



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

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

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

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

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

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

**Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670**

**Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670**

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
Jan 14, 2013	2013_204133_0001	O-002083- 12	Critical Incident System

Licensee/Titulaire de permis

CITY OF OTTAWA

Long Term Care Branch, 275 Perrier Avenue, OTTAWA, ON, K1L-5C6

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

GARRY J. ARMSTRONG HOME

200 ISLAND LODGE ROAD, OTTAWA, ON, K1N-5M2

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 8, 9 - 2013

During the course of the inspection, the inspector(s) spoke with The Administrator, the Director of Care, the Facilities Supervisor and the Hospitality Manager.

During the course of the inspection, the inspector(s) assessed door security throughout the home, reviewed Critical Incident Report #M622-000044-12, reviewed documentation related to the reported incident, reviewed a residents health care record.

The following Inspection Protocols were used during this inspection:

Responsive Behaviours

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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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. 9. Doors in a home



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Specifically failed to comply with the following:

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

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

- i. kept closed and locked,
- ii. equipped with a door access control system that is kept on at all times, and
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

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

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. O. Reg. 79/10, s. 9. (1).

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents. O. Reg. 79/10, s. 9. (1).

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency. O. Reg. 79/10, s. 9. (1).

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

Findings/Faits saillants :



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1. The licensee has failed to comply with O. Reg 79/10, s.9(1)1.i. in that neither of the home's front doors are kept locked.

At the front entrance of the home there is an inner set of sliding doors and an outer set of sliding doors with a vestibule in between. The automatic opening and closing of these doors is controlled by a system that requires a person to swipe an access card at a reader on the wall, or to buzz the receptionist for access, however neither set of doors is actually locked. The inspector found that the inner door can be easily slid open, and then once a person is in the vestibule the outer sliding door opens automatically. Each set of doors is equipped with a thumb lock which is engaged by staff during the night shift, with the purpose of preventing entry into the home over night.

On a day in September 2012, resident #001 left a secured unit on which they reside via the elevator and then eloped from the home by sliding the inner front door open. Two residents who were outside of the front entrance smoking observed the resident forcing the door open. While there is a receptionist at the front desk between 8am and 8pm, the receptionist was on a break at the time of the resident's elopement. The resident was found by police, about an hour and fifteen minutes later, down by the Rideau River.

On January 9th, the Administrator brought in a security guard to monitor the front door between the hours of 8pm and 8am, when there is no coverage of the front reception desk. The inspector was informed this will be in place until the door can be locked as is required. [s. 9. (1) 1. i.]

2. The licensee has failed to comply with O. Reg. 79/10, s.9(1)1.iii. in that resident accessible doors leading to stairways and to unsecured outside areas are not equipped with audible door alarms that allow calls to be cancelled only at the point of activation and are connected to the resident-staff communication and response system, or, connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

Accompanied by the home's Facility Supervisor, the inspector toured through the home and assessed door security. It was noted that a total of twenty five resident accessible doors are not alarmed as is required. Twenty two of these doors lead to stairwells and three lead to unsecured outside areas, including the home's front door.



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The inspector was informed that all of these resident accessible doors will cause an alarm to sound at the City of Ottawa corporate security office, located within Ottawa City Hall, if they are left open for a certain period of time. The exception is the front door, on which there is no alarm. The inspector was informed that a single alarm does not typically trigger a call to the home, and that alarms are cancelled by staff in the City of Ottawa corporate security office. Door alarms must sound within the home and must only be cancelled at the point of activation. [s. 9. (1) 1. iii.]

Additional Required Actions:

CO # - 001, 002 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 :



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1. The licensee has failed to comply with O. Reg. 79/10, s.55(b) in that all direct care staff were not advised at the beginning of a shift of a resident whose responsive behaviour requires heightened monitoring because the behaviour poses a potential risk to the resident.

On a day in September 2012, during the evening shift, resident #001 left a secured unit on which they reside via the elevator and then eloped from the home by sliding the unlocked front door open. The resident had last been seen by a staff person ten minutes earlier. The resident was found by police, approximately one hour and fifteen minutes later, down by the Rideau River.

There was a casual Registered Practical Nurse, two casual Personal Support Workers (PSW) and one full time PSW working that evening shift on the resident's care unit. The Director of Care (DOC) informed the inspector that the full time PSW who was on that shift later told her that the resident had been exhibiting their distinctive responsive behaviour of exit seeking while wearing outdoor clothing, during the shift. The DOC explained to the inspector that while the resident wanders throughout the unit continuously, their responsive behaviour of exit seeking typically only occurs when there is an underlying infection, such as a urinary tract infection. The cue to staff that the resident is exit seeking is that the resident will put on outdoor clothing, such as a jacket and a hat. The DOC explained that the resident was observed by staff to have been wearing outdoor clothing while wandering through the care unit during that evening shift. The DOC informed the inspector that the casual staff working on that evening shift were not aware that this behaviour represented exit seeking and therefore posed a potential risk to the resident. As a result, there was no heightened monitoring put into place. Resident #001 previously eloped from the home in 2011. [s. 55. (b)]



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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 with the requirement that 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, to be implemented voluntarily.

Issued on this 15th day of January, 2013

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

Jessica Lapensee



**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

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : JESSICA LAPENSEE (133)

Inspection No. /

No de l'inspection : 2013_204133_0001

Log No. /

Registre no: O-002083-12

Type of Inspection /

Genre d'inspection: Critical Incident System

Report Date(s) /

Date(s) du Rapport : Jan 14, 2013

Licensee /

Titulaire de permis : CITY OF OTTAWA
Long Term Care Branch, 275 Perrier Avenue, OTTAWA,
ON, K1L-5C6

LTC Home /

Foyer de SLD : GARRY J. ARMSTRONG HOME
200 ISLAND LODGE ROAD, OTTAWA, ON, K1N-5M2

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : ~~MARLYNNE FERGUSON~~ DEAN LETT

To CITY OF OTTAWA, 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**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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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. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

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

i. kept closed and locked,

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

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

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

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

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.

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

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

Order / Ordre :



**Ministry of Health and
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Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

The licensee will prepare, submit and implement a plan for achieving compliance with the requirement that all resident accessible doors leading to the outside of the home are kept closed and locked. This is in specific reference to the home's front door. This plan is to be submitted in writing to Long Term Care Home Inspector Jessica Lapensee, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 347 Preston Street, 4th floor, ON, K1S-3J4. Alternately, the plan may be faxed to the inspectors attention at (613) 569-9670. This plan is to be submitted by January 21, 2013

In addition, the licensee will prepare, submit and implement a plan to ensure resident safety until the front door can be locked. This plan is to be submitted as described above. This plan is to be submitted on January 16, 2013.

Grounds / Motifs :



**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

1. The licensee has failed to comply with O. Reg 79/10, s.9(1)1.i. in that neither of the home's front doors are kept locked.

At the front entrance of the home there is an inner set of sliding doors and an outer set of sliding doors with a vestibule in between. The automatic opening and closing of these doors is controlled by a system that requires a person to swipe an access card at a reader on the wall, or to buzz the receptionist for access, however neither set of doors is actually locked. The inspector found that the inner door can be easily slid open, and then once a person is in the vestibule the outer sliding door opens automatically. Each set of doors is equipped with a thumb lock which is engaged by staff during the night shift, with the purpose of preventing entry into the home over night.

On a day in September 2012, resident #001 left a secured unit on which they reside via the elevator and then eloped from the home by sliding the inner front door open. Two residents who were outside of the front entrance smoking observed the resident forcing the door open. While there is a receptionist at the front desk between 8am and 8pm, the receptionist was on a break at the time of the resident's elopement. The resident was found by police, about an hour and fifteen minutes later, down by the Rideau River.

On January 9th, the Administrator brought in a security guard to monitor the front door between the hours of 8pm and 8am, when there is no coverage of the front reception desk. The inspector was informed this will be in place until the door can be locked as is required.

(133)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Feb 11, 2013



**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
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Order # /

Ordre no : 002

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
 - i. kept closed and locked,
 - ii. equipped with a door access control system that is kept on at all times, and
 - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

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

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

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.

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

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

Order / Ordre :



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

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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**Ministère de la Santé et
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Ordre(s) de l'inspecteur

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

The licensee will prepare, submit and implement a plan for achieving compliance with the requirement that every resident accessible door that leads to a stairway or to an unsecure outside area is equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and. A. is connected to the resident-staff communication and response system, or B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. This plan is to be submitted in writing to Long Term Care Home Inspector Jessica Lapensee, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 347 Preston Street, 4th floor, ON, K1S-3J4. Alternately, the plan may be faxed to the inspectors attention at (613) 569-9670. This plan is to be submitted by January 21, 2013.

In addition, the licensee will prepare, submit and implement a plan to ensure resident safety until the doors are alarmed as is required. The plan is to be submitted as described above. This plan is to be submitted by January 16, 2013.

Grounds / Motifs :



**Ministry of Health and
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Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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1. The licensee has failed to comply with O. Reg. 79/10, s.9(1)1.iii. in that resident accessible doors leading to stairways and to unsecured outside areas are not equipped with audible door alarms that allow calls to be cancelled only at the point of activation and are connected to the resident-staff communication and response system, or, connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

Accompanied by the home's Facility Supervisor, the inspector toured through the home and assessed door security. It was noted that a total of twenty five resident accessible doors are not alarmed as is required. Twenty two of these doors lead to stairwells and three lead to unsecure outside areas, including the home's front door. The inspector was informed that all of these resident accessible doors will cause an alarm to sound at the City of Ottawa corporate security office, located within Ottawa City Hall, if they are left open for a certain period of time. The exception is the front door, on which there is no alarm. The inspector was informed that a single alarm does not typically trigger a call to the home, and that alarms are cancelled by staff in the City of Ottawa corporate security office. Door alarms must sound within the home and must only be cancelled at the point of activation.

(133)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 14, 2013



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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 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.



Ministry of Health and
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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

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

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



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

Order(s) of the Inspector

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

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

Ordre(s) de l'inspecteur

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

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

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

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

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

Issued on this 14th day of January, 2013

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur :

JESSICA LAPENSEE

Service Area Office /

Bureau régional de services : Ottawa Service Area Office