

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

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jul 27, 2020	2020_750539_0008	003731-20, 005389- 20, 009343-20, 009964-20, 010255- 20, 010713-20, 011884-20	Complaint

Licensee/Titulaire de permis

2063415 Ontario Limited as General Partner of 2063415 Investment LP
302 Town Centre Blvd. Suite 300 MARKHAM ON L3R 0E8

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

Maple Grove Care Community
215 Sunny Meadow Boulevard BRAMPTON ON L6R 3B5

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

VALERIE GOLDRUP (539), SHERRI COOK (633)

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): June 9-12, 15-18, and 22-26, 2020.

The following intakes were completed in this inspection:

Log #009343-20\ CIS #2911-000012-20, alleged resident neglect,

Log #005389-20\ CIS #2911-000008-20, fall with injury,

Log #010255-20\ IL-78325-CW, Log #010713-20\ IL-78572-CW, Log #011884-20\ IL-79208-CW, Log #009964-20\ IL-78161-CW, alleged care concerns,

Log #003731-20\ Follow-up to CO#001 from inspection #2020_830752_0003 related to skin and wound care.

This inspection was completed concurrently with CIS inspection 2020_750539_0009.

The inspectors toured the home and observed resident care and activities. Clinical records and plans of care for identified residents were reviewed. Also, relevant documents were reviewed including but not limited to the home's documentation and procedures as related to the inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Acting Director of Care (A/DOC), Assistant Directors of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), residents and families.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Falls Prevention
Infection Prevention and Control
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care

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

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

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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 comply with compliance order (CO) #001 from inspection 2020_830752_0003 issued on February 21, 2020, with a compliance date of March 24, 2020. CO #001 stated:

The licensee must be compliant with O. Reg. 79/10 s. 50. (2) (b) (iv).

Specifically the licensee must:

a) Ensure that residents #002, #003, and #004, who exhibit altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, are reassessed at least weekly by a member of the registered nursing staff, if clinically indicated. The results of the assessments should be documented.

b) Ensure education is provided to all outstanding registered staff, unless the staff is no longer employed by the licensee, and any newly hired registered staff, specifically related to the different clinical tools available in the home for skin and wound assessment, when each is to be utilized, and the process for completing the assessments for any residents exhibiting skin alterations. The education provided shall be documented and include the

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date and name of the staff educated.

c) Ensure that an auditing process is implemented to ensure that residents with impaired skin integrity are being reassessed weekly as provided for in the regulation. The auditing process should ensure that the weekly skin and wound assessments are completed in its entirety and clearly outlines the resident's area of altered skin integrity. The auditing process must be documented and completed weekly, and include the names of the people conducting the audit, the residents who have been audited, the results of the audit and what actions were taken.

The licensee completed steps b) and c) from CO #001.

The licensee failed to complete a) from CO #001.

Specifically, the licensee has failed to ensure that resident #003, who exhibited altered skin integrity, was reassessed at least weekly by a member of the registered nursing staff, when clinically indicated.

The plan of care for resident #003 showed they had pressure ulcers. The Skin and Wound Care Assessments showed that on three occasions the assessments were not completed on a weekly basis.

The electronic treatment administration record (eTAR) showed resident #003 had a wound dressing for a skin concern. There was one Head to Toe Assessment completed for a specified eight week period. The home's skin and wound audit process did not identify the missed assessments for resident #003.

A RN and the home's policy said that a weekly skin and wound assessment was to be completed for an open wound area and a head to toe assessment was completed for an intact skin area.

A RN reviewed the plan of care for resident #003 and agreed resident #003's two areas of altered skin integrity had not been reassessed weekly as required.

The licensee has failed to ensure that resident #003, who was identified in CO #001 and exhibited altered skin integrity, was reassessed at least weekly by registered staff when clinically indicated [s. 50. (2) (b) (iv)]

Additional Required Actions:

***CO # - 001 will be served on the licensee. Refer to the “Order(s) of the Inspector”.
DR # 001 – The above written notification is also being referred to the Director for
further action by the Director.***

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence
care and bowel management**

Specifically failed to comply with the following:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of his or
her plan of care, to promote and manage bowel and bladder continence based on
the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :

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1. The licensee has failed to ensure that resident #001, who was assessed as incontinent, had an individualized plan implemented as part of their plan of care to promote bowel and bladder continence.

Resident #001 and their substitute decision maker (SDM) both said they had never been on the toilet at the home and there was no toileting plan implemented for the resident since admission.

The home's admission assessment documented that resident #001 required routine toileting and a restorative approach would be implemented to improve their toilet use. There was no voiding diary in the resident's plan of care.

Two staff said the resident was able to tell them when they needed assistance for toileting.

The home's policy stated in part that every effort would be made to maintain dignity, comfort and independence. Staff would ensure that for residents that had the potential to be continent, the resident would be assisted to the bathroom. Verbal cues and/or prompting, if needed, to maintain their level of continence would be provided. Toileting regimens included scheduled toileting, prompted voiding, and/or bladder re-training.

There was no toileting plan documented or implemented in the residents plan of care to promote continence.

A RN said that a resident who was able to recognize the urge to go and could also tell staff should have a voiding diary completed. They agreed that a toileting plan was possible for resident #001, however, this had not been implemented.

The licensee failed to ensure that resident #001 had an individualized plan implemented as part of their plan of care to promote bowel and bladder continence. [s. 51. (2) (b)]

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 each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented, to be implemented voluntarily.

Issued on this 10th day of August, 2020

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

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
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

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : VALERIE GOLDRUP (539), SHERRI COOK (633)

Inspection No. /

No de l'inspection : 2020_750539_0008

Log No. /

No de registre : 003731-20, 005389-20, 009343-20, 009964-20, 010255-20, 010713-20, 011884-20

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Jul 27, 2020

Licensee /

Titulaire de permis : 2063415 Ontario Limited as General Partner of 2063415
Investment LP
302 Town Centre Blvd., Suite 300, MARKHAM, ON,
L3R-0E8

LTC Home /

Foyer de SLD : Maple Grove Care Community
215 Sunny Meadow Boulevard, BRAMPTON, ON,
L6R-3B5

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :**

Amy Wilkinson

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

To 2063415 Ontario Limited as General Partner of 2063415 Investment LP, 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 / 2020_830752_0003, CO #001;
Lien vers ordre existant:

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

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
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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

The licensee must be compliant with O. Reg. 79/10 s. 50. (2) (b) (iv).

Specifically the licensee must:

a) Ensure that resident #003, should they exhibit altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated. These assessments should be documented.

Grounds / Motifs :

1. The licensee has failed to comply with compliance order (CO) #001 from inspection 2020_830752_0003 issued on February 21, 2020, with a compliance date of March 24, 2020. CO #001 stated:

The licensee must be compliant with O. Reg. 79/10 s. 50. (2) (b) (iv).

Specifically the licensee must:

a) Ensure that residents #002, #003, and #004, who exhibit altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, are reassessed at least weekly by a member of the registered nursing staff, if clinically indicated. The results of the assessments should be documented.

b) Ensure education is provided to all outstanding registered staff, unless the staff is no longer employed by the licensee, and any newly hired registered staff, specifically related to the different clinical tools available in the home for skin and wound assessment, when each is to be utilized, and the process for completing the assessments for any residents exhibiting skin alterations. The education provided shall be documented and include the date and name of the staff educated.

c) Ensure that an auditing process is implemented to ensure that residents with impaired skin integrity are being reassessed weekly as provided for in the regulation. The auditing process should ensure that the weekly skin and wound assessments are completed in its entirety and clearly outlines the resident's area of altered skin integrity. The auditing process must be documented and completed weekly, and include the names of the people conducting the audit, the residents who have been audited, the results of the audit and what actions

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

were taken.

The licensee completed steps b) and c) from CO #001.

The licensee failed to complete a) from CO #001.

Specifically, the licensee has failed to ensure that resident #003, who exhibited altered skin integrity, was reassessed at least weekly by a member of the registered nursing staff, when clinically indicated.

The plan of care for resident #003 showed they had pressure ulcers. The Skin and Wound Care Assessments showed that on three occasions the assessments were not completed on a weekly basis.

The electronic treatment administration record (eTAR) showed resident #003 had a wound dressing for a skin concern. There was one Head to Toe Assessment completed for a specified eight week period. The home's skin and wound audit process did not identify the missed assessments for resident #003.

A RN and the home's policy said that a weekly skin and wound assessment was to be completed for an open wound area and a head to toe assessment was completed for an intact skin area.

A RN reviewed the plan of care for resident #003 and agreed resident #003's two areas of altered skin integrity had not been reassessed weekly as required.

The licensee has failed to ensure that resident #003, who was identified in CO #001 and exhibited altered skin integrity, was reassessed at least weekly by registered staff when clinically indicated.

The severity of the issue was a level 2 as there was minimal harm to the resident. The scope of the issue was a level 1 as it was isolated. The home had a level 4 compliance history of on-going non-compliance with this subsection of the Act that included: Compliance orders issued on November 29, 2019, (2019_545147_0012), and February 21, 2020 (2020_830752_0003). Additionally, the LTCH has a history of 8 other compliance orders in the last 36 months.

Order(s) of the Inspector

Pursuant to section 153 and/or
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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

(633)

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

Aug 31, 2020

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

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
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

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
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
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, 11e 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
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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

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 27th day of July, 2020

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Valerie Goldrup

Service Area Office /

Bureau régional de services : Central West Service Area Office