



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

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

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

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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

London Service Area Office
130 Dufferin Avenue 4th floor
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130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jul 16, 2018	2018_508137_0017	016059-18, 016374-18	Complaint

Licensee/Titulaire de permis

Caressant-Care Nursing and Retirement Homes Limited
264 Norwich Avenue WOODSTOCK ON N4S 3V9

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

Caressant Care Woodstock Nursing Home
81 Fyfe Avenue WOODSTOCK ON N4S 8Y2

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

MARIAN MACDONALD (137)

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): July 9 - 11, 2018.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care, Administrative Assistant, Resident Assessment Instrument (RAI) Coordinators, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Housekeeper, Maintenance, Public Health Inspector and residents.

The Inspector also toured resident home areas, observed residents and care provision related to hot weather interventions in place, reviewed resident clinical records, humidex recording records, police report and relevant policies and procedures.

**The following Inspection Protocols were used during this inspection:
Safe and Secure Home**

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

Two heat related Infoline complaints were received by the Central Intake Assessment Triage Team (CIATT). IL57695-LO was received on July 3, 2018 and IL-57760-LO was received on July 5, 2018.

Inspector #137 reviewed relevant policies during the inspection. "Hot Weather Plan – Staff" policy, dated September 2013, stated "In-service of the hot weather plan to take place prior to the hot weather season and to include but not limited to signs and symptoms of heat stress, causes, risk factors, controls and preventions".

During interviews on July 11, 2018, Registered Nurse (RN) #110, Registered Practical Nurse (RPN) #105, Personal Support Workers (PSW) #108 and #111 said there was no hot weather plan in-service prior to the hot weather season.

Executive Director (ED) #101 said that the home did not provide staff with an in-service of the hot weather plan prior to the start of the hot weather season as per the "Hot Weather Plan - Staff" policy.

"Hot Weather Plan – Residents" policy, dated May 2018, stated "Ensure all residents have a completed and updated heat assessment on file". A random selection of 15 resident clinical records showed that 9 of 15 residents (60 per cent) had heat risk assessments completed. The remaining six residents (40 per cent) did not have heat risk assessments completed. Resident Assessment Instrument (RAI) Coordinators #112 and #114 said that the heat risk assessments were not completed and should have been done before the start of the hot weather season.

Executive Director (ED) #101 and Director of Care (DOC) #102 said all residents did not have a completed and updated heat assessment on file, as per the "Hot Weather Plan – Residents" policy.

"Hot Weather Plan – Taking Humidity and Temperature Readings – Residents" policy, dated May 2018, stated "From May 1 to September 30 of every year, the Humidex will be recorded at the start of every shift, and more frequently if deemed necessary".

A review of the hot weather plan – Humidex recording forms showed the following:



June 1-30, 2018 - Identified location #1 – 35 of 90 shifts (38.9 per cent) with no readings recorded or incomplete documentation.

June 1-30, 2018 - Identified location #2 – 61 of 90 shifts (67.8 per cent) with no readings recorded or incomplete documentation

July 1-10, 2018 - Identified location #1 – 5 of 28 shifts (17.9 per cent) with no readings recorded or incomplete documentation.

July 1-10, 2018 - Identified location #2 – 12 of 28 shifts (42.9 per cent) with no readings recorded or incomplete documentation.

Executive Director (ED) #101 and Director of Care (DOC) #102 said the documentation on the "Hot Weather Plan - Indoor Humidex Recording Forms" was incomplete and not recorded at the start of every shift as per the "Hot Weather Plan - Taking Humidity and Temperature Readings - Residents" policy.

The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

This area of non-compliance was determined to have a severity level of two, minimal harm or potential for actual harm, the scope was a level three, widespread, and compliance history of four, as non-compliance continues with this subsection of the legislation.

The home does have a history of non-compliance in this subsection of the Legislation.

It was issued as a:

Written Notification and a Voluntary Plan of Correction on January 17, 2018, under Inspection # 2018_606563_0001, during a Resident Quality Inspection;

Written Notification, Compliance Order and Director Referral on August 24, 2017, under Inspection # 2017_6052133_0017, during a Follow up Inspection;

Written Notification and Compliance Order on May 24, 2017, under Inspection #2016_229213_0039, during a Critical Incident System Inspection;

Written Notification and a Voluntary Plan of Correction on April 3, 2017, under Inspection #2016_303563_0042, during a Critical Incident System Inspection;

Written Notification on August 15, 2017, under Inspection #2016_229213_0035, during a Critical Incident System Inspection;

Written Notification on October 20, 2016, under Inspection #2016_326569_0021, during a Resident Quality Inspection;



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Written Notification and a Voluntary Plan of Correction on February 4, 2016, under Inspection # 2015_416515_0030, during a Resident Quality Inspection; [s. 8. (1) (b)]

Additional Required Actions:

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

Issued on this 16th day of July, 2018

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

Original report signed by the inspector.



**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
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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*

**Long-Term Care Homes Division
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Inspection de soins de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : MARIAN MACDONALD (137)

Inspection No. /

No de l'inspection : 2018_508137_0017

Log No. /

No de registre : 016059-18, 016374-18

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Jul 16, 2018

Licensee /

Titulaire de permis : Caressant-Care Nursing and Retirement Homes Limited
264 Norwich Avenue, WOODSTOCK, ON, N4S-3V9

LTC Home /

Foyer de SLD : Caressant Care Woodstock Nursing Home
81 Fyfe Avenue, WOODSTOCK, ON, N4S-8Y2

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Anne Wouters

To Caressant-Care Nursing and Retirement Homes Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

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

O.Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee must be compliant with O.Reg.79/10, s.8(1)(b).

Specifically the licensee must:

- a) Ensure that staff receive an in-service of the hot weather plan and to include but not limited to the signs and symptoms of heat stress, causes, risk factors, controls and preventions.
- b) Ensure that all residents have a completed and updated heat assessment on file.
- c) Ensure the documentation is completed on the Humidex recording forms, at the start of each shift, and that daily monitoring takes place to ensure the process is being followed.

Grounds / Motifs :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

Two heat related Infoline complaints were received by the Central Intake Assessment Triage Team (CIATT). IL-57695-LO was received on July 3, 2018 and IL-57760-LO was received on July 5, 2018.

Inspector #137 reviewed relevant policies during the inspection. "Hot Weather Plan – Staff" policy, dated September 2013, stated "In-service of the hot weather plan to take place prior to the hot weather season and to include but not limited

to signs and symptoms of heat stress, causes, risk factors, controls and preventions”.

During interviews on July 11, 2018, Registered Nurse (RN) #110, Registered Practical Nurse (RPN) #105, Personal Support Workers (PSW) #108 and #111 said there was no hot weather plan in-service prior to the hot weather season.

Executive Director (ED) #101 said that the home did not provide staff with an in-service of the hot weather plan prior to the start of the hot weather season as per the "Hot Weather Plan - Staff" policy.

“Hot Weather Plan – Residents” policy, dated May 2018, stated “Ensure all residents have a completed and updated heat assessment on file”. A random selection of 15 resident clinical records showed that 9 of 15 residents (60 per cent) had heat risk assessments completed. The remaining six residents (40 per cent) did not have heat risk assessments completed. Resident Assessment Instrument (RAI) Coordinators #112 and #114 said that the heat risk assessments were not completed and should have been done before the start of the hot weather season.

Executive Director (ED) #101 and Director of Care (DOC) #102 said all residents did not have a completed and updated heat assessment on file, as per the “Hot Weather Plan – Residents” policy.

“Hot Weather Plan – Taking Humidity and Temperature Readings – Residents” policy, dated May 2018, stated “From May 1 to September 30 of every year, the Humidex will be recorded at the start of every shift, and more frequently if deemed necessary”.

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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
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Executive Director (ED) #101 and Director of Care (DOC) #102 said the documentation on the "Hot Weather Plan - Indoor Humidex Recording Forms" was incomplete and not recorded at the start of every shift as per the "Hot Weather Plan - Taking Humidity and Temperature Readings - Residents" policy.

The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

This area of non-compliance was determined to have a severity level of two, minimal harm or potential for actual harm, the scope was a level three, widespread, and compliance history of four, as non-compliance continues with this subsection of the legislation.

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Written Notification on August 15, 2017, under Inspection #2016_229213_0035, during a Critical Incident System Inspection;
Written Notification on October 20, 2016, under Inspection #2016_326569_0021, during a Resident Quality Inspection;
Written Notification and a Voluntary Plan of Correction on February 4, 2016, under Inspection # 2015_416515_0030, during a Resident Quality Inspection;
(137)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 31, 2018



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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, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections 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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this (these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

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

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
Long-Term Care Inspections 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 RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

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

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

La demande écrite doit comporter ce qui suit :

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

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

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



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

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

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

À l'attention du/de la registrateur(e)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

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

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

Issued on this 16th day of July, 2018

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



**Ministry of Health and
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de soins de longue durée, L.O. 2007, chap. 8*

Name of Inspector /

Nom de l'inspecteur :

MARIAN MACDONALD

Service Area Office /

Bureau régional de services : London Service Area Office