



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  
prévus le Loi de 2007 les  
foyers de soins de longue

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

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347 Preston St, 4th Floor  
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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jan 30, 31, Feb 14, 15, 16, 22, 23, 27, 2012	2012_043157_0005	Critical Incident

**Licensee/Titulaire de permis**

EXTENDICARE (CANADA) INC.  
3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2

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

EXTENDICARE COBOURG  
130 NEW DENSMORE ROAD, COBOURG, ON, K9A-5W2

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

PATRICIA POWERS (157)

**Inspection Summary/Résumé de l'inspection**

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

During the course of the inspection, the inspector(s) spoke with the home's Administrator, Director of Care, RAI Coordinator, two Registered Nurses, two Registered Practical Nurses, four Personal Support Workers, the resident's attending physician, a Cobourg Police Service Detective, a family member and friend of an identified resident.

During the course of the inspection, the inspector(s) Reviewed the clinical health records for two identified residents, reviewed a Critical Incident report related to an incident of resident to resident abuse, reviewed the home's records related to the investigation of this critical incident, reviewed facility policies related to resident abuse, care planning and management of responsive behaviours.

The following Inspection Protocols were used during this inspection:

Critical Incident Response

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect**  
**Specifically failed to comply with the following subsections:**

**s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).**

**Findings/Faits saillants :**

1. The following findings demonstrate that the licensee failed to protect an identified resident from abuse by failing to implement interventions to mitigate the risks associated with the known behaviours of another resident.
2. An identified resident's clinical records and staff interviews identify that a resident was found with another resident in a situation which put the resident's health and safety at risk.
3. A "24-hour Admission Care Plan" for an identified resident did not identify:
  - as required by O.Reg.79/10, s.24(2)1., any risks the resident may pose to himself or herself and interventions to mitigate those risks.
  - as required by O.Reg.79/10, s.24(2)2., any risks the resident may pose to others, including any potential behavioural triggers and safety measures to mitigate those risks.
4. PSW's interviewed state they were not made aware of the heightened monitoring required for an identified resident.

**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 O.Reg 79/10, s. 55. Behaviours and altercations**

**Every licensee of a long-term care home shall ensure that,**

- (a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and
- (b) all direct care staff are advised at the beginning of every shift of each resident whose behaviours, including responsive behaviours, require heightened monitoring because those behaviours pose a potential risk to the resident or others. O. Reg. 79/10, s. 55.

**Findings/Faits saillants :**

1. All direct care staff were not aware of the heightened monitoring required for an identified resident. Personal Support Workers and Registered Practical Nurses interviewed stated they were not aware of this need. [r.55.(b)]

**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 direct care staff are advised of a resident's behaviours requiring heightened monitoring because those behaviours pose a potential risk to the resident or others, to be implemented voluntarily.*

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 104. Licensees who report investigations under s. 23 (2) of Act**

**Specifically failed to comply with the following subsections:**

s. 104. (1) In making a report to the Director under subsection 23 (2) of the Act, the licensee shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report:

1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.

2. A description of the individuals involved in the incident, including,

i. names of all residents involved in the incident,

ii. names of any staff members or other persons who were present at or discovered the incident, and

iii. names of staff members who responded or are responding to the incident.

3. Actions taken in response to the incident, including,

i. what care was given or action taken as a result of the incident, and by whom,

ii. whether a physician or registered nurse in the extended class was contacted,

iii. what other authorities were contacted about the incident, if any,

iv. whether a family member, person of importance or a substitute decision-maker of any resident involved in the incident was contacted and the name of such person or persons, and

v. the outcome or current status of the individual or individuals who were involved in the incident.

4. Analysis and follow-up action, including,

i. the immediate actions that have been taken to prevent recurrence, and

ii. the long-term actions planned to correct the situation and prevent recurrence.

5. The name and title of the person making the report to the Director, the date of the report and whether an inspector has been contacted and, if so, the date of the contact and the name of the inspector. O. Reg. 79/10, s. 104 (1).

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**Findings/Faits saillants :**

1. The report to the Director does not provide the outcome or the current status of the individuals involved in the incident. [r.104.(1)3v.]

2. The report identifies that the Ministry of Health and Long Term Care was contacted but does not provide the date of contact and the name of the inspector. [r.104.(1)5.]

3. Critical Incident Report "What long term actions have been taken to prevent recurrence?" Report states "Unable to foresee the occurrence of the incident". The report fails to identify long term actions planned.

[r.104.(1)4.]

4. The date and time of the incident are not accurately reported on the Critical Incident Report. [r.104.(1)1.]

**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 report to the Director related to the alleged, suspected or witnessed abuse of a resident provides all information required under O.Reg 79/10, s. 104., to be implemented voluntarily.*

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours**

Specifically failed to comply with the following subsections:

s. 53. (3) The licensee shall ensure that,

(a) the matters referred to in subsection (1) are developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices;

(b) at least annually, the matters referred to in subsection (1) are evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

(c) a written record is kept relating to each evaluation under clause (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 53 (3).

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**Findings/Faits saillants :**

1. The home has a Responsive Behaviour Program in place as defined in the Resident Care Manual Policy, number 09-05-01, "Responsive Behaviours", Dated 09-05-01. There is no evidence that the Responsive Behaviour Program is evaluated annually. [r.53.(3)(b)]

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 99. Evaluation**

Every licensee of a long-term care home shall ensure,

(a) that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it;

(b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;

(c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;

(d) that the changes and improvements under clause (b) are promptly implemented; and

(e) that a written record of everything provided for in clauses (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared. O. Reg. 79/10, s. 99.

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**Findings/Faits saillants :**

1. The home has a written policy in place to promote zero tolerance of abuse and neglect of residents. (Policy: "Resident Abuse" - Policy Reference # RESI-02-06-01, Version January 2012) There is no evidence of an annual evaluation to determine the effectiveness of the policy.[r.99.(b)]

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 24. 24-hour admission care plan**

Specifically failed to comply with the following subsections:

s. 24. (2) The care plan must identify the resident and must include, at a minimum, the following with respect to the resident:

1. Any risks the resident may pose to himself or herself, including any risk of falling, and interventions to mitigate those risks.
2. Any risks the resident may pose to others, including any potential behavioural triggers, and safety measures to mitigate those risks.
3. The type and level of assistance required relating to activities of daily living.
4. Customary routines and comfort requirements.
5. Drugs and treatments required.
6. Known health conditions, including allergies and other conditions of which the licensee should be aware upon admission, including interventions.
7. Skin condition, including interventions.
8. Diet orders, including food texture, fluid consistencies and food restrictions. O. Reg. 79/10, s. 24 (2).

s. 24. (3) The licensee shall ensure that the care plan sets out,

(a) the planned care for the resident; and

(b) clear directions to staff and others who provide direct care to the resident. O. Reg. 79/10, s. 24 (3).

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**Findings/Faits saillants :**

1. Despite the pre-admission information provided by the CCAC there is no 24-hour care plan for an identified resident which identifies:

- any risks the resident may pose to himself or herself and interventions to mitigate those risks [r.24.(2)1.]
- any risks the resident may pose to others, including any potential behavioural triggers and safety measures to mitigate those risks [r.24.(2)2.]

2. The identified 24-hour care plan does not set out the planned care for an identified resident or provide clear directions to staff and others who provide care to the resident.[r.24.(3)(a)(b)]

**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 24-hour admission care plan is developed for each newly admitted resident and communicated to direct care staff which identifies any risks the resident may pose to himself or herself and to others and safety measures to mitigate those risks, to be implemented voluntarily.*

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**WN #7:** 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 subsections:

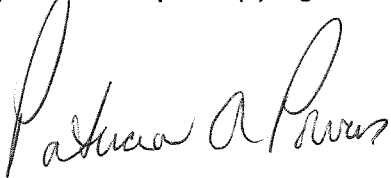
- s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
- (a) the Residents' Bill of Rights;
  - (b) the long-term care home's mission statement;
  - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
  - (d) an explanation of the duty under section 24 to make mandatory reports;
  - (e) the long-term care home's procedure for initiating complaints to the licensee;
  - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
  - (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained;
  - (h) the name and telephone number of the licensee;
  - (i) an explanation of the measures to be taken in case of fire;
  - (j) an explanation of evacuation procedures;
  - (k) copies of the inspection reports from the past two years for the long-term care home;
  - (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years;
  - (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years;
  - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council;
  - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council;
  - (p) an explanation of the protections afforded under section 26; and
  - (q) any other information provided for in the regulations. 2007, c. 8, ss. 79 (3)

**Findings/Faits saillants :**

1. The home's Zero Tolerance for Abuse Policy was not posted [s.79.(3)(c)]  
The home's inspection reports for the last two years were not posted. [s.79.(3)(k)]

Issued on this 27th day of February, 2012

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





**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*

**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**

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<b>Name of Inspector (ID #) / Nom de l'inspecteur (No) :</b>	PATRICIA POWERS (157)
<b>Inspection No. / No de l'inspection :</b>	2012_043157_0005
<b>Type of Inspection / Genre d'inspection:</b>	Critical Incident
<b>Date of Inspection / Date de l'inspection :</b>	Jan 30, 31, Feb 14, 15, 16, 22, 23, 27, 2012
<b>Licensee / Titulaire de permis :</b>	EXTENDICARE (CANADA) INC. 3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2
<b>LTC Home / Foyer de SLD :</b>	EXTENDICARE COBOURG 130 NEW DENSMORE ROAD, COBOURG, ON, K9A-5W2
<b>Name of Administrator / Nom de l'administratrice ou de l'administrateur :</b>	<del>LYNDA DAVLUT</del> SOILI HELPPI

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To EXTENDICARE (CANADA) INC., 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

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<b>Order # / Ordre no :</b>	001	<b>Order Type / Genre d'ordre :</b>	Compliance Orders, s. 153. (1) (b)
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**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

**Order / Ordre :**

The licensee must prepare, implement and submit a plan to ensure that residents are protected from abuse by anyone by ensuring that assessment information received for newly admitted residents is incorporated into the resident's plan of care providing clear direction to staff for any risks the resident may pose to himself or others with interventions and safety measures to mitigate those risks.

Written plan is to be submitted to MOHLTC, Attention Pat Powers, fax (613)569-9670 by March 5, 2012.

**Grounds / Motifs :**

1. The following findings demonstrate that the licensee failed to protect an identified resident from abuse by failing to implement interventions to mitigate the risks associated with the known behaviours of another resident.
2. An identified resident's clinical records and staff interviews identify that a resident was found with another resident in a situation which put the resident's health and safety at risk.
3. A "24-hour Admission Care Plan" for an identified resident did not identify:
  - as required by O.Reg.79/10, s.24(2)1., any risks the resident may pose to himself or herself and interventions to mitigate those risks.
  - as required by O.Reg.79/10, s.24(2)2., any risks the resident may pose to others, including any potential behavioural triggers and safety measures to mitigate those risks.
4. PSW's interviewed state they were not made aware of the heightened monitoring required for an identified resident. (157)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :** Mar 05, 2012





**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

**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  
 55 St. Clair Avenue West  
 Suite 800, 8th Floor  
 Toronto, ON M4V 2Y2  
 Fax: 416-327-7603

*See Below*

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  
 55 St. Clair Avenue West  
 Suite 800, 8th Floor  
 Toronto, ON M4V 2Y2  
 Fax: 416-327-7603

*See Below*

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](http://www.hsarb.on.ca).

**Director**  
**c/o Appeals Clerk**  
**Performance Improvement and Compliance Branch**  
**Ministry of Health and Long-Term Care**  
**1075 Bay Street, 11<sup>th</sup> 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*

**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  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 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.

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  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 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](http://www.hsarb.on.ca).

**Issued on this 27th day of February, 2012**

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

**Name of Inspector /  
Nom de l'inspecteur :** PATRICIA POWERS

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