Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

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Amended Public Copy/Copie modifiée du rapport public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Dec 30, 2019	2019_539120_0027 (A1)	011713-19	Complaint

Licensee/Titulaire de permis

Barton Retirement Inc.
1430 Upper Wellington Street HAMILTON ON L9A 5H3

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

The Wellington Nursing Home
1430 Upper Wellington Street HAMILTON ON L9A 5H3

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

Amended by BERNADETTE SUSNIK (120) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

The compliance order due date for both compliance orders #001 and #002 have been extended from December 31, 2019 to February 15, 2020.

Issued on this 30th day of December, 2019 (A1)

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

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

Amended by BERNADETTE SUSNIK (120) - (A1)

Amended Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): August 1, 2, 6, 2019

This complaint inspection was conducted in response to concerns related to pest control and maintenance services in the home.

During the course of the inspection, the inspector(s) spoke with the Administrator, Maintenance Manager, Food Services Supervisor, Activation Manager, housekeeping, dietary, nursing staff and a pest control technician.

During the course of the inspection, the inspector toured the home, reviewed maintenance and housekeeping policies, procedures, schedules, audits, pest control service reports and pest control policies.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Accommodation Services - Maintenance

During the course of the original inspection, Non-Compliances were issued.
- **5 WN(s)**
- **2 VPC(s)**
- **2 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks; O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :

1. As part of the organized program of maintenance services under clause 15(1) (c) of the Act, the licensee failed to ensure that schedules and procedures were in place for preventive and remedial maintenance, specifically related to exhaust fans, wall surfaces and tub lift equipment accessories.

The policies and procedures provided by the maintenance manager regarding their maintenance program did not include procedures as to what to look for when inspecting exhaust fans, wall surfaces and tub lift equipment accessories. A preventive inspection schedule was not established for these items. The daily, weekly, monthly or yearly preventive check lists that were required to be completed by the maintenance manager to conduct inspections of the home as per their policy entitled "Planned Comprehensive Semi-Annual Inspections" did not include exhaust fans, wall surfaces and tub lift equipment accessories.

The remedial component of the program, which included responding to any identified surfaces, furnishings, equipment, fixtures or items in disrepair, did not include a schedule of repair time frames and who would conduct the repair, especially when the disrepair could not be completed by the available staffing resources or could be completed in a timely manner.

During the inspection, the following was observed;

1. Ceiling exhaust fans located in but not limited to three identified resident washrooms, a staff washroom and a shower room were not functional. Exhaust fans in but not limited to nine identified resident washrooms were noisy, an indicator that the motor needed cleaning or adjustment. The maintenance person reported that they relied on housekeeping and nursing staff to report when an exhaust fan was not functioning. The maintenance logs for both first and second floors were reviewed between January 2019 and date of inspection and did not include any entries by staff regarding exhaust fans with the exception of one resident washroom, which was documented as being loud on a specified date in May 2019, and documented as addressed on the same date. A shower room exhaust fan was documented to be broken on a specified date in June 2019 and documented as addressed the following day. The maintenance manager reported that they had new fans in storage and had replaced them, but did not have any records as to which fans were replaced and when and when each fan was last audited for function and effectiveness.

2. Wall and corner damage or missing tiles were observed during a tour of both first and second floors. According to staff #003, an identified resident bedroom had holes in the wall under a window in May 2019, but did not document the condition in the maintenance request binder. Other damage identified by the staff member as of May 2019, included a large section of wall covering missing in a dining room, wall and corner damage and missing or loose baseboard tiles in bedrooms or washrooms of four identified resident rooms. The areas and/or rooms were all checked and the damage that was reported was outstanding. A large section of wall covering was missing in a dining room under a window area. Scorch marks were also noted on the wall surface above two separate heaters. Holes were in the wall under a window in an identified resident bedroom, the wall tile behind the toilet in an identified washroom was not adhered to the wall and a black substance resembling mould was behind the tile. A baseboard tile was missing in an identified washroom and the door stop for the bedroom door was loose and not attached properly. Corner wall damage and/or wall scuffing was evident in two identified bedrooms. During the inspection, a baseboard tile was observed to be missing in an identified washroom, loose baseboard tile near the toilet in two identified resident washrooms and a loose vinyl baseboard was noted in the hall across from the nurse's station.

On a specified date in May 2019, an unknown staff member documented in the maintenance log binder that a baseboard tile behind the toilet in an identified washroom was coming off and the area behind the tile was black. On a specified date in July 2019, an unknown staff member documented in the maintenance log that the family member for resident residing in a specific room was upset due to the scraped walls, damaged floor and wall. No other reports of wall or tile disrepair were made in 2019.

The maintenance manager did not have a painting or wall repair schedule and reported that most of the repairs were done in response to new resident admissions, room changes or when staff documented the disrepair in the maintenance log. The manager acknowledged that due to a lack of maintenance staff since October 2018, many of the repairs could not be completed.

3. The seat belts for the tub lifts were frayed and not in good condition. According to personal support workers, the lift equipment including belts and straps were required to be checked for condition before each use. No maintenance request reports for the frayed belts were made in 2019 and no audits of specific lift

equipment and accessories were available.

The licensee failed to ensure that schedules and procedures were in place for preventive and remedial maintenance, specifically related to exhaust fans, wall surfaces and tub lift equipment accessories. [s. 90. (1) (b)]

2. The licensee failed to ensure that procedures were developed and implemented to ensure that all sinks and washroom fixtures were maintained and kept free of corrosion and cracks.

During a tour of the home, the following was observed;

1. The hot water faucets to sinks in but not limited to seven resident washrooms, a shower room, staff washroom, ladies and men's staff washroom, ladies public/resident washroom, and a tub room, were corroded around the base and had heavy scale build-up on them. Several leaked water around the base when turned on. The faucet located in an identified resident washroom, when turned on, leaked at the point where the hot water line was connected to the water shut off valve located under the sink. Many other faucets were covered in scale but were not corroded or leaking. The City of Hamilton, where the LTC home was located, has medium hard water and confirmation was made with the Food Services Manager, that the home did not have a water softener. On a specified date in May 2019, during a complaint inspection by inspector #632, the same faucet in the identified washroom was leaking and reported directly to the maintenance manager the following day, along with leaks at the sinks in two other identified resident washrooms.

2. During a tour of the kitchen, dietary staff reported that the three compartment sink was leaking, from the wash water compartment and into the rinse water compartment. Bubbles were seen coming up underneath the divider between the two compartments. It appeared that the weld or seal between the two compartments had failed.

The licensee's policy entitled "Planned Comprehensive Semi-Annual Inspections" (October 2011), required that the Environmental Supervisor (Maintenance Manager) conduct or arrange for an inspection to be conducted in all areas, and that structures and equipment were to be inspected and the results of the inspections recorded on the appropriate daily, weekly, monthly and yearly check off list. The check off list attached to the policy did not include the need to check

sinks and washroom fixtures for corrosion or cracks. A separate check list provided entitled "Physical Plant and Maintenance - Resident Unit" included the requirement for the surface of toilets and bathing fixtures to be checked for condition, but did not include faucets or sinks. The check list was completed monthly in 2019, but did not include the location of the toilets and bathing fixtures that were reviewed. An additional check list provided for review was entitled "The Weekly Preventative Maintenance Checklist" and included the requirement to check all plumbing to ensure that it was in good repair and safe for use, however it was not clear what "plumbing" included.

No written procedures were available for the auditor or staff member conducting the inspection checks for guidance, other than a brief statement within the check list itself about what to look for. Some of the items in the check list were vague as to what exactly the auditor should be looking for. No written procedures included how the sink faucets would be maintained to prevent corrosion or cracks (i.e. routine de-scaling, use of softened water, routine replacement of faucets etc.) and how often. The licensee's deep cleaning routines did not include any de-scaling processes.

The license failed to develop and implement procedures to ensure that washroom fixtures and sinks were maintained and kept free of corrosion and cracks. [s. 90. (2) (d)]

Additional Required Actions:

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

(A1)
The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 001

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Findings/Faits saillants :

1. The licensee failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any procedure, the licensee was required to ensure that the procedure was complied with.

In accordance with LTCHA, 2007, S.O. 2007, c.8, s. 15(2) and in reference to O.Reg. 79/10, s.90(1)(b), the licensee was required to have an organized program of maintenance services for the home and that procedures and schedules for preventive and remedial maintenance related to the home were in place. The licensee failed to ensure that procedures included in the organized program of maintenance services were complied with. Specifically, staff did not comply with the licensee's policy entitled "Planned Comprehensive Semi-Annual Inspections" dated October 2011.

The "Planned Comprehensive Semi-Annual Inspections" (October 2011), required the Environmental Supervisor (Maintenance Manager) to conduct or arrange for inspections to be conducted in all areas, and that structures and equipment were to be inspected and the results of the inspections recorded on the appropriate daily, weekly, monthly and yearly check off lists. The administrator was to review all of the reports. No direction was included in the policy as to what course of action would need to be taken and the time frame required to address the identified deficiencies. The monthly check off list included the condition of the windows and cabinets and the weekly check off list included the condition of the ceilings and floors..

None of the audits completed a day, week or month prior to the tour of the home by inspector #120 identified any deficiencies or included any comments or findings related to the ceilings, windows, cabinets or floors in the home. The audit template was designed so that the auditor marked off whether the specific item was "done" or "not done" and the location of the exhaust fans, windows, ceilings, cabinets or floors that were checked were not included on the forms.

According to the Administrator, with respect to their remedial maintenance process, all staff were oriented to their maintenance request for repair system, comprised of a form in which staff were to record any deficiencies they identified for follow up action. The maintenance manager was required to respond to the request and make the necessary repairs or arrangements for repair. In addition, the maintenance manager was to respond to repairs during their audits.

During the inspection, a tour of resident rooms, the main kitchen and common areas of the building were conducted and revealed the following maintenance related issues;

1. The ceiling tiles in four identified washrooms, staff lunch room, staff washroom and an identified bedroom were water stained. The tiles in the staff room were also black with mould. Tiles were missing from two identified resident washrooms and first floor staff washroom. A fresh wet tile was noted in an identified resident washroom during the inspection. A leak down the wall was noted in a dining room, next to the hand sink. An unknown black substance was on the walls, and inside of the cabinetry. When the leak in the dining room was shown to the maintenance manager, they were unaware of the issue. On a specified date in May 2019, inspectors #632 and #561 who were conducting an inspection noted stained ceiling tiles in four identified resident washrooms, which all remained in the same condition during this inspection. On a specified date in May 2019, an unknown staff member documented that a flood occurred in a second floor staff washroom which leaked down to the first floor staff washroom, causing the ceiling tile to fall down to the floor. The condition had not been rectified. According to the maintenance manager, the toilets on the second floor typically become plugged due to resident behaviours [of stuffing linens, peri care wipes or excess paper into the toilet] and the room becomes flooded, which in turn leaks down to the ceiling tiles on the first floor. The maintenance manager reported that new ceiling tiles were recently ordered and that stained tiles would be replaced, but did not have a specific time frame. They acknowledged that since October 2018, they did not have assistance to complete the work and many of the tiles were not replaced after becoming water damaged.

2. The casement style wood windows throughout the home were identified to be original to the building when built 27 years prior. The maintenance manager reported that many of the windows no longer had an air tight seal. According to their audits, no issues were identified with the windows. There was no plan in place to address the multiple issues related to the condition of the windows.

During the inspection, windows in but not limited to 12 resident bedrooms and second floor lounge could not be closed when using the window crank. Many of the locks on other windows that could close could not be locked due to overly stiff locking mechanisms. During the inspection, the identified windows remained open and rain saturated the interior of the windows. Approximately 50% of the windows had peeling paint on the trim and windows in two identified resident bedrooms were in bad condition, with pieces of trim missing.

3. The condition of the floor in an identified resident bedroom was unsatisfactory. A large hole approximately 24 centimeters in diameter was noted under a small chest of drawers. The hole was not sealed and had exposed hardened foam in a portion of the hole. According to the maintenance manager, a contractor had to drill holes into the floor on one side of the building to raise a sinking foundation approximately six years prior. Small holes approximately four centimeters in diameter were noted in other resident rooms and were sealed. However, no explanation could be provided regarding why the hole in the identified resident bedroom was so large and why it was never properly sealed. According to the maintenance manager's "Physical Plant and Maintenance - Resident Unit" audit results, there was no documentation to determine which resident rooms were audited. The audit included the requirement to check floors to ensure that they were smooth, free of cracks, breaks and open seams. No resident room audit for the identified bedroom was available.

4. The condition of cabinetry was observed to be in poor condition in one identified resident washroom. The laminate coating on a drawer was eroded and press board beneath was exposed. The lower cabinetry in a dining room (below counter area of beverage station) was in the same poor condition. The raised portion of the counter top (trim around the sink area) was no longer tight fitting and had become water damaged, with press board exposure.

The licensee failed to ensure that procedures included in the organized program of maintenance services were complied with. Specifically, staff did not comply with the licensee's policy entitled "Planned Comprehensive Semi-Annual Inspections" dated October 2011. [s. 8.]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A1)
The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 002

WN #3: 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 failed to ensure that the home was a safe environment for its residents.

On a specified date in May 2019, nursing staff documented on a maintenance request form that ceiling tiles were wet above a residents bed. The family of the resident noticed that the tiles looked wet and reported it to nursing staff. According to the maintenance request form, the issue was addressed but no details were provided as to what was done. On a specified date in June 2019, registered staff documented that a water saturated ceiling tile fell on the resident while in bed. The resident was not hurt, but had to be relocated to another room for the night. During the inspection, three ceiling tiles were water stained on the opposite side of the room, also from a previous leak. A tour of the home revealed over 15 ceiling tiles to be water stained or missing in resident washrooms/bedrooms. On the last date of inspection, an identified resident washroom was full of fecally contaminated water approximately 1 cm in depth throughout the washroom. A sign on the wall in the washroom required that staff turn off the water supply to the toilet when the resident was not using the toilet. Two personal support workers in the area at the time of inspection suspected that the water valve for the toilet was not shut off. They were both looking for a vacuum in which to remove the water. None was located and the delay in finding

one allowed the water to begin seeping down to the room below. A visit to the washroom below revealed water dripping down onto the toilet, floor and garbage receptacle. The resident occupying the room would not be able to use their washroom until properly cleaned and disinfected and the water dried up.

On a specified date in May 2019, an unknown staff member made a notation in the maintenance request binder that a ceiling tile crumbled and fell to the floor in the first floor staff washroom, due to a flood in the second floor staff washroom. No staff member was in the washroom at the time, however the potential for injury was present.

According to the maintenance manager, ongoing issues were being experienced in the home with water leaks from corroded or worn water and waste water pipes and plugged toilets. According to entries in the maintenance binder for both floors, between January and August 2019, plugged or clogged toilets were reported 16 times. The number did not account for other incidents where nursing staff dealt with the clogged toilets themselves. The number of incidents related to flooding and the subsequent leaks into areas below increased the likelihood of residents or staff becoming affected by falling ceiling tiles and/or exposed to contaminated waste water.

Discussion with the Administrator was held regarding whether they had any interior flood management protocols (especially if flood water contains feces and urine). The Administrator said they did not have such a protocol but had plans for large floods and access to an external professional clean-up service. Discussed the need to develop procedures for staff to manage interior flooding situations [i.e. handling of sewage contaminated water, availability of appropriate equipment, cleaning of equipment used to manage sewage contaminated water, building material drying or replacement options, prevention of mould and when to call for external professional assistance].

The licensee did not ensure that the home was a safe environment for its residents. [s. 5.]

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 a safe environment for its residents, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(a) cleaning of the home, including,
(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and
(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. As part of the organized program of housekeeping under clause 15(1)(a) of the Act, the licensee failed to ensure that procedures were developed and implemented for cleaning of the home, including staff areas.

During the inspection, the following was observed:

1. Portable wall mounted fans in all corridors and in the lower level dining room (near steam table) were full of dust.
2. The flooring surface in the lower level dining room was visibly dirty in and around the servery area and a small black area on the floor next to the steam table was black with mould due to continuous dripping water. The flooring in the dining room overall had darkened areas of build up. The flooring surfaces in one identified resident bedroom appeared darkened, especially around the perimeter of the room.
3. The electric baseboard heaters in the lower level dining room had food debris

and beverage stains inside.
4. The lower side of the cabinetry in the lower level activity area was visibly splattered with food matter. The garbage receptacle located next to the cabinetry appeared to be the source of the food splatter. The upper cabinets and back splash also had food splatter. According to the activation manager, the area and garbage receptacle were used by personal support workers to dispose of food products and the sink was used to rinse and store juice cups.
5. Cob webbing and an accumulation of debris was observed between the stove and the lower cabinetry in the lower level activity area.
6. The wall next to the hand sink in first floor activity room had an unknown substance on it that had dripped down from the ceiling above.
7. The garbage/compactor room was full of dirt, dust, debris and unused items. Large gaps were noted under the doors to the outside.
8. The receiving room floor was full of insects, dust, cobwebs. The door was found open to the outside on all three days of inspection.
9. The receiving hallway or employee service corridor floor was dirty in appearance and had dust accumulations and insects in corners. Large gaps were noted under the doors leading to the receiving room.

The licensee's written housekeeping procedures entitled "Routines for NH Housekeeping" updated November 2011, or other routines were not developed to include any details or direction for cleaning the garbage/compactor room, electric baseboard heaters, portable fans or the process and frequency of stripping and re-waxing flooring surfaces.

According to the Administrator, no schedule was maintained as to when the flooring surfaces were stripped and re-waxed or when they were due. The Administrator reported that they had a list of when each resident room became vacant, at which time the floors were stripped and re-waxed. A dietary aide reported that before Christmas each year, the dining room floors were stripped and re-waxed. Housekeeping staff #003 reported that the flooring surfaces in vacated resident bedrooms were not stripped or re-waxed, but were machine buffed only.

The licensee's "Routines for NH Housekeeping", updated November 2011, included routines for corridors, lounges, activity rooms, dining rooms, staff room, washrooms, and resident rooms. The routine for the lower level dining room, activity area (Harvest area) and receiving hallway floors required a daily cleaning of the floors using a "swiffer and taski". The swiffer is a microfiber pad that is

attached to a mopping pad at the end of the mop handle. A taski is an electric auto scrubbing machine which scrubs and washes the floor. No evidence of either type of cleaning was evident based on the extent of the build-up on the floors in the receiving hallway. The servery area in the dining room appeared to have been mopped or "swiffered", but a deep cleaning was not evident. The cleaning routine for the Harvest area failed to include cleaning of the cabinetry and back splash/walls. The routine for activity rooms included wall cleaning where necessary.

The licensee's "Planned Comprehensive Semi-Annual Inspections" policy, dated October 2011, included a daily requirement to ensure the garbage room was tidy. No written procedures included how the room was to be cleaned,and free of rodents and pest, by whom and how often. According to the maintenance manager, the room was their responsibility, but they did not have time to clean it based on limited maintenance staffing resources.

As part of the organized program of housekeeping under clause 15(1)(a) of the Act, the licensee failed to ensure that procedures were developed and implemented for cleaning of the home, including staff areas. [s. 87. (2) (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 procedures are developed and implemented for cleaning of the home, including staff areas, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 88. Pest control

Specifically failed to comply with the following:

s. 88. (2) The licensee shall ensure that immediate action is taken to deal with pests. O. Reg. 79/10, s. 88 (2).

Findings/Faits saillants :

1. The licensee failed to take immediate action to deal with pests.

During the inspection, an infestation of black fruit flies were noted in the main kitchen, dish wash area and dining room on the lower level and by the hand sink in the first floor dining room. The flies were noted to be on the floor, ceilings, walls and equipment in the kitchen, especially near the two compartment sink and the dish wash area. In the dining area, they were congregated around the juice machines. The fruit flies had spread throughout the building and into resident rooms, corridors and dining rooms. Dietary staff reported that the population of the flies seemed to have increased over the last few weeks and identified that they were bothersome. According to the maintenance manager, the actions taken to control the flies was to pour water down the drains daily and to keep them reasonably clean.

The Administrator was shown the infestation in the lower level dining room and acknowledged that their pest control contractor should be contacted. A review of the pest control service reports did not include reports from June or July 2019.

The technician for the pest control company was contacted a few days following the inspection, who confirmed that a visit to the home was made in August 2019. The technician confirmed that a non-functioning drain was found under a sink in the cooking area that appeared to be the source of the infestation. Fly eggs were found inside the drain and flies were seen crawling out of the drain. The technician recommended that the drain be sealed or capped off. Other recommendations included the installation of fly lights and a weekly drain de-greasing program. The technician confirmed that the last visit to the home was conducted in June 2019, and that no visit to the home was made in July 2019. No notations were made regarding the flies in June 2019. [s. 88. (2)]

Issued on this 30th day of December, 2019 (A1)

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère 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

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Amended Public Copy/Copie modifiée du rapport public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	Amended by BERNADETTE SUSNIK (120) - (A1)
Inspection No. / No de l'inspection :	2019_539120_0027 (A1)
Appeal/Dir# / Appel/Dir#:	
Log No. / No de registre :	011713-19 (A1)
Type of Inspection / Genre d'inspection :	Complaint
Report Date(s) / Date(s) du Rapport :	Dec 30, 2019(A1)
Licensee / Titulaire de permis :	Barton Retirement Inc. 1430 Upper Wellington Street, HAMILTON, ON, L9A-5H3
LTC Home / Foyer de SLD :	The Wellington Nursing Home 1430 Upper Wellington Street, HAMILTON, ON, L9A-5H3
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Lisa Brentnall

Ontario

Ministry of Long-Term Care

Ministère 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

To Barton Retirement Inc., you are hereby required to comply with the following order (s) by the date(s) set out below:

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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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 # / No d'ordre: 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Order / Ordre :

The licensee shall be compliant with s. 90(1) of O. Reg. 79/10.

Specifically, the licensee shall complete the following;

1. Develop room specific audits that includes resident bedrooms, resident ensuite washrooms, staff and public washrooms, tub/shower rooms, dining rooms, activity rooms, staff rooms and kitchen so that every fixture, all furnishings, surfaces, devices and equipment in that area are checked for condition. Include the auditor's name, date audit completed, specific area being audited, the details of the unsatisfactory condition identified, an area to complete the follow up action and the follow up completion date on the audit form.

2. Conduct an audit of all resident bedrooms, resident ensuite washrooms, dining rooms, tub/shower rooms, activity rooms, staff rooms and kitchen and document the findings on the audit form developed above. The audit and documentation of follow up action(s) shall be made available for review for future follow up inspections. Thereafter, each of the areas in the home shall be audited on a routine basis established by the management team of the home.

3. Written procedures shall be developed for staff guidance related to maintaining water faucets, sinks, exhaust fans, walls and lift equipment accessories. The staff who are associated with the procedures shall be made aware of the procedures.

Grounds / Motifs :

1. 1. As part of the organized program of maintenance services under clause 15(1)(c) of the Act, the licensee failed to ensure that schedules and procedures were in place for preventive and remedial maintenance, specifically related to exhaust fans, wall surfaces and tub lift equipment accessories.

The policies and procedures provided by the maintenance manager regarding their maintenance program did not include procedures as to what to look for when inspecting exhaust fans, wall surfaces and tub lift equipment accessories. A preventive inspection schedule was not established for these items. The daily, weekly, monthly or yearly preventive check lists that were required to be completed

by the maintenance manager to conduct inspections of the home as per their policy entitled "Planned Comprehensive Semi-Annual Inspections" did not include exhaust fans, wall surfaces and tub lift equipment accessories.

The remedial component of the program, which included responding to any identified surfaces, furnishings, equipment, fixtures or items in disrepair, did not include a schedule of repair time frames and who would conduct the repair, especially when the disrepair could not be completed by the available staffing resources or could be completed in a timely manner.

During the inspection, the following was observed;

1. Ceiling exhaust fans located in but not limited to three identified resident washrooms, a staff washroom and a shower room were not functional. Exhaust fans in but not limited to nine identified resident washrooms were noisy, an indicator that the motor needed cleaning or adjustment. The maintenance person reported that they relied on housekeeping and nursing staff to report when an exhaust fan was not functioning. The maintenance logs for both first and second floors were reviewed between January 2019 and date of inspection and did not include any entries by staff regarding exhaust fans with the exception of one resident washroom, which was documented as being loud on a specified date in May 2019, and documented as addressed on the same date. A shower room exhaust fan was documented to be broken on a specified date in June 2019 and documented as addressed the following day. The maintenance manager reported that they had new fans in storage and had replaced them, but did not have any records as to which fans were replaced and when and when each fan was last audited for function and effectiveness.

2. Wall and corner damage or missing tiles were observed during a tour of both first and second floors. According to staff #003, an identified resident bedroom had holes in the wall under a window in May 2019, but did not document the condition in the maintenance request binder. Other damage identified by the staff member as of May 2019, included a large section of wall covering missing in a dining room, wall and corner damage and missing or loose baseboard tiles in bedrooms or washrooms of four identified resident rooms. The areas and/or rooms were all checked and the damage that was reported was outstanding. A large section of wall covering was missing in a dining room under a window area. Scorch marks were also noted on the wall surface above two separate heaters. Holes were in the wall under a window in

an identified resident bedroom, the wall tile behind the toilet in an identified washroom was not adhered to the wall and a black substance resembling mould was behind the tile. A baseboard tile was missing in an identified washroom and the door stop for the bedroom door was loose and not attached properly. Corner wall damage and/or wall scuffing was evident in two identified bedrooms. During the inspection, a baseboard tile was observed to be missing in an identified washroom, loose baseboard tile near the toilet in two identified resident washrooms and a loose vinyl baseboard was noted in the hall across from the nurse's station.

On a specified date in May 2019, an unknown staff member documented in the maintenance log binder that a baseboard tile behind the toilet in an identified washroom was coming off and the area behind the tile was black. On a specified date in July 2019, an unknown staff member documented in the maintenance log that the family member for resident residing in a specific room was upset due to the scraped walls, damaged floor and wall. No other reports of wall or tile disrepair were made in 2019.

The maintenance manager did not have a painting or wall repair schedule and reported that most of the repairs were done in response to new resident admissions, room changes or when staff documented the disrepair in the maintenance log. The manager acknowledged that due to a lack of maintenance staff since October 2018, many of the repairs could not be completed.

3. The seat belts for the tub lifts were frayed and not in good condition. According to personal support workers, the lift equipment including belts and straps were required to be checked for condition before each use. No maintenance request reports for the frayed belts were made in 2019 and no audits of specific lift equipment and accessories were available.

The licensee failed to ensure that schedules and procedures were in place for preventive and remedial maintenance, specifically related to exhaust fans, wall surfaces and tub lift equipment accessories. [s. 90. (1) (b)]

2. The licensee failed to ensure that procedures were developed and implemented to ensure that all sinks and washroom fixtures were maintained and kept free of corrosion and cracks.

During a tour of the home, the following was observed;

1. The hot water faucets to sinks in but not limited to seven resident washrooms, a shower room, staff washroom, ladies and men's staff washroom, ladies public/resident washroom, and a tub room, were corroded around the base and had heavy scale build-up on them. Several leaked water around the base when turned on. The faucet located in an identified resident washroom, when turned on, leaked at the point where the hot water line was connected to the water shut off valve located under the sink. Many other faucets were covered in scale but were not corroded or leaking. The City of Hamilton, where the LTC home was located, has medium hard water and confirmation was made with the Food Services Manager, that the home did not have a water softener. On a specified date in May 2019, during a complaint inspection by inspector #632, the same faucet in the identified washroom was leaking and reported directly to the maintenance manager the following day, along with leaks at the sinks in two other identified resident washrooms.

2. During a tour of the kitchen, dietary staff reported that the three compartment sink was leaking, from the wash water compartment and into the rinse water compartment. Bubbles were seen coming up underneath the divider between the two compartments. It appeared that the weld or seal between the two compartments had failed.

The licensee's policy entitled "Planned Comprehensive Semi-Annual Inspections" (October 2011), required that the Environmental Supervisor (Maintenance Manager) conduct or arrange for an inspection to be conducted in all areas, and that structures and equipment were to be inspected and the results of the inspections recorded on the appropriate daily, weekly, monthly and yearly check off list. The check off list attached to the policy did not include the need to check sinks and washroom fixtures for corrosion or cracks. A separate check list provided entitled "Physical Plant and Maintenance - Resident Unit" included the requirement for the surface of toilets and bathing fixtures to be checked for condition, but did not include faucets or sinks. The check list was completed monthly in 2019, but did not include the location of the toilets and bathing fixtures that were reviewed. An additional check list provided for review was entitled "The Weekly Preventative Maintenance Checklist" and included the requirement to check all plumbing to ensure that it was in good repair and safe for use, however it was not clear what "plumbing" included.

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No written procedures were available for the auditor or staff member conducting the inspection checks for guidance, other than a brief statement within the check list itself about what to look for. Some of the items in the check list were vague as to what exactly the auditor should be looking for. No written procedures included how the sink faucets would be maintained to prevent corrosion or cracks (i.e. routine de-scaling, use of softened water, routine replacement of faucets etc.) and how often. The licensee's deep cleaning routines did not include any de-scaling processes.

The license failed to develop and implement procedures to ensure that washroom fixtures and sinks were maintained and kept free of corrosion and cracks. [s. 90. (2) (d)].

This order is based upon three factors where there has been a finding of non-compliance in keeping with s.299(1) of Ontario Regulation 79/10. The factors include severity, scope and history of non-compliance. In relation to this inspection, the severity was determined to be a level 2, as no residents were harmed, but a potential for harm is possible, the scope was determined to be a level 3, as the issues identified were widespread throughout the home, and the history related to non-compliance with s.90 was determined to be a level 1, as no non-compliance was issued under the same section over the last 3 years.
(120)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Feb 15, 2020(A1)

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 # / No d'ordre: 002

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Order / Ordre :

The licensee shall be compliant with s. 8(1) of O. Reg. 79/10.

Specifically, the licensee shall complete the following;

1. All stained and water damaged ceiling tiles throughout the LTC home shall be replaced. As part of an on-going system of preventive and remedial maintenance, maintain documentation that specifies where the tiles were replaced, how the leak(s) was addressed, whether the intervention was successful or not and steps that were taken to address any re-occurring leaks in that location. The documentation of follow up action(s) shall be made available for review for future follow up inspections.

2. Conduct an audit of all windows in the LTC home and document specifically which windows are not able close and lock. The audit shall be made available for review for future follow up inspections. The windows that are not easily closed using the hardware provided must be addressed so that they can easily be closed and locked.

3. Fill in the hole in the floor located in the identified resident bedroom. The floor must be smooth, impervious, tight fitting and easy to clean when completed.

4. The cabinetry and counter top identified in #4 of the grounds below shall be repaired or re-surfaced so that the surface is tight-fitting, smooth and easy to clean.

Grounds / Motifs :

Order(s) of the Inspector

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1. The licensee failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any procedure, the licensee was required to ensure that the procedure was complied with.

In accordance with LTCHA, 2007, S.O. 2007, c.8, s. 15(2) and in reference to O.Reg. 79/10, s.90(1)(b), the licensee was required to have an organized program of maintenance services for the home and that procedures and schedules for preventive and remedial maintenance related to the home were in place. The licensee failed to ensure that procedures included in the organized program of maintenance services were complied with. Specifically, staff did not comply with the licensee's policy entitled "Planned Comprehensive Semi-Annual Inspections" dated October 2011.

The "Planned Comprehensive Semi-Annual Inspections" (October 2011), required the Environmental Supervisor (Maintenance Manager) to conduct or arrange for inspections to be conducted in all areas, and that structures and equipment were to be inspected and the results of the inspections recorded on the appropriate daily, weekly, monthly and yearly check off lists. The administrator was to review all of the reports. No direction was included in the policy as to what course of action would need to be taken and the time frame required to address the identified deficiencies. The monthly check off list included the condition of the windows and cabinets and the weekly check off list included the condition of the ceilings and floors..

None of the audits completed a day, week or month prior to the tour of the home by inspector #120 identified any deficiencies or included any comments or findings related to the ceilings, windows, cabinets or floors in the home. The audit template was designed so that the auditor marked off whether the specific item was "done" or "not done" and the location of the exhaust fans, windows, ceilings, cabinets or floors that were checked were not included on the forms.

According to the Administrator, with respect to their remedial maintenance process, all staff were oriented to their maintenance request for repair system, comprised of a form in which staff were to record any deficiencies they identified for follow up action. The maintenance manager was required to respond to the request and make the necessary repairs or arrangements for repair. In addition, the maintenance manager was to respond to repairs during their audits.

During the inspection, a tour of resident rooms, the main kitchen and common areas of the building were conducted and revealed the following maintenance related issues;

1. The ceiling tiles in four identified washrooms, staff lunch room, staff washroom and an identified bedroom were water stained. The tiles in the staff room were also black with mould. Tiles were missing from two identified resident washrooms and first floor staff washroom. A fresh wet tile was noted in an identified resident washroom during the inspection. A leak down the wall was noted in a dining room, next to the hand sink. An unknown black substance was on the walls, and inside of the cabinetry. When the leak in the dining room was shown to the maintenance manager, they were unaware of the issue. On a specified date in May 2019, inspectors #632 and #561 who were conducting an inspection noted stained ceiling tiles in four identified resident washrooms, which all remained in the same condition during this inspection. On a specified date in May 2019, an unknown staff member documented that a flood occurred in a second floor staff washroom which leaked down to the first floor staff washroom, causing the ceiling tile to fall down to the floor. The condition had not been rectified. According to the maintenance manager, the toilets on the second floor typically become plugged due to resident behaviours [of stuffing linens, peri care wipes or excess paper into the toilet] and the room becomes flooded, which in turn leaks down to the ceiling tiles on the first floor. The maintenance manager reported that new ceiling tiles were recently ordered and that stained tiles would be replaced, but did not have a specific time frame. They acknowledged that since October 2018, they did not have assistance to complete the work and many of the tiles were not replaced after becoming water damaged.

2. The casement style wood windows throughout the home were identified to be original to the building when built 27 years prior. The maintenance manager reported that many of the windows no longer had an air tight seal. According to their audits, no issues were identified with the windows. There was no plan in place to address the multiple issues related to the condition of the windows. During the inspection, windows in but not limited to 12 resident bedrooms and second floor lounge could not be closed when using the window crank. Many of the locks on other windows that could close could not be locked due to overly stiff locking mechanisms. During the inspection, the identified windows remained open and rain saturated the interior of the windows. Approximately 50% of the windows had peeling paint on the trim

and windows in two identified resident bedrooms were in bad condition, with pieces of trim missing.

3. The condition of the floor in an identified resident bedroom was unsatisfactory. A large hole approximately 24 centimeters in diameter was noted under a small chest of drawers. The hole was not sealed and had exposed hardened foam in a portion of the hole. According to the maintenance manager, a contractor had to drill holes into the floor on one side of the building to raise a sinking foundation approximately six years prior. Small holes approximately four centimeters in diameter were noted in other resident rooms and were sealed. However, no explanation could be provided regarding why the hole in the identified resident bedroom was so large and why it was never properly sealed. According to the maintenance manager's "Physical Plant and Maintenance - Resident Unit" audit results, there was no documentation to determine which resident rooms were audited. The audit included the requirement to check floors to ensure that they were smooth, free of cracks, breaks and open seams. No resident room audit for the identified bedroom was available.

4. The condition of cabinetry was observed to be in poor condition in one identified resident washroom. The laminate coating on a drawer was eroded and press board beneath was exposed. The lower cabinetry in a dining room (below counter area of beverage station) was in the same poor condition. The raised portion of the counter top (trim around the sink area) was no longer tight fitting and had become water damaged, with press board exposure.

The licensee failed to ensure that procedures included in the organized program of maintenance services were complied with. Specifically, staff did not comply with the licensee's policy entitled "Planned Comprehensive Semi-Annual Inspections" dated October 2011. [s. 8.]

This order is based upon three factors where there has been a finding of non-compliance in keeping with s.299(1) of Ontario Regulation 79/10. The factors include severity, scope and history of non-compliance. In relation to this inspection, the severity was determined to be a level 2, as no residents were harmed, but a potential for harm is possible, the scope was determined to be a level 3, as the issues identified were widespread throughout the home, and the history related to non-compliance with s.90 was determined to be a level 1, as no non-compliance was issued under the same section over the last 3 years. (120)

Ontario

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This order must be complied with by / Vous devez vous conformer à cet ordre d’ici le : Feb 15, 2020(A1)

Order(s) of the Inspector

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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, commercial courier or by fax upon:

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

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

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

Order(s) of the Inspector

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Health Services Appeal and Review Board and the Director

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of 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.

RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

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

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

La demande écrite doit comporter ce qui suit :

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

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

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

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

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

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

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

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

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

Issued on this 30th day of December, 2019 (A1)

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Amended by BERNADETTE SUSNIK (120) - (A1)

Ontario

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Service Area Office / Bureau régional de services : Hamilton Service Area Office