Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Ottawa Service Area Office

347 Preston St., 4th Floor
Ottawa ON K1S 3J4
Telephone: 613-569-5602
Facsimile: 613-569-9670

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité
Bureau régional de services de Ottawa

347, rue Preston, 4iém étage
Ottawa ON K1S 3J4
Téléphone: 613-569-5602
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Ontario

January 26, 2011

Ms. Deborah Skeaff
Administrator
Picton Manor Nursing Home
9 Hill Street
P.O. Box 920
Picton ON K0K 2T0

Dear Ms. Skeaff:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on December 8 to 10, 2010 under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely

for Wendy Berry
LTC Home Inspector – Environmental Health

c President, Resident's Council
President, Family Council

Ontario

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

Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

Ministry of Health and Long-Term Care
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	Licensee Copy/Copie du Titulaire	X Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection December 08, 09, 10, 2010	**Inspection No/ d'inspection** 2010_102_935_09Dec093459	**Type of Inspection/Genre d'inspection** Follow up: Log # O-002933
Licensee/Titulaire Seniorscare Operations (HCL) LP, 113 Yorkville Avenue Suite 300 Toronto, Ontario M5R 1C1 fax 416 960 5524		
Long-Term Care Home/Foyer de soins de longue durée Picton Manor, 9 Hill Street PO Box 920 Picton, Ontario K0K 2T0 fax 613 476 5240		
Name of Inspector(s)/Nom de l'inspecteur(s) Wendy Berry (102)		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct a follow up inspection to previously identified non compliances from:

- Environmental Health reviews conducted January 26, 27, 2010 and March 31 and April 01, 2010;
- Complaint log # O-000490: Inspection # 2010_101_935_23Jul133626 conducted July 26 and 27, 2010;
- Complaint log # O-000490: Inspection #2010_102_935_16Aug162735 and Inspection #2010_113_935_16Aug162359 conducted August 17, 18, and 19, 2010;
- "Other" Inspection # 2010_101_935_25Aug114055 conducted July 26 and 27, 2010.

During the course of the inspection, the inspector spoke with: the Administrator, Director of Resident Care, several registered and non registered nursing staff, a housekeeper, maintenance person and several residents.

During the course of the inspection, the inspector: visited the 1st and 2nd floors of resident care and the basement level. Documentation reviewed: November Residents' Council meeting minutes; chart of one resident; file labeled "Scabies 2010"; infection control program surveillance data; compliance plans related to outstanding unmet criteria from Environmental Health reviews conducted January 26 and 27, 2010, March 31 and April 01, 2010; a document labelled "Compliance Plan" dated October 25, 2010; staff inservice documentation for 2010; maintenance log book.

The following Inspection Protocols were used during this inspection: Infection Prevention and Control, Safe and Secure Home, Accommodation Services-Maintenance.

Findings of Non-Compliance were found during this inspection. The following action was taken:
4 WN
1VPC
5 CO: CO #001, 002, 003, 004, 005

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

Previously identified unmet criterion M1.19 is now in compliance. Criterion O2.1 is now identified as a non compliance with the LTCHA, 2007, S.O. c. 8, s. 15(2). Refer to WN #1.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with the LTCHA, 2007, S.O. 2007, c.8, s.15. (2) Every licensee of a long-term care home shall ensure that, (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Findings: The home, furnishings and equipment are not maintained in a safe condition and in a good state of repair:

1. Windows are defective and/or damaged in many areas on the 1st and 2nd floor: double hung wooden frame windows would not open in a number of residents' rooms; would not remain in an open position unless propped open in a number of rooms (several were held open with pieces of wood, one was held open with a jar of Nivea cream); window panes were cracked in residents' rooms 115 and 213; several double hung windows were missing either an inner or an outer window pane; a number of windows would not shut securely or tightly into the window frame resulting in cold air draughts through gaps in the window surfaces; a number of double hung windows had inner or outer window sections stuck in an open position.
2. Floor surfaces in a number of areas within the home are damaged. Floor tiles are missing, chipped or cracked in rooms 104, 105, 110, 114 (room and ensuite washroom), 223, 210's ensuite washroom; floor tiles are chipped, split or cracked and the floor is uneven at the entrance to the 1st floor Fairfield lounge and at the entrance and mid section in the 2nd floor lounge/activity area located directly above the Fairfield lounge; corridor floor tiles are chipped and cracked in the vicinity of room 207; the floor covering is damaged in rooms 203 and 204. Non intact surfaces present a potential infection control risk. Unlevel floor surfaces present a potential tripping hazard.
3. Many metal type bed frames in residents' rooms have surface damage evident: paint is chipped and scraped. Corrosion is evident on a number of the bed frames. Non intact, rough surfaces present an increased infection control risk and place residents at increased risk for skin tears.
4. Foot boards on many residents' beds have damage evident. Veneer surfaces are chipped or scraped making cleaning difficult and presenting an infection control risk.
5. The ceiling surface is damaged in the entrance corridor of room 210. The surface coating is discolored, lifting and partially missing in one section covering approximately 1.5 square feet. The integrity of the ceiling surface is compromised presenting a potential safety risk.

Inspector ID #:	102

Additional Required Actions:
CO # 001 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #2: The Licensee has failed to comply with O. Reg. 79/10, s. 16 Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 10 centimetres.

Findings: All of the 1st floor windows that were checked and some of the 2nd floor windows that were checked that open to the outdoors and are accessible to residents can be opened more than 10 centimetres. Many of the windows that were checked during the inspection were malfunctioning.

Inspector ID #:	102

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 every window in the home that opens to the outdoors and is accessible to residents cannot be opened more than 10 centimetres, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O. Reg. 79/10, s. 9. 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 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.

Findings:
1. 6 doors leading to stairways and the outside of the home and are not kept both closed and locked. At the time of inspection, the following doors were kept closed but were not locked:
- the main floor entrance door adjacent to the Administration office leads to an exterior stairway and the outside of the home;
- 1st floor door leading from the corridor into the stairway adjacent to the Fairfield lounge;
- 2nd floor door leading from the corridor into the stairway near room 204
- 1st floor door leading from the stairway adjacent to the Fairfield lounge to outside the home;
- 1st floor door leading from the dining room to the front porch facing Hill Street.
- 1st floor door leading from a lounge to the front porch facing Hill Street.

2. The 1st floor door leading from the corridor into a stairway adjacent to the Fairfield Lounge is not equipped with a door access control system.
3. 4 doors leading to stairways are not equipped with an audible door alarm that allows calls only to be cancelled at the point of activation and that is connected to the resident-staff communication and response system or that 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:
- 1st floor door leading from the corridor into the stairway adjacent to the Fairfield lounge
- 1st floor door leading to the basement stairway
- 2nd floor door leading from the corridor into the stairway near room 204
- 2nd floor door leading from the corridor into the stairway near room 230

Inspector ID #:	102

Additional Required Actions:
CO # 002, 003 and 004 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #4: The Licensee has failed to comply with O. Reg. 79/10, s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,
(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;
(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and
(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability.

Findings:

1. Potential zones of entrapment, as identified in the Health Canada prevailing practices guidance document titled "Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and

Other Hazards", effective date 2008/03/17, were identified on 13 of the 19 residents' beds that were checked on the 1st floor in the home:

- bed rails with an open space which was measured by the inspector as being greater than 120 mm (4 ¾ inches) within the inner perimeter of the rail are in use on beds in rooms 102, 105, 108, 113, 114, 125, etc. Protective covers were not in use on the bed rails that were measured.
- bed rails with a gap greater than 120 mm (4 3/4 inches) between the foot board of the bed and the end of the rail were identified in use in room 114.

2. Steps are not being taken to minimize risk to the resident and prevent resident entrapment in bed rails. Residents are at potential risk of being caught, trapped or entangled in the space in or about the bed rail.
3. The document titled "Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards" is available on the ltchomes.net website.

Inspector ID #:	102

Additional Required Actions:
CO # 005 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

CORRECTED NON-COMPLIANCE
Non-respects à Corrigé

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
LTCHA, 2007, S.O. 2007 c. 8, s. 15(2)(a)	WN	#1	# 2010_101_935_23Jul133626	102
LTCHA, 2007, S.O. 2007 c. 8, s. 86(2)(b)	WN CO	#2 #001	# 2010_101_935_23Jul133626	102
O. Reg. 79/10, s. 229(4)	WN	#3	# 2010_101_935_23Jul133626	102
LTCH Program Manual M3.7	WN	#1	#2010_102_935_16Aug162735 and #2010_113_935_16Aug162359	102
LTCHA, 2007, S.O. 2007 c. 8, s. 86(2)(b)	WN	#2	#2010_102_935_16Aug162735 and #2010_113_935_16Aug162359	102
LTCHA, 2007, S.O. 2007 c. 8, s.5	WN CO	#1 #001	# 2010_101_935_25Aug114055	102
O. Reg. 79/10, s.129(1)(a)(i)(ii)	WN CO	#2 #002	# 2010_101_935_25Aug114055	102

O. Reg. 79/10, s.130(1)	WN CO	#3 #003	# 2010_101_935_25Aug114055	102
O. Reg. 79/10, s.130(2)	WN CO	#4 #004	# 2010_101_935_25Aug114055	102
LTCHA, 2007, S.O. 2007 c. 8, s.3(1)(11)(iv)	WN CO	#5 #005	# 2010_101_935_25Aug114055	102
O. Reg. 79/10, s.91	WN CO	#6 #006	# 2010_101_935_25Aug114055	102

Signature of Licensee or Representative of Licensee **Signature du Titulaire du représentant désigné**	**Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.**
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). January 19, 2011

Ontario

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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

	Licensee Copy/Copie du Titulaire	X Public Copy/Copie Public	
Name of Inspector:	Wendy Berry	**Inspector ID #**	102
Log #:	Log # O-002933		
Inspection Report #:	2010_102_935_09Dec093459		
Type of Inspection:	Follow Up		
Date of Inspection:	December 08, 09, 10, 2010		
Licensee:	Seniorscare Operations (HCL) LP, 113 Yorkville Avenue Suite 300 Toronto, Ontario M5R 1C1 fax 416 960 5524		
LTC Home:	Picton Manor, 9 Hill Street PO Box 920 Picton, Ontario K0K 2T0 fax 613 476 5240		
Name of Administrator:	Deborah Skeaff		

To Seniorscare Operations (HCL) LP, you are hereby required to comply with the following orders by the dates set out below:

Order #:	001	**Order Type:**	Compliance Order, Section 153 (1)(a)
Pursuant to: the LTCHA, 2007, S.O. 2007, c.8, s.15. (2) Every licensee of a long-term care home shall ensure that, (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.			
Order: The home, furnishings and equipment are to be maintained in a safe condition and in a good state of repair which includes repairing or replacing as necessary: 1. all damaged or defective windows and window frames; 2. all damage to floor surfaces; 3. all damage to bed frames; 4. all damage to bed foot boards; and 5. all damage to the ceiling surface in room 210.			

Grounds:
The home, furnishings and equipment are not maintained in a safe condition and in a good state of repair:

1. Windows are defective and/or damaged in many areas on the 1st and 2nd floor: double hung wooden frame windows would not open in a number of residents' rooms; would not remain in an open position unless propped open in a number of rooms (several were held open with pieces of wood, one was held open with a jar of Nivea cream); window panes were cracked in residents' rooms 115 and 213; several double hung windows were missing either an inner or an outer window pane; a number of windows would not shut securely or tightly into the window frame resulting in cold air draughts through gaps in the window surfaces; a number of double hung windows had inner or outer window sections stuck in an open position.
2. Floor surfaces in a number of areas within the home are damaged. Floor tiles are missing, chipped or cracked in rooms 104, 105, 110, 114 (room and ensuite washroom), 223, 210's ensuite washroom; floor tiles are chipped, split or cracked and the floor is uneven at the entrance to the 1st floor Fairfield lounge and at the entrance and mid section in the 2nd floor lounge/activity area located directly above the Fairfield lounge; corridor floor tiles are chipped and cracked in the vicinity of room 207; the floor covering is damaged in rooms 203 and 204. Non intact surfaces present a potential infection control risk. Unlevel floor surfaces present a potential tripping hazard.
3. Many metal type bed frames in residents' rooms have surface damage evident: paint is chipped and scraped. Corrosion is evident on a number of the bed frames. Non intact, rough surfaces present an increased infection control risk and place residents at increased risk for skin tears.
4. Foot boards on many residents' beds have damage evident. Veneer surfaces are chipped or scraped making cleaning difficult and presenting an infection control risk.
5. The ceiling surface is damaged in the entrance corridor of room 210. The surface coating is discolored, lifting and partially missing in one section covering approximately 1.5 square feet. The integrity of the ceiling surface is compromised presenting a potential safety risk.

This order must be complied with by:	June 01, 2011

Order #:	002	**Order Type:**	Compliance Order, Section 153 (1)(a)

Pursuant to: O. Reg. 79/10, s. 9. 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 must be,
   i. kept closed and locked

Order: All doors leading to stairways and the outside of the home are to be kept closed and locked.

Grounds:
6 doors leading to stairways and the outside of the home and are not kept both closed and locked. At the time of inspection, the following doors were kept closed but were not locked:

- the main floor entrance door adjacent to the Administration office leads to an exterior stairway and the outside of the home;
- 1st floor door leading from the corridor into the stairway adjacent to the Fairfield lounge;
- 2nd floor door leading from the corridor into the stairway near room 204
- 1st floor door leading from the stairway adjacent to the Fairfield lounge to outside the home;

• 1st floor door leading from the dining room to the front porch facing Hill Street. • 1st floor door leading from a lounge to the front porch facing Hill Street.

This order must be complied with by:	March 01, 2011

Order #:	003	**Order Type:**	Compliance Order, Section 153 (1)(a)

Pursuant to: O. Reg. 79/10, s. 9. 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 must be,
ii. equipped with a door access control system that is kept on at all times

Order: All doors leading to stairways and the outside of the home are to be equipped with a door access control system that is kept on at all times.

Grounds:
The 1st floor door leading from the corridor into a stairway adjacent to the Fairfield Lounge is not equipped with a door access control system.

This order must be complied with by:	March 01, 2011

Order #:	004	**Order Type:**	Compliance Order, Section 153 (1)(a)

Pursuant to O. Reg. 79/10, s. 9. 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 must be,
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.

Order: All doors leading to stairways and the outside of the home are to be equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and the alarm is to be
a. connected to the resident-staff communication and response system, or
b. 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.

Grounds:
4 doors leading to stairways are not equipped with an audible door alarm that allows calls only to be cancelled at the point of activation and that is connected to the resident-staff communication and response system or that 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:

• 1st floor door leading from the corridor into the stairway adjacent to the Fairfield lounge • 1st floor door leading to the basement stairway • 2nd floor door leading from the corridor into the stairway near room 204 • 2nd floor door leading from the corridor into the stairway near room 230

This order must be complied with by:	March 01, 2011

Order #:	005	**Order Type:**	Compliance Order, Section 153 (1)(a)

Pursuant to: The Licensee has failed to comply with O. Reg. 79/10, s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,
(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;
(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and
(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability.

Order: All bed rails in use in the home are to be evaluated in accordance with Health Canada's most current Guidance Document titled "Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards". Steps are to be taken to prevent resident entrapment, taking into consideration all potential zones of entrapment. Any other safety issues related to the use of the bed system and bed rails are to be addressed, including height and latch reliability.

Grounds:
1. Potential zones of entrapment, as identified in the Health Canada prevailing practices guidance document titled "Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards", effective date 2008/03/17, were identified on 13 of the 19 residents' beds that were checked on the 1st floor in the home:
- Bed rails with an open space which was measured by the inspector as being greater than 120 mm (4 ¾ inches) within the inner perimeter of the rail are in use on beds in rooms 102, 105, 108, 113, 114, 125, etc. Protective covers were not in use on the bed rails that were measured.
- Bed rails with a gap greater than 120 mm (4 3/4 inches) between the foot board of the bed and the end of the rail were identified in use in room 114.

2. Steps are not being taken to minimize risk to the resident and prevent resident entrapment in bed rails. Residents are at potential risk of being caught, trapped or entangled in the space in or about the bed rail.
3. The document titled "Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards", is available on the ltchomes.net website.

This order must be complied with by:	Immediately

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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 service for the Licensee.

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

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
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 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 group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

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.

Issued on this 19th day of JANUARY, 2011.	
Signature of Inspector:	
Name of Inspector:	Wendy Berry

Service Area Office:	Ottawa