3).

The plan must include:

1. Recruitment strategies.
2. Strategies to ensure a Registered Nurse is on duty and present in the home.
3. The plan must contain time lines for completion of the actions required and who is accountable for the task.

Please submit the plan in writing to Nancy Johnson, Long Term Care Homes Inspector-Nursing Ministry of Health and Long Term Care, Performance and Compliance Branch, 130 Dufferin Avenue, 4th floor, London, Ontario, N6A 5R2, by email, at nancy.johnson@ontario.ca by November 4, 2014.

Grounds / Motifs :

1. The licensee has failed to ensure that The licensee has failed 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 at all times.

A review of the homes Registered Nursing staffing schedule from August 30, 2014 to September 18, 2014 revealed the following shifts did not have a Registered Nurse on duty:



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

Order(s) of the Inspector

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

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

Ordre(s) de l'inspecteur

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

August 30, 2014 1900-0700
August 31, 2014 1900-0700
September 4, 2014 1900-0700
September 5, 2014 1900-0700
September 6, 2014 1900-0700
September 7, 2014 1900-0700
September 8, 2014 1900-0700
September 9, 2014 1900-0700
September 11, 2014 1900-0700
September 12, 2104 1900-0700
September 13, 2014 1900-0700
September 14, 2014 1900-0700
September 15, 2014 1900-0700
September 16, 2014 1900-0700
September 17, 2014 1900-0700
September 18, 2014 1900-0700
September 18, 2014 1900-0700

This was confirmed by the Director of Care who is responsible for the registered staff schedule. The Administrator confirmed the home is currently actively recruiting.

Interview with the Administrator and Assistant Director of Care (DOC) confirmed there was no Registered Nurse coverage scheduled for the above mentioned shifts.

The Administrator confirmed the expectation that a member of the regular nursing staff must be on duty and present at all times.

(538)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Feb 04, 2015



**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*

Order # /

Ordre no : 902

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

(b) is on at all times;

(c) allows calls to be cancelled only at the point of activation;

(d) is available at each bed, toilet, bath and shower location used by residents;

(e) is available in every area accessible by residents;

(f) clearly indicates when activated where the signal is coming from; and

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Order / Ordre :



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

Order(s) of the Inspector

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

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

Ordre(s) de l'inspecteur

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

The licensee must prepare, submit and implement a plan for achieving compliance with r. 17. (1) (a) to ensure that the home is equipped with a resident-staff communication and response system that can be easily seen, accessed and used by residents, staff and visitors at all times; (e) is available in every area accessible by residents.

The licensee must take immediate action to achieve compliance by:

- A) Ensuring there is a resident-staff communication and response system that is on and readily accessible for use by residents, staff and visitors at all times.
- B) Install a resident-staff communication system that is available in every area accessible to residents.

Please submit the plan in writing to Nancy Johnson, Long Term Care Homes Inspector-Nursing Ministry of Health and Long Term Care, Performance and Compliance Branch, 130 Dufferin Avenue, 4th floor, London, Ontario, N6A 5R2, by email, at nancy.johnson@ontario.ca by November 4, 2014.

Grounds / Motifs :

1. The licensee failed to ensure that the home is equipped with a resident-staff communication and response system that can be easily seen, accessed and used by residents, staff and visitors at all times.

Observations on September 16 and 17, 2014 revealed a non functioning call bell in a resident bathroom.

An interview Personal Support Worker (PSW) and a Registered Practical Nurse (RPN) confirmed that the call bell was not functioning.

Observation on September 16, 2014 revealed resident #82 lying in bed with the call bell out of reach.

This was confirmed by the Registered Nurse (RN) and Personal Support Worker (PSW).

The Administrator confirmed that it is an expectation of the home that the resident-staff communication and response system be accessible to the resident at all times. (522) [s. 17. (1) (a)]

(213)

2. The licensee failed to ensure that the home is equipped with a resident-staff communication and response system that is available in every area accessible by residents.

Observations on September 16, 2014 of the lower level physiotherapy area, recreation area and washroom revealed that there is no call bell system.

The Director of Activities and the Director of Care confirmed that there is no call bell system in the lower level area where residents attend activities and physiotherapy.[s. 17. (1) (e)] (213)



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

Order(s) of the Inspector

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section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

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

Ordre(s) de l'inspecteur

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

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

Feb 04, 2015



**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
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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

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



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

Order(s) of the Inspector

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

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

Ordre(s) de l'inspecteur

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

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.



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

Order(s) of the Inspector
Pursuant to section 153 and/or
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Homes Act, 2007, S.O. 2007, c.8*

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

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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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.



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

Order(s) of the Inspector

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

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

Ordre(s) de l'inspecteur

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

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

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

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 20th day of October, 2014

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

**Name of Inspector /
Nom de l'inspecteur :** Nancy Johnson

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