



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

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

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

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

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

Toronto Service Area Office
5700 Yonge Street, 5th Floor
TORONTO, ON, M2M-4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de
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5700, rue Yonge, 5e étage
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Téléphone: (416) 325-9660
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Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 17, 2013	2013_161152_0004	T-62-13/T- 99-13	Complaint

Licensee/Titulaire de permis

THE ONTARIO MISSION OF THE DEAF
2395 BAYVIEW AVENUE, NORTH YORK, ON, M2L-1A2

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

BOB RUMBALL HOME FOR THE DEAF
1 Royal Parkside Drive, BARRIE, ON, L4M-0C4

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

CATHERINE PALMER (152), TINA TRALMAN (162)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): March 21, 25, 26, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care, RAI Coordinator, Registered Dietitian, Nutrition Manager, Registered Staff, Food Service Workers, Personal Support Workers, residents

During the course of the inspection, the inspector(s) interviewed staff and residents, observed food production and meal service, reviewed health records and relevant home policies

The following Inspection Protocols were used during this inspection:

Food Quality

Nutrition and Hydration

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

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**

Legendé

**WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités**



Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 75. Nutrition manager

Specifically failed to comply with the following:

s. 75. (2) A person hired as a nutrition manager after the coming into force of this section must be a member of the Canadian Society of Nutrition Management or a registered dietitian. O. Reg. 79/10, s. 75 (2).

Findings/Faits saillants :

1. The home's nutrition manager, hired in the position November 5, 2012, is not an active member of the Canadian Society of Nutrition Management (CSNM) and therefore does not meet the qualifications required for a person hired as a nutrition manager. [s. 75. (2)]

Additional Required Actions:

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

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



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Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has not ensured that the care set out in the plan of care has been provided to identified residents.

Resident #001 was served a broccoli salad, which was identified as a dislike for the resident. Resident did not eat the menu item and dietary aide confirmed that the resident's preferences were not checked prior to serving.

Registered Dietitian wrote an order to provide Resident #001 with one chocolate ensure plus daily on February 13, 2013. Resident did not receive the nutritional supplement February 13,14,15,16,17, 2013. [s. 6. (7)]

2. Resident #002, on a modified diabetic renal diet, was offered restricted food items at observed lunch meal March 21, 2013. [s. 6. (7)]

3. Resource 2.0 90 mLs by mouth when less than 50% meal consumed was ordered for resident #004 on January 23, 2013. Documentation reviewed indicated that resident consumed less than 50% of a meal on March 1,2,5,12,13,15,17, 2013. Progress notes and electronic Medication Administration Record did not reflect provision of the resource as prescribed. Staff interviews revealed lack of awareness that resource was ordered for the resident when less than 50% meal consumed. [s. 6. (7)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the care set out in the plan of care has been provided to identified residents, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning



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Specifically failed to comply with the following:

**s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks; O. Reg. 79/10, s. 71 (1).**

s. 71. (5) The licensee shall ensure that an individualized menu is developed for each resident whose needs cannot be met through the home's menu cycle. O. Reg. 79/10, s. 71 (5).

Findings/Faits saillants :

1. The licensee has not ensured that the home's menu cycle includes menus for therapeutic, and texture modified diets for both meals and snacks. [s. 71. (1) (b)]
2. The licensee failed to ensure that an individualized menu has been developed for resident #002 related to renal therapeutic diet needs. [s. 71. (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's menu cycle includes menus for therapeutic and texture modified diets for both meals and snacks, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

**s. 72. (2) The food production system must, at a minimum, provide for,
(c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s. 72 (2).**

Findings/Faits saillants :



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1. The licensee has not ensured that standardized recipes and production sheets are in place for all menus.

Standardized recipes and production sheets are not in place for all menus including regular, modified diabetic, modified diabetic renal, and for textures including regular, minced, and pureed. Because the system is not in place, there is no way to ensure that taste, nutritive value, appearance, and food quality are preserved.

During dinner meal production observation on March 21, 2013, there were no production sheets/recipes in place for all menus.

On March 25, 2013, lunch meal production, there were only standardized recipes in place for regular textured menu items. There was no direction in place for other therapeutics and texture modified menus. [s. 72. (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 standardized recipes and production sheets are in place for all menus, to be implemented voluntarily.

WN #5: 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. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :



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1. The licensee has not ensured that the home's dining and snack service includes a process to ensure that food service workers and other staff assisting residents are aware of the residents' diets (menu items and portions) as the menu cycle does not include menus for therapeutic, and texture modified diets for both meals and snacks. Inconsistencies in portions served was noted between dining rooms over the course of the inspection. [s. 73. (1) 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's dining and snack service includes a process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care Specifically failed to comply with the following:

- s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,**
- (a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and O. Reg. 79/10, s. 26 (4).**
 - (b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).**

Findings/Faits saillants :

1. The licensee did not ensure that the registered dietitian completed a nutritional assessment for resident #004 related to significant weight loss:
There is no assessment of significant weight change in November 2012 or February 2013 by the home's registered dietitian.
Resident #004 lost 6.4% body weight between October 3, 2012 and November 5, 2012.
Resident #004 lost 12.1 % body weight between August 3, 2012 and February 1, 2013. [s. 26. (4)]



WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs

Specifically failed to comply with the following:

s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).

(b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).

(c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).

(e) a weight monitoring system to measure and record with respect to each resident,

(i) weight on admission and monthly thereafter, and

(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that the following residents were weighed monthly as required.

Resident #001 was not weighed in October 2012.

Resident #004 was not weighed in September 2012. [s. 68. (2) (e)]



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WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes

Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

Findings/Faits saillants :

1. The licensee did not ensure that resident #004 with a change of 5 per cent of body weight, or more, over one month was assessed using an interdisciplinary approach, and that actions were taken and outcomes evaluated:

Resident #004 lost 6.4% body weight between October 3, 2012 and November 5, 2012. There was no interdisciplinary assessment of the resident's weight loss at that time. The resident continued to lose weight up until March 2013. [s. 69.]

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 131.

Administration of drugs

Specifically failed to comply with the following:

s. 131. (3) Subject to subsections (4) and (5), the licensee shall ensure that no person administers a drug to a resident in the home unless that person is a physician, dentist, registered nurse or a registered practical nurse. O. Reg. 79/10, s. 131 (3).

Findings/Faits saillants :

1. An identified Personal Support Worker was observed to administer medications to resident #004 at lunch meal on March 26, 2013. The medications were placed into the resident's lunch meal and fed to the resident by the PSW. [s. 131. (3)]



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Issued on this 18th day of April, 2013

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

Cathy Palmer RD Juina Valman RD



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Order(s) of the Inspector
Pursuant to section 153 and/or
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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

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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**

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**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** CATHERINE PALMER (152), TIINA TRALMAN (162)

**Inspection No. /
No de l'inspection :** 2013_161152_0004

**Log No. /
Registre no:** T-62-13/T-99-13

**Type of Inspection /
Genre d'inspection:** Complaint

**Report Date(s) /
Date(s) du Rapport :** Apr 17, 2013

**Licensee /
Titulaire de permis :** THE ONTARIO MISSION OF THE DEAF
2395 BAYVIEW AVENUE, NORTH YORK, ON, M2L-1A2

**LTC Home /
Foyer de SLD :** BOB RUMBALL HOME FOR THE DEAF
1 Royal Parkside Drive, BARRIE, ON, L4M-0C4

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** SHIRLEY CASSEL

To THE ONTARIO MISSION OF THE DEAF, you are hereby required to comply with the following order(s) by the date(s) set out below:



**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 : 001

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 75. (2) A person hired as a nutrition manager after the coming into force of this section must be a member of the Canadian Society of Nutrition Management or a registered dietitian. O. Reg. 79/10, s. 75 (2).

Order / Ordre :

The licensee shall prepare, submit, and implement a plan to ensure that the home's nutrition manager is an active member of the Canadian Society of Nutrition Management.

Grounds / Motifs :

1. The home's nutrition manager, hired in the position November 5, 2012, is not an active member of CSNM and therefore does not meet the qualifications required for a person hired as a nutrition manager. (152)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 10, 2013



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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

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



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

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

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

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

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



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

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

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



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

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

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

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

Issued on this 17th day of April, 2013

Signature of Inspector /
Signature de l'inspecteur : *Cathy Palmer RD* *Jiina Hakman RD*

Name of Inspector /
Nom de l'inspecteur : CATHERINE PALMER

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