

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

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

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

Central West Service Area Office  
1st Floor, 609 Kumpf Drive  
WATERLOO ON N2V 1K8  
Telephone: (888) 432-7901  
Facsimile: (519) 885-2015

Bureau régional de services de Centre  
Ouest  
1e étage, 609 rue Kumpf  
WATERLOO ON N2V 1K8  
Téléphone: (888) 432-7901  
Télécopieur: (519) 885-2015

**Public Copy/Copie du rapport public**

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| <b>Report Date(s) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>No de registre</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|--|---|-----------------------------------|--|
| Jul 16, 2021                                   | 2021_872218_0010                              | 006952-21                         | Follow up  |

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**Licensee/Titulaire de permis**

Extendicare (Canada) Inc.  
3000 Steeles Avenue East Suite 103 Markham ON L3R 4T9

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

Extendicare Brampton  
7891 McLaughlin Road Brampton ON L6Y 5H8

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

APRIL RACPAN (218)

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

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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): June 28-30, 2021.**

**The following intake was completed in this Follow-up inspection:**

**Log #004714-21/Compliance Order (CO) #001 related to infection prevention and control (IPAC) practices.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Maintenance Manager, Infection Prevention and Control (IPAC) Lead, Registered Staff, Housekeeping staff, and Personal Support Workers (PSWs).**

**During the course of the inspection, the inspector conducted a tour of the resident home areas (RHAs), observed IPAC measures and practices, resident care provision, and completed staff interviews. The inspector also reviewed clinical health records, posting of required information, relevant home policies and procedures, and other pertinent documents.**

**The following Inspection Protocols were used during this inspection:**

**Infection Prevention and Control  
Safe and Secure Home**

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

**2 WN(s)**

**1 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**

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

|   |  |
|---|--|
| <p>Legend</p> <p>WN – Written Notification<br/>VPC – Voluntary Plan of Correction<br/>DR – Director Referral<br/>CO – Compliance Order<br/>WAO – Work and Activity Order</p>  | <p>Légende</p> <p>WN – Avis écrit<br/>VPC – Plan de redressement volontaire<br/>DR – Aiguillage au directeur<br/>CO – Ordre de conformité<br/>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. 229. Infection prevention and control program**

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

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that staff participated in the implementation of the home's IPAC program.

On March 17, 2020, the Premier of Ontario and Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil Protection Act. On March 22, 2020, Directive #3 was issued to all Long-Term Care Homes (LTCHs) under the Long-Term Care Homes Act (LTCHA), 2007, under section 77.7 of the Health Protection and Promotion Act (HPPA) R.S.O. 1990, c H.7. by the Chief Medical Officer of Health (CMOH) of Ontario. Directive #3 was updated on May 21, 2021 to implement an isolation period for new resident admissions that required isolation precautions based on their immunization status and where they were being admitted from.

Resident #001 was admitted to the home from the community. They had been partially immunized against COVID-19 and were required to be on droplet and contact precautions for a minimum of 10 days from the date of their admission to the home.

The Public Health Ontario (PHO) guidance documents and LTCH's policies related to the use of Personal Protective Equipment (PPE) emphasized that staff were to change their masks when exiting a room on droplet and contact precautions. In addition, reusable eye wear protection was to be removed, cleaned and disinfected by staff when exiting a room on droplet and contact precautions.

On a specific day in June, 2021 the following was observed in relation to resident #001:

- Staff member #105 assisted in providing care to resident #001. Staff member #105 did not change their surgical mask, nor did they dispose of or disinfect their face shield prior to exiting the resident's room.
- Staff member #106 provided care to resident #001. Staff member #106 did not dispose of or disinfect their face shield prior to exiting the resident's room.
- Maintenance Manager #103 was completing maintenance work inside resident #001's room while the resident was being assisted with their meal by an unidentified staff member. Maintenance Manager #103 was not wearing eye protection while in the room and they did not change their surgical mask prior to exiting the room. The staff member that assisted the resident with their meal also did not change their surgical mask prior to exiting the residents room.
- Housekeeper #104 was mopping resident #001's bedroom and they did not change their surgical mask prior to exiting the resident's room.

Multiple staff members shared that they were not familiar with the home's droplet and contact precaution protocols for resident #001. They did not receive training on the

home's policies and procedures related to IPAC protocols and PPE guidelines.

The breach of staff participation in the home's IPAC program in relation to resident #001 increased the risk for virus transmission to others in the home.

Sources: multiple observations, the LTCH's COVID-19 Universal PPE Strategy CRG-02, last reviewed May 21, 2021 and Cleaning and Disinfecting of Eye Protection – SK Appendix 7 last reviewed April 2021, PHO Technical Brief: IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19 (May 2021), PHO PIDAC Routine Practices and Additional Precautions In All Health Care Settings, 3rd Edition (November 2012), staff education documents, interviews with the IPAC Lead #107 and other staff. [s. 229. (4)]

***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. 21. Air temperature  
Specifically failed to comply with the following:**

**s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:**

**1. At least two resident bedrooms in different parts of the home. O. Reg. 79/10, s. 21 (2).**

**s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the temperatures for at least two resident bedrooms in different parts of the home and one resident common area on every floor of the home were measured and documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

A memorandum to Long-Term Care Home (LTCH) Stakeholders dated April 1, 2021, advised of the changes to Ontario Regulation 79/10 under the LTCHA, 2007 to help protect the safety and comfort of residents. Licensees were required to measure and document the air temperature at a minimum, in certain specified areas in the LTCH at specified intervals and conditions as outlined in the legislation effective May 15, 2021.

The home's temperature log records showed that temperatures were not measured or documented for one resident common area for 12 out of 16 required days for the month of May 2021. Temperatures in resident bedrooms were not measured or documented until June 11, 2021. On the days when temperatures were recorded for these areas of the home, the temperatures were not always measured at each required time (i.e., at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night).

By not measuring and documenting the temperatures of at least two resident bedrooms and one resident common area on every floor of the home three times per day, the home may be unable to identify when there is a temperature concern. This could put residents at risk for developing a heat related illness.

Sources: LTCH's temperature log records, interviews with the Maintenance Manager #103, and other staff. [s. 21. (3)]

### ***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 temperatures are measured and documented for at least two resident bedrooms in different parts of the home and one resident common area on every floor once every morning, every afternoon between 12 p.m. and 5 p.m., and once every evening or night, to be implemented voluntarily.***

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**Issued on this 16th day of July, 2021**

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

**Original report signed by the inspector.**

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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

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 Operations Division  
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée  
Inspection de soins de longue durée

**Public Copy/Copie du rapport public**

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

**Nom de l'inspecteur (No) :** APRIL RACPAN (218)

**Inspection No. /**

**No de l'inspection :** 2021\_872218\_0010

**Log No. /**

**No de registre :** 006952-21

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Jul 16, 2021

**Licensee /**

**Titulaire de permis :** Extendicare (Canada) Inc.  
3000 Steeles Avenue East, Suite 103, Markham, ON,  
L3R-4T9

**LTC Home /**

**Foyer de SLD :** Extendicare Brampton  
7891 McLaughlin Road, Brampton, ON, L6Y-5H8

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Hannah Okseberg

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To Extendicare (Canada) Inc., you are hereby required to comply with the following  
order(s) by the date(s) set out below:



**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

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

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 # /****No d'ordre :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /** 2021\_610633\_0009, CO #001;  
**Lien vers ordre existant:****Pursuant to / Aux termes de :**

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

**Order / Ordre :**

The licensee must be compliant with Ontario Regulations 79/10 s. 229 (4).

Specifically, the licensee must ensure that:

- 1) All staff use personal protective equipment (PPE) for newly admitted residents in accordance with the current Directive #3, Directive #5 and Public Health (PH) best practices.
- 2) All non-managerial staff and Maintenance Manager #103 are retrained on the process for donning and doffing PPE for newly admitted residents in accordance with the current Directive #3, Directive #5 and PH best practice. A written record of the education that is provided must be kept and include the date, the content of the education provided and the designate who provided the education.
- 3) A designated individual(s) conducts daily audits on each resident home area and on every shift to ensure compliance with PPE usage for newly admitted residents. The audits should continue for as long as PPE usage is included in Directive #3 and Directive #5 and for the duration of the COVID-19 pandemic. The date of the audit, the person responsible, and the actions taken including disciplinary must be documented.

**Grounds / Motifs :**

1. The licensee failed to ensure that staff participated in the implementation of the home's IPAC program.

On March 17, 2020, the Premier of Ontario and Cabinet issued a COVID-19

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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

emergency in the Province of Ontario under the Emergency Management and Civil Protection Act. On March 22, 2020, Directive #3 was issued to all Long-Term Care Homes (LTCHs) under the Long-Term Care Homes Act (LTCHA), 2007, under section 77.7 of the Health Protection and Promotion Act (HPPA) R.S.O. 1990, c H.7. by the Chief Medical Officer of Health (CMOH) of Ontario. Directive #3 was updated on May 21, 2021 to implement an isolation period for new resident admissions that required isolation precautions based on their immunization status and where they were being admitted from.

Resident #001 was admitted to the home from the community. They had been partially immunized against COVID-19 and were required to be on droplet and contact precautions for a minimum of 10 days from the date of their admission to the home.

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On a specific date in June 2021 the following was observed in relation to resident #001:

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Multiple staff members shared that they were not familiar with the home's droplet and contact precaution protocols for resident #001. They also did not received training on the home's policies and procedures related to IPAC protocols and PPE guidelines.

The breach of staff participation in the home's IPAC program in relation to resident #001 increased the risk for virus transmission to others in the home.

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An order was made by taking the following factors into account:

**Severity:** The licensee not ensuring that staff implemented the home's IPAC program in relation to donning and doffing PPE for newly admitted residents put others at potential risk for contracting COVID-19.

**Scope:** This non-compliance was a pattern because IPAC protocols were not followed for one out of two newly admitted residents reviewed.

**Compliance History:** The licensee continues to be in non-compliance with s. 229 (4) of O.Reg 79/10, resulting in a CO being re-issued. CO #001 was issued on April 26, 2021, during Inspection #2021\_610633\_0009 with a compliance due date of May 26, 2021. In the past 36 months, two other COs were issued to different sections of the legislation, all of which have been complied. (218)

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

Aug 17, 2021

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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2007, c. 8

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

**REVIEW/APPEAL INFORMATION**

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

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

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
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, 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:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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section 154 of the *Long-Term  
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2007, c. 8

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 Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of 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).

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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2007, c. 8

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

**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 des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

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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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

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)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère 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](http://www.hsarb.on.ca).

**Issued on this 16th day of July, 2021**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** April Racpan

**Service Area Office /**

**Bureau régional de services :** Central West Service Area Office