



**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  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 27, 2016	2016_226192_0008	021875-15	Complaint

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**Licensee/Titulaire de permis**

REVERA LONG TERM CARE INC.  
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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

COLUMBIA FOREST  
650 MOUNTAIN MAPLE AVENUE WATERLOO ON N2V 2P7

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

DEBORA SAVILLE (192)

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**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): February 29, 2016, March 1 and 2, 2016.**

**This complaint inspection related to Infection Prevention and Control, Skin and Wound Care, Continence Care and Nutrition and Hydration was completed concurrently with Resident Quality Inspection 2016\_226192\_0006, log number 002309-16.**

**Non-compliance identified during this inspection related to O.Reg 79/10 s.50(2)(b) (iv) and Long Term Care Homes Act 2007, s. 6(7) have been included in the RQI report.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care, Associate Directors of Care, and Registered Nurses.**

**The inspector reviewed medical records, incident reports, and referrals.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Falls Prevention  
Nutrition and Hydration  
Skin and Wound Care**

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

**2 WN(s)  
0 VPC(s)  
1 CO(s)  
0 DR(s)  
0 WAO(s)**



**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 O.Reg 79/10, s. 50. Skin and wound care**



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

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
- (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
  - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
  - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
  - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

Interview with a family member for resident #001 identified that the resident spent a great deal of time in bed and had developed redness and tenderness in a specified area. The family member indicated that the Substitute Decision Maker (SDM) and other family members had brought to the attention of registered staff that the resident was in pain and had developed redness. The SDM indicated that no interventions were initiated until brought to the attention of the physician.

Review of the medical record failed to identify documentation related to the redness and pain that family identified the resident had developed and had been reported to registered staff.

Interview with Associate Director of Care #103 and #101 confirmed that no assessment had been completed related to altered skin integrity, in spite of the plan of care revision on a specified date in 2015, that included that the resident had thin, fragile skin with a reddened area and a new intervention.



Review of the medical record with the Associate Director of Care #103, responsible for skin and wound care confirmed that the physician had ordered the specified intervention on the specified date in 2015. Progress notes made by the physician, one week later, indicated that the area of altered skin integrity was healing and a later note indicated that the area had healed.

A Skin Care Referral Form completed on a specified date in 2015 indicated that the resident had areas of altered skin integrity; that interventions had been initiated for the resident and that a high risk consult was required for risk management.

Interview with Associate Director of Care #101 confirmed the referral related to areas of altered skin integrity and that the resident should have had a head to toe assessment completed at the time new areas of altered skin integrity were identified. ADOC #101 confirmed that the registered staff should have completed an assessment in relation to altered skin integrity, that a Treatment Observation Record (TOR) should have been initiated and weekly assessments of the area of altered skin integrity completed.

The licensee failed to ensure that resident #001 who exhibited altered skin integrity, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument specifically designed for skin and wound assessment. [s. 50. (2) (b) (i)]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

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

**s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).**



**Findings/Faits saillants :**

1. The licensee has failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions, were documented.

Resident #001 was identified in the plan of care to require assistance with toileting every two hours.

Interview with Registered Nurse (RN) #120 confirmed that resident #001 was incontinent and required assistance with toileting every two hours.

Review of the medical record for resident #001 with RN #120 confirmed that documentation related to assistance with toileting was to be completed on Point of Care by Personal Support Workers providing the care. A review of the Documentation Survey Report identified that documentation of toileting assistance was not completed for every two hour period.

Review of the Documentation Survey Report with RN #120 confirmed that Personal Support Workers had not completed documentation of assistance with toileting every two hours. RN #120 confirmed that assistance with toileting would have been completed by staff and that missed signatures were a documentation issue.

The licensee failed to ensure that interventions taken with respect to resident #001 under the continence program were documented. [s. 30. (2)]

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**Issued on this 19th day of May, 2016**

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



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**Original report signed by the inspector.**



**Ministry of Health and  
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**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

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

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

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** DEBORA SAVILLE (192)

**Inspection No. /**

**No de l'inspection :** 2016\_226192\_0008

**Log No. /**

**Registre no:** 021875-15

**Type of Inspection /**

**Genre**

Complaint

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Apr 27, 2016

**Licensee /**

**Titulaire de permis :** REVERA LONG TERM CARE INC.  
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA,  
ON, L5R-4B2

**LTC Home /**

**Foyer de SLD :** COLUMBIA FOREST  
650 MOUNTAIN MAPLE AVENUE, WATERLOO, ON,  
N2V-2P7

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Ruthanne Lobb

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To REVERA LONG TERM CARE 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**

**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  
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**Order(s) of the Inspector**Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8***Ordre(s) de l'inspecteur**Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8***Order # /****Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

**Order / Ordre :**



**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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de soins de longue durée, L.O. 2007, chap. 8*

The licensee shall prepare, submit and implement a plan to ensure that every resident of the home who exhibits altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

The plan shall include, but is not limited to;

- i) review of the skin and wound program implemented in the home.
- ii) retraining for Personal Support Workers related to recognition of altered skin integrity and reporting changes in resident status to the registered staff.
- iii) clear direction and retraining of registered staff in relation to use of a clinically appropriate assessment instrument specifically designed for skin and wound assessment and all expectations in relation to documentation of skin assessments.
- iv) re-instruction of all staff on acknowledging skin concerns presented by family members of residents of the home, documenting those interactions and any assessments completed in relation to skin concerns identified.
- v) an auditing process that will ensure that residents identified at risk for altered skin integrity are monitored for changes in their skin integrity and that where interventions are initiated an assessment has been completed.

The plan will be submitted electronically to Debora Saville, Long Term Care Homes Inspector, Ministry of Health and Long Term Care, Long-Term Care Homes Inspection Division, London Service Area Office, 130 Dufferin avenue, 4th Floor, London, Ontario, at [debora.saville@ontario.ca](mailto:debora.saville@ontario.ca) by May 19, 2016.

**Grounds / Motifs :**

1. The licensee has failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

Interview with a family member for resident #001 identified that the resident spent a great deal of time in bed and had developed redness and tenderness in a specified area. The family member indicated that the Substitute Decision Maker (SDM) and other family members had brought to the attention of registered staff that the resident was in pain and had developed redness. The SDM indicated that no interventions were initiated until the physician was notified.

Review of the medical record failed to identify documentation related to the redness and pain that family identified the resident had developed and had been reported to registered staff.

Interview with Associate Director of Care #103 and #101 confirmed that no assessment had been completed related to altered skin integrity, in spite of the plan of care revision on a specified date in 2015, that included that the resident had thin, fragile skin with a reddened areas and that a new intervention was initiated.

Review of the medical record with the Associate Director of Care #103, responsible for skin and wound care confirmed that the physician had ordered the specified intervention on the specified date in 2015. Progress notes made by the physician, one week later, indicated that the area of altered skin integrity was healing and a later note indicated that the area had healed.

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Interview with Associate Director of Care #101 confirmed the referral related to areas of altered skin integrity and that the resident should have had a head to toe assessment completed at the time new areas of altered skin integrity were identified. ADOC #101 confirmed that the registered staff should have completed an assessment in relation to altered skin integrity, that a Treatment Observation Record (TOR) should have been initiated and weekly assessments of the area of altered skin integrity completed.

The licensee failed to ensure that resident #001 who exhibited altered skin integrity, received a skin assessment by a member of the registered nursing



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des Soins de longue durée**

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de soins de longue durée, L.O. 2007, chap. 8*

staff, using a clinically appropriate assessment instrument specifically designed for skin and wound assessment.

This area of non-compliance was previously issued as a Voluntary Plan of Corrective Action in February 2015. The resident sustained harm when registered staff of the home failed to assess and initiate interventions when altered skin integrity was identified and reported by family. Treatment was not initiated until the area of altered skin integrity related to pressure had progressed from redness to an unidentified stage referred to as a lesion by the physician. The incident was isolated in that only one resident was involved. (192)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Jul 15, 2016**



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





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## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### **PRENDRE AVIS**

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

Directeur  
a/s Coordinateur des appels  
Inspection de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

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





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de l'article 154 de la *Loi de 2007 sur les foyers  
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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

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

Directeur  
a/s Coordinateur des appels  
Inspection de soins de longue durée  
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](http://www.hsarb.on.ca).

**Issued on this 27th day of April, 2016**

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

**Name of Inspector /  
Nom de l'inspecteur :** DEBORA SAVILLE

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