

**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

**Public Copy/Copie du rapport public**

---

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 30, 2021	2021_678590_0016	006720-21, 007516- 21, 007523-21, 008296-21	Complaint

---

**Licensee/Titulaire de permis**

Schlegel Villages Inc.  
325 Max Becker Drive Suite. 201 Kitchener ON N2E 4H5

---

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

The Village of Aspen Lake  
9855 McHugh Street Windsor ON N8P 0A6

---

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

ALICIA MARLATT (590)

---

**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): July 12, 15, 16, 21-23, 26-29, 2021.**

**The following intakes were completed within this complaint inspection:**

**Log #007516-21 was a follow-up inspection related to falls prevention and management;**

**Log #007523-21 was a follow-up inspection related to plan of care;**

**Log #006720-21 was a complaint inspection related to infection prevention and control practice concerns;**

**Log #008296-21 was a complaint inspection related to sufficient staffing concerns.**

**During the course of the inspection, the inspector(s) spoke with the General Manager, the Director of Nursing Care, two Assistant Directors of Nursing Care, the Director of Facility and Environmental Services, one Registered Nurse, three Registered Practical Nurses, two Personal Support Workers, an Exercise Therapist, a Housekeeper, a COVID-19 Screener and a Rapid Swabber.**

**During the course of the inspection, the inspector observed infection prevention and control practices and resident and staff interactions and reviewed three residents' clinical records, policies and written procedures relevant to inspection topics, staff meeting minutes, staff education materials and records and staff schedules.**

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

**Falls Prevention**

**Infection Prevention and Control**

**Safe and Secure Home**

**Sufficient Staffing**

**Training and Orientation**

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

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

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 26. (3)	CO #001	2021_678590_0009		590

**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 the homes Head Injury Routine policy was complied with.

O. Reg. 48 (1) 1. states: "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: A falls prevention and management program to reduce the incidence of falls and the risk of injury."

Fall Prevention and Management Policy Tab 06-02, last reviewed April 8, 2020 stated, "Initiate the Head Injury routine (see Nursing Policies and Procedures, Tab 04-37) for all unwitnessed falls and witnessed falls that have resulted in a possible head injury".

Head Injury Routine (HIR) Policy Tab 04-37, last reviewed January 21, 2020, stated that "Villages using Point Click Care (PCC) will use the Head Injury Routine form located within the nursing software, following the time frames indicated on the electronic form".

PCC HIR Schedule showed that the HIR assessments should be completed every thirty minutes for four assessments then every hour for three assessments, then every two hours for three assessments and then every four hours for one assessment.

A) Resident #002 had an un-witnessed fall, requiring the completion of a HIR assessment. Review of the HIR assessments completed showed that for the assessment due it was documented as refused by the resident, however there was no further documentation that the resident had been re-approached for the assessment or why they refused the assessment. For the next scheduled assessment, the resident was documented as not available, when they were outside, and for another scheduled

assessment, the resident was documented as sleeping.

B) Resident #003 had an un-witnessed fall, requiring the completion of a HIR assessment. Review of the HIR assessments completed showed that the residents blood pressure nor temperature had been taken during the initial assessment with no further reason as to why documented. For the fourth assessment, staff documented that the assessment was not done because the resident was eating. The fifth assessment staff had failed to complete or document the residents blood pressure, temperature and pulse. The eighth assessment was not completed; staff had documented that the resident had refused the assessment, and further that the resident was sleeping.

In interviews with Registered Practical Nurses (RPN) #103, #104 and #105, they all shared that they were educated to wake up residents who needed HIR assessments, so they could do a proper assessment of their consciousness and cognition. They all shared that refusals for assessments were to be documented and that like with other care, residents that refused assessments were to be re-approached and if they refused again, the assessment would be documented again as refused. They all shared that vital signs were an essential part of a head injury routine assessment.

In an interview with Assistant Director of Nursing Care #113, they shared that staff had been educated to wake the residents up for the head injury routine assessments and if on the initial approach the resident refused vitals and assessment, it was important to provide health teaching, to re-approach and further, document that the resident had refused, that health teaching was provided and that the resident was re-approached. They shared that staff that had documented sleeping, had not documented whether they had attempted the assessment or not and also that documented refusals, should include why the assessment was refused by the resident. They further shared that staff were aware that vital signs were a part of the assessment and the assessments were expected to be completed in full unless otherwise directed by the physician or the homes policy.

In an interview with the Director of Nursing Care #101 they stated that if the resident was outside on the homes property, the staff should still be going out and doing a quick assessment on the resident. The DNC shared further that if an assessment was due during a meal time, it should be done just before or after the meal is finished.

Sources: Interview with ADNC #113, DNC #101 and RPN's #103, #104 and #105; Resident #002 and #003's clinical record; LTCH's Head Injury Routine (HIR) Policy Tab

04-37, last reviewed January 21, 2020; LTCH's Fall Prevention and Management Policy  
Tab 06-02, last reviewed April 8, 2020. [s. 8. (1)]

***Additional Required Actions:***

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

---

Issued on this 7th day of September, 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**

---

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

**Nom de l'inspecteur (No) :** ALICIA MARLATT (590)

**Inspection No. /**

**No de l'inspection :** 2021\_678590\_0016

**Log No. /**

**No de registre :** 006720-21, 007516-21, 007523-21, 008296-21

**Type of Inspection /**

**Genre d'inspection:** Complaint

**Report Date(s) /**

**Date(s) du Rapport :** Aug 30, 2021

**Licensee /**

**Titulaire de permis :** Schlegel Villages Inc.  
325 Max Becker Drive, Suite. 201, Kitchener, ON,  
N2E-4H5

**LTC Home /**

**Foyer de SLD :** The Village of Aspen Lake  
9855 McHugh Street, Windsor, ON, N8P-0A6

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Dana Houle

---

To Schlegel Villages 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\_678590\_0008, CO #001;  
**Lien vers ordre existant:****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 comply with s. 8 (1) of O. Reg 79/10.

Specifically, the licensee must:

- Ensure that the home's policies, Fall Prevention Management and Head Injury Routine (HIR) is implemented and complied with, after each fall experienced by resident #002, #003 and any other resident.
- Ensure that any staff members that do not follow the home's policies, Fall Prevention Management and Head Injury Routine (HIR) are re-educated related to the home's policies. That includes training related to the purpose of conducting HIR assessments and what is included in a HIR assessment.
- Ensure that a record is kept of the re-educating that indicates the staff members that received the training, the content of the training and the date the training was completed by each staff member.

**Grounds / Motifs :**

1. The licensee has failed to ensure that the homes Head Injury Routine policy was complied with.

**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

O. Reg. 48 (1) 1. states: "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: A falls prevention and management program to reduce the incidence of falls and the risk of injury."

Fall Prevention and Management Policy Tab 06-02, last reviewed April 8, 2020 stated, "Initiate the Head Injury routine (see Nursing Policies and Procedures, Tab 04-37) for all unwitnessed falls and witnessed falls that have resulted in a possible head injury".

Head Injury Routine (HIR) Policy Tab 04-37, last reviewed January 21, 2020, stated that "Villages using Point Click Care (PCC) will use the Head Injury Routine form located within the nursing software, following the time frames indicated on the electronic form".

PCC HIR Schedule showed that the HIR assessments should be completed every thirty minutes for four assessments then every hour for three assessments, then every two hours for three assessments and then every four hours for one assessment.

A) Resident #002 had an un-witnessed fall, requiring the completion of a HIR assessment. Review of the HIR assessments completed showed that for the assessment due it was documented as refused by the resident, however there was no further documentation that the resident had been re-approached for the assessment or why they refused the assessment. For the next scheduled assessment, the resident was documented as not available, when they were outside, and for another scheduled assessment, the resident was documented as sleeping.

B) Resident #003 had an un-witnessed fall, requiring the completion of a HIR assessment. Review of the HIR assessments completed showed that the residents blood pressure nor temperature had been taken during the initial assessment with no further reason as to why documented. For the fourth assessment, staff documented that the assessment was not done because the resident was eating. The fifth assessment staff had failed to complete or document the residents blood pressure, temperature and pulse. The eighth assessment was not completed; staff had documented that the resident had

**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

refused the assessment, and further that the resident was sleeping.

In interviews with Registered Practical Nurses (RPN) #103, #104 and #105, they all shared that they were educated to wake up residents who needed HIR assessments, so they could do a proper assessment of their consciousness and cognition. They all shared that refusals for assessments were to be documented and that like with other care, residents that refused assessments were to be re-approached and if they refused again, the assessment would be documented again as refused. They all shared that vital signs were an essential part of a head injury routine assessment.

In an interview with Assistant Director of Nursing Care #113, they shared that staff had been educated to wake the residents up for the head injury routine assessments and if on the initial approach the resident refused vitals and assessment, it was important to provide health teaching, to re-approach and further, document that the resident had refused, that health teaching was provided and that the resident was re-approached. They shared that staff that had documented sleeping, had not documented whether they had attempted the assessment or not and also that documented refusals, should include why the assessment was refused by the resident. They further shared that staff were aware that vital signs were a part of the assessment and the assessments were expected to be completed in full unless otherwise directed by the physician or the homes policy.

In an interview with the Director of Nursing Care #101 they stated that if the resident was outside on the homes property, the staff should still be going out and doing a quick assessment on the resident. The DNC shared further that if an assessment was due during a meal time, it should be done just before or after the meal is finished.

Sources: Interview with ADNC #113, DNC #101 and RPN's #103, #104 and #105; Resident #002 and #003's clinical record; LTCH's Head Injury Routine (HIR) Policy Tab 04-37, last reviewed January 21, 2020; LTCH's Fall Prevention and Management Policy Tab 06-02, last reviewed April 8, 2020.

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

**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

**Severity:** The homes failure to follow their policy related to completing Head Injury Routines for any un-witnessed falls placed resident #002 and resident #003 at risk for complications related to potential undiagnosed head injury.

**Scope:** The scope of this non-compliance was identified as a pattern, because two of the three residents' reviewed whom all experienced falls, had missing HIR assessments and documentation.

**Compliance History:** A compliance order (CO) is being re-issued for the licensee failing to comply with s. 8. (1) of O. Reg 79/10. This subsection was issued as a CO on April 22, 2021 during inspection #2021\_678590\_0008 with a compliance due date of May 21, 2021.

(590)

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

**Vous devez vous conformer à cet ordre d'ici le :**

Sep 30, 2021

**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

**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**

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

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**

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

**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

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

**Issued on this 30th day of August, 2021**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Alicia Marlatt

**Service Area Office /**

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