

**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**

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

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Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
May 20, 2020	2020_722630_0005 (A1)	024053-19, 000908-20	Complaint

Licensee/Titulaire de permis

Copper Terrace Limited
284 Central Avenue LONDON ON N6B 2C8

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

Copper Terrace
91 Tecumseh Road CHATHAM ON N7M 1B3

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

Amended by AMIE GIBBS-WARD (630) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

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The home requested an extension to the compliance due date (CDD) of May 30, 2020, for CO #001 from inspection 2020_722630_0005 related to O Reg 8 (1). Based on a review by Inspector #630, Inspection Manager and Senior Manager this request was granted on May 20, 2020, and the CDD has been extended to June 30, 2020.

Issued on this 20th day of May, 2020 (A1)

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

Original report signed by the inspector.

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May 20, 2020	2020_722630_0005 (A1)	024053-19, 000908-20	Complaint

Licensee/Titulaire de permisCopper Terrace Limited
284 Central Avenue LONDON ON N6B 2C8**Long-Term Care Home/Foyer de soins de longue durée**Copper Terrace
91 Tecumseh Road CHATHAM ON N7M 1B3**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

Amended by AMIE GIBBS-WARD (630) - (A1)

Amended Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 30, February 3, 4 and 5, 2020.

The following Complaint intakes were completed within this inspection:

Log #024053-19 / IL-73047-LO related to cannabis;

Log #000908-10 / IL-73692-LO related to recreational and medicinal cannabis.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Clinical Services, an Associate Director of Clinical Services, Registered Practical Nurses (RPNs) and residents.

The inspector also observed the resident rooms and residents' common areas, reviewed policies and procedures of the home and reviewed clinical records and care plans for specific residents.

The following Inspection Protocols were used during this inspection:

Medication

Safe and Secure Home

During the course of the original 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>Légende</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 where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy and procedure, the policy and procedure was complied with.

In accordance with the requirements under O. Reg. 79/10 s. 132.1 (1) as well as in accordance with the requirement under O. Reg. 79/10 s. 132.2 (1) the licensee has failed to ensure that the required policies and procedures that were in place for recreational cannabis and medical cannabis were complied with.

Specifically staff in the home did not comply with sections of the home's policy "Recreational Use Cannabis – Resident" with effective date December 2018.

Specifically staff in the home did not comply with sections of the home's policy "IC09-Medicinal Use of Cannabis in LTC" with copyright 2018 Hogan Pharmacy Partners and no specific effective date.

The Ministry of Long-Term Care (MOLTC) received anonymous complaints in which they reported concerns related to residents' use of cannabis at the home. The clinical records, including the plan of care, for three identified residents were reviewed by Inspector #630 and these records contained specific documentation by staff related to the residents' use of cannabis.

During interviews with staff in the home specific concerns were reported regarding safety risk for residents related to cannabis. The staff reported concerns that they were not aware of the policies in the home related to recreational or medicinal cannabis and what their role was in providing care to residents in these areas.

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During interviews with an Associate Director of Clinical Services (ADOCS) and the Director of Clinical Services (DOCS) they reported the home did have policies in place related to recreational and medicinal cannabis use by residents. They were unsure when the policies had been implemented and how the staff in the home had been educated on the policies. They said they were aware of specific residents and their use of cannabis. They said this was a fairly new area for the staff and management in the home given the legalization of cannabis. They acknowledged there were specific aspects of the home's cannabis related policies which had not been complied with for specific residents in the home.

Based on these interviews and record reviews the licensee has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy and procedure, the policy and procedure was complied with related to recreational and medicinal cannabis. [s. 8. (1) (b)]

Additional Required Actions:

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

**(A1)
The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 001**

Issued on this 20th day of May, 2020 (A1)

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



**Ministry of Long-Term
Care**

**Ministère des Soins de longue
durée**

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foyers de soins de longue
durée**

Original report signed by the inspector.

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

Amended Public Copy/Copie modifiée du rapport public

**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by AMIE GIBBS-WARD (630) - (A1)

**Inspection No. /
No de l'inspection :** 2020_722630_0005 (A1)

**Appeal/Dir# /
Appel/Dir#:**

**Log No. /
No de registre :** 024053-19, 000908-20 (A1)

**Type of Inspection /
Genre d'inspection :** Complaint

**Report Date(s) /
Date(s) du Rapport :** May 20, 2020(A1)

**Licensee /
Titulaire de permis :** Copper Terrace Limited
284 Central Avenue, LONDON, ON, N6B-2C8

**LTC Home /
Foyer de SLD :** Copper Terrace
91 Tecumseh Road, CHATHAM, ON, N7M-1B3

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Shannon Snelgrove

To Copper Terrace 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 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)

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).

Specifically the licensee must:

a) Ensure the home's recreational cannabis policy and procedures are reviewed and revised to ensure they provide clear home-specific directions for staff and management regarding their role in caring for residents who use recreational cannabis. This review must include at least one Personal Support Worker (PSW), one Registered Practical Nurse (RPN) and one Registered Nurse (RN) working in the home to help determine if the policies and procedures provide clear direction for staff. The home must keep a documented record of the review and the revisions made, including the name of the staff involved and the date they were involved.

b) Ensure the Executive Director (ED), Director of Clinical Services (DOCS), Assistant Directors of Clinical Services (ADOCS), the Social Worker (SW), all registered nursing staff, all Personal Support Worker (PSW) staff and all recreation staff in the home are trained on the revised recreational cannabis policy and procedures. The home must keep a documented record of the education provided including: the percentage of staff who completed the education by the compliance due date; the staff who provided the education;

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

the dates when it was provided; and the materials that were covered during the education.

c) Ensure the home's medicinal cannabis policies and procedures are reviewed and revised to ensure they provide clear home-specific directions for staff and management regarding their role in caring for residents who use medicinal cannabis. This review must include at least one Registered Practical Nurse (RPN), one Registered Nurse (RN), the home's pharmacist and a physician or Nurse Practitioner of the home to help determine if the policies and procedures provide clear direction for staff. The home must keep a documented record of the review and the revisions made, including the name of the staff involved and the date they were involved.

d) Ensure the Executive Director (ED), Director of Clinical Services (DOCS), Assistant Directors of Clinical Services (ADOCS), the Social Worker (SW) and all registered nursing staff in the home are trained on the revised medical cannabis policy and procedures. The home must keep a documented record of the education provided including: the percentage of staff who completed the education by the compliance due date; the staff who provided the education; the dates when it was provided; and the materials that were covered during the education.

e) Ensure the revised cannabis policies and procedures are fully implemented for three identified residents, and any other resident in the home who use recreational and/or medicinal cannabis.

f) Communicate the revised cannabis related policies and procedures to Residents' Council and Family Council. There must be a documented record of when and how this was communicated.

Grounds / Motifs :

1. The licensee has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy and procedure, the policy and procedure was complied with.

In accordance with the requirements under O. Reg. 79/10 s. 132.1 (1) as well as in accordance with the requirement under O. Reg. 79/10 s. 132.2 (1) the licensee has

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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

failed to ensure that the required policies and procedures that were in place for recreational cannabis and medical cannabis were complied with.

Specifically staff in the home did not comply with sections of the home's policy "Recreational Use Cannabis – Resident" with effective date December 2018.

Specifically staff in the home did not comply with sections of the home's policy "IC09-Medicinal Use of Cannabis in LTC" with copyright 2018 Hogan Pharmacy Partners and no specific effective date.

The Ministry of Long-Term Care (MOLTC) received anonymous complaints in which they reported concerns related to residents' use of cannabis at the home. The clinical records, including the plan of care, for three identified residents were reviewed by Inspector #630 and these records contained specific documentation by staff related to the residents' use of cannabis.

During interviews with staff in the home specific concerns were reported regarding safety risk for residents related to cannabis. The staff reported concerns that they were not aware of the policies in the home related to recreational or medicinal cannabis and what their role was in providing care to residents in these areas.

During interviews with an Associate Director of Clinical Services (ADOCS) and the Director of Clinical Services (DOCS) they reported the home did have policies in place related to recreational and medicinal cannabis use by residents. They were unsure when the policies had been implemented and how the staff in the home had been educated on the policies. They said they were aware of specific residents and their use of cannabis. They said this was a fairly new area for the staff and management in the home given the legalization of cannabis. They acknowledged there were specific aspects of the home's cannabis related policies which had not been complied with for specific residents in the home.

Based on these interviews and record reviews the licensee has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy and procedure, the policy and procedure was complied with related to recreational and medicinal cannabis. [s. 8. (1) (b)]

Order(s) of the Inspector

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

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

The severity of this issue was determined to be level three as there was actual harm to one resident and risk of harm to two residents. The scope of this issue was level three as it was widespread as it affected three out of three residents. The home had a level three as the home had a history of non-compliance with the same subsection of the legislation that included:

- Written Notification (WN) and Voluntary Plan of Correction (VPC) issued October 17, 2019 (2019_722630_0027);
- WN and Compliance Order (CO) issued June 19, 2019 (2019_722630_0012) which was complied on October 15, 2019;
- WN and VPC issued June 19, 2019 (2019_722630_0013). (630)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 30, 2020(A1)

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

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l'article 154 de la *Loi de 2007 sur les
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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

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

Ordre(s) de l'inspecteur

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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

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.

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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l'article 154 de la *Loi de 2007 sur les
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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^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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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.

Issued on this 20th day of May, 2020 (A1)

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

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

Amended by AMIE GIBBS-WARD (630) - (A1)

Order(s) of the Inspector

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

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

London Service Area Office