



**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
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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 1, 2017	2017_263524_0004	001386-17	Critical Incident System

Licensee/Titulaire de permis

REGIONAL MUNICIPALITY OF WATERLOO
150 Frederick Street KITCHENER ON N2A 4J3

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

SUNNYSIDE HOME
247 FRANKLIN STREET NORTH KITCHENER ON N2A 1Y5

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

INA REYNOLDS (524)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): January 19, 2017.

**The following Critical Incident was completed during the inspection:
Log # 001386-17, CI # M578-000005-17 related to Falls Prevention and Management.**

During the course of the inspection, the inspector(s) spoke with the Manager of Resident Care, two Resident Care Coordinators, two Registered Practical Nurses, three Personal Support Workers, a Physiotherapist and a Physiotherapist Assistant.

The Inspector also observed resident and staff interactions, reviewed the critical incident, resident clinical records, staff education records, meeting minutes and relevant policies and procedures related to this inspection.

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

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

3 WN(s)

2 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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

Specifically failed to comply with the following:

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

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

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



Findings/Faits saillants :

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

Review of the home's "Head Injury Routine" Policy # h-10 revised November 22, 2016, stated that registered staff would begin a Head Injury Routine immediately for residents who had a fall and hit their head or who had a suspected head injury. Registered staff were to do the Head Injury Routine for 24 hours: every 30 minutes for two hours; every two hours for 12 hours; and, every four hours for the remainder of 24 hours.

Record review of a Critical Incident (CI) report submitted by the home to the Ministry of Health and Long Term Care, documented that an identified resident had a fall and a head injury routine was initiated. The CI stated that the Registered Practical Nurse went to perform the head injury routine at a specified time and noted the resident was sleeping and did not wake the resident. At an approximate identified time the resident was found unresponsive and subsequently was transferred to hospital.

Review of the Head Injury Routine assessment on a specified date showed there was no documentation for the monitoring of the resident's vitals and level of consciousness at a specified time post-fall, and noted that the resident was sleeping.

The identified resident had several falls in which there was a suspected head injury. Further review of the resident's post-fall Head Injury Routine assessments from previous falls showed there was no documentation for the monitoring of the resident's vitals and level of consciousness for multiple dates and times.

The Manager of Resident Care and a Resident Care Coordinator both stated that registered staff were to assess and document the resident's vitals and level of consciousness as per Head Injury policy and to wake the resident if sleeping. The Manager of Resident Care acknowledged that the Head Injury Routine policy was not followed and should have been.

The licensee failed to ensure that the home's Head Injury Routine policy was complied with when there was no documentation for the monitoring of the resident's vitals and level of consciousness for multiple dates and times.

The scope of this area of non-compliance was isolated and the severity was determined



to be actual risk/harm. The home had a history of non-compliance in this sub-section of the legislation as it was previously issued as a voluntary plan of correction on May 4, 2016 (policy related to Head Injury Routine). [s. 8. (1) (a),s. 8. (1) (b)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.

Plan of care

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident; 2007, c. 8, s. 6 (1).

(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that there was a written plan of care for each resident that sets out clear directions to staff and others who provided direct care to the resident.

On January 19, 2017, a review of an identified resident's progress notes and staff interviews documented that the resident had numerous falls since admission. Record review of the most recent plan of care on Point Click Care stated that the resident required the use of two specific devices for safety related to a history of falls. Record



review of the personal support worker's Kardex revealed there were no interventions related to the use of the identified devices in place.

A Personal Support Worker stated that they would refer to the Kardex on Point of Care for the resident's care interventions.

On January 19, 2017, the Manager of Resident Care stated that the personal support workers used the Kardex as a guide to provide care to the residents. In addition, the Manager of Resident Care reviewed the resident's clinical record with the Inspector and it was stated that the written plan of care and Kardex were not consistent and had not set out clear direction to staff to reference and should have.

The licensee failed to ensure that there was a written plan of care that provided clear directions to staff that provided direct care to the identified resident.

The scope of this area of non-compliance was isolated and the severity was determined to be potential for risk or harm. The home had a history of non-compliance in this subsection of the legislation as it was previously issued as a voluntary plan of correction on May 4, 2016, October 28, 2015, Jun 9, 2015, August 11, 2014 and May 20, 2014. [s. 6. (1) (c)]

2. The licensee has failed to ensure that staff and others involved in the different aspects of care collaborated with each other in the assessment of the resident so that their assessments were integrated, consistent with and complemented each other.

Record review of an identified resident's plan of care, Kardex and progress notes on Point Click Care noted the resident was to be reminded to use a specified personal assistive services device (PASD).

A Registered Practical Nurse and Personal Support Worker both stated during a staff interview on January 19, 2017, that the resident had the personal assistive services device and was encouraged to use the PASD for safety.

Review of the resident's Minimum Data Set (MDS) quarterly review assessment and admission assessment for specified dates, documented the resident was not coded for using the PASD or for having an identified problem condition.

On January 19, 2017, the Manager of Resident Care reviewed the clinical record for the



resident and stated that the MDS coding should have included the use of the personal assistive service device and the identified problem condition and it was not.

The licensee failed to ensure that staff and others involved in the different aspects of care collaborated with each other in the assessment of the resident so that their assessments were integrated, consistent with and complemented each other.

The scope of this area of non-compliance was isolated and the severity was determined to be minimum risk. The home had a history of non-compliance in a similar area of this sub-section of the legislation. [s. 6. (4) (a)]

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 there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident and to ensure that staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following:**

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that the plan of care was based on interdisciplinary assessment of the mood and behaviour patterns, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.

Review of an identified resident's Minimum Data Set (MDS) quarterly review assessment on a specific date, documented behavioural symptoms that the resident had. Review of the Resident Assessment Protocol (RAP) notes for the quarterly review assessment for an identified date showed that the resident's mood and behaviour patterns had deteriorated since admission and would be addressed in the care plan. The RAP would be "care planned with the goal of improving mood and behaviours". Review of the plan of care indicated the absence of goals and interventions related to mood and behaviour patterns for the resident.

Upon interview with a Personal Support Worker on the home area where the resident had resided, it was stated that the resident was totally dependent on staff for their personal care.

The Manager of Resident Care acknowledged the absence of goals and interventions in the care plan related to mood and behaviours patterns and the expectation that the plan of care was based on an assessment of the mood and behaviour patterns for the resident.

The scope of this area of non-compliance was isolated and the severity was determined to be potential for risk or harm. The home had a similar area of non-compliance in this sub-section of the legislation as it was previously issued as a voluntary plan of correction on October 28, 2015. [s. 26. (3) 5.]



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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 the plan of care is based on interdisciplinary assessment of the mood and behaviour patterns, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day, to be implemented voluntarily.

Issued on this 3rd day of May, 2017

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

Original report signed by the inspector.



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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*

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

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : INA REYNOLDS (524)

Inspection No. /

No de l'inspection : 2017_263524_0004

Log No. /

Registre no: 001386-17

Type of Inspection /

Genre

d'inspection:

Critical Incident System

Report Date(s) /

Date(s) du Rapport : May 1, 2017

Licensee /

Titulaire de permis : REGIONAL MUNICIPALITY OF WATERLOO
150 Frederick Street, KITCHENER, ON, N2A-4J3

LTC Home /

Foyer de SLD : SUNNYSIDE HOME
247 FRANKLIN STREET NORTH, KITCHENER, ON,
N2A-1Y5

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Helen Eby

To REGIONAL MUNICIPALITY OF WATERLOO, 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 # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

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

Order / Ordre :

The licensee will ensure that the home's Head Injury Routine Policy is complied with. Registered staff are to complete a Head Injury Routine for residents who have had a fall and hit their head; or for residents who have a suspected head injury.

Grounds / Motifs :

1. Review of the home's "Head Injury Routine" Policy # h-10 revised November 22, 2016, stated that registered staff would begin a Head Injury Routine immediately for residents who had a fall and hit their head or who had a suspected head injury. Registered staff were to do the Head Injury Routine for 24 hours: every 30 minutes for two hours; every two hours for 12 hours; and, every four hours for the remainder of 24 hours.

Record review of a Critical Incident (CI) report submitted by the home to the Ministry of Health and Long Term Care, documented that an identified resident had a fall and a head injury routine was initiated. The CI stated that the Registered Practical Nurse went to perform the head injury routine at a specified time and noted the resident was sleeping and did not wake the resident. At an approximate identified time the resident was found unresponsive and subsequently was transferred to hospital.

Review of the Head Injury Routine assessment on a specified date showed there was no documentation for the monitoring of the resident's vitals and level



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of consciousness at a specified time post-fall, and noted that the resident was sleeping.

The identified resident had several falls in which there was a suspected head injury. Further review of the resident's post-fall Head Injury Routine assessments from previous falls showed there was no documentation for the monitoring of the resident's vitals and level of consciousness for multiple dates and times.

The Manager of Resident Care and a Resident Care Coordinator both stated that registered staff were to assess and document the resident's vitals and level of consciousness as per Head Injury policy and to wake the resident if sleeping. The Manager of Resident Care acknowledged that the Head Injury Routine policy was not followed and should have been.

The licensee failed to ensure that the home's Head Injury Routine policy was complied with when there was no documentation for the monitoring of the resident's vitals and level of consciousness for multiple dates and times.

The scope of this area of non-compliance was isolated and the severity was determined to be actual risk/harm. The home had a history of non-compliance in this sub-section of the legislation as it was previously issued as a voluntary plan of correction on May 4, 2016 (policy related to Head Injury Routine). [s. 8. (1) (a), s. 8. (1) (b)] (524)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 31, 2017



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Ordre(s) de l'inspecteur

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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 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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Ordre(s) de l'inspecteur

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

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.



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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^e 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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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.

Issued on this 1st day of May, 2017

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

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

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