



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue**

Health System Accountability and Performance
Division

Performance Improvement and Compliance Branch

Division de la responsabilisation et de la
performance du système de santé

Direction de l'amélioration de la performance et de la
conformité

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347 Preston St, 4th Floor
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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Apr 11, 12, 13, 16, 17, 18, 19, 20, 2012	2012_054133_0016	Critical Incident

Licensee/Titulaire de permis

BRUYERE CONTINUING CARE INC.
43 BRUYERE STREET, OTTAWA, ON, K1N-5C8

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

RESIDENCE SAINT- LOUIS
879 CHEMIN PARC HIAWATHA, OTTAWA, ON, K1C-2Z6

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, the Residential Programs Director, the Coordinator of Support Services and Support Services staff members, the Director of Facilities Management Services, the Food Services Supervisor, a Registered Nurse and a Registered Practical Nurse.

During the course of the inspection, the inspector(s) toured throughout the home and assessed door security at resident accessible doors that lead to stairways and to the outside of the home. The inspector also reviewed components of a resident's health care record.

The following Inspection Protocols were used during this inspection:

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 9. Doors in a home

Specifically failed to comply with the following subsections:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

- i. kept closed and locked,
- ii. equipped with a door access control system that is kept on at all times, and
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
 - A. is connected to the resident-staff communication and response system, or
 - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

Findings/Faits saillants :

1. On April 11, 2012, the inspector found the resident accessible door in the salon (room A- 158) that leads directly to the outside of the home unlocked and the area unsupervised. This door had been intentionally unlocked to allow contractors working on site to have convenient access to the new temporary entrance being constructed in the salon. There is a large scale construction project occurring on the home's grounds.

[O. Reg. 79/10, s.9(1)1.i]

2. On April 12, 2012 and April 16, 2012, the inspector found stairwell door 4C unlocked. This door is resident accessible, located next to bedroom A-428. This door is equipped with a door access control system that includes a magnetic lock. After finding it unlocked, the inspector observed that the door did not close itself completely after being opened by the inspector and therefore the magnetic lock was not able to re-engage. [O. Reg. 79/10, s.9(1)1.i]

~~3. Three resident accessible doors leading to the outside of the home are not equipped with a door access control system that is on at all times. This is in specific reference to a door in the cafeteria (room A-146), a door in the salon (room A-158) and a door at the South end of the 1C unit (at bedrooms C-146 and C-145). [O. Reg. 79/10, s.9(1)1.ii]~~ JL

4. The home's front door and four other resident accessible doors that lead directly to the outside are not equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and is connected to:

A) the resident-staff communication and response system, or

B) an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

This is in specific reference to the front door, one exit door from the salon (room A-158), two exit doors from the cafeteria (room A-148) and one exit door at the end of the 1C unit (at bedroom room C-146 and C-145). [O. Reg 79/10, s.9(1)1.iii]

5. None of the home's resident accessible doors leading to the 7 stairways are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and is connected to:

A) the resident-staff communication and response system, or

B) an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. [O. Reg. 79/10, s.9(1)1.iii]

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 O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following subsections:

s. 107. (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (4):

1. An emergency, including loss of essential services, fire, unplanned evacuation, intake of evacuees or flooding.

2. An unexpected or sudden death, including a death resulting from an accident or suicide.

3. A resident who is missing for three hours or more.

4. Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing.

5. An outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act.

6. Contamination of the drinking water supply. O. Reg. 79/10, s. 107 (1).

Findings/Faits saillants :

1. The licensee failed to immediately inform the Director about a missing resident who returned to the home with an injury.

On a day in February 2012, a resident went missing from the home. The resident was first seen on St Louis Blvd by visitors to the home who recognized the resident and then later found on Orleans Blvd. The resident fell and sustained scratches to the face and hands. The resident was taken to the Montfort Hospital by ambulance and returned to the home later that evening.

This incident was reported to the Director nine days later, on February 27th 2012, via the Critical Incident Reporting system. The home's Residential Programs Director confirmed that the MOHLTC was not informed about this incident by another method prior to February 27th 2012. [O.Reg. 79/10, s.107(1)4]

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. As per O. Reg 79/10, s.9(1)2, all doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.

The door that leads into maintenance supply room A-031-1 is equipped with a lock yet this lock was not used to restrict unsupervised access to the area by residents.

On April 12th 2012, the inspector found the door into maintenance supply room #A-031-1 open and the room unattended. The room is in the basement which is accessible to residents via the elevators. Room #A-031-1 leads into a mechanical room which leads into the crawlspace (area beneath the auditorium) which has an uneven floor of dirt and rocks and is filled with duct work. At the time, there was a contractor working within an area of the crawlspace. The Coordinator of Support Services met the inspector as the inspector was leaving the inner mechanical room. He indicated that the contractor did not know the door was supposed to be kept closed and locked.

2. As per O. Reg 79/10, s. 9(1)2, all doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.

All doors that lead into the kitchen are equipped with locks yet these locks are not used to prevent unsupervised access by residents.

On April 11th 2012, the inspector went through an unlocked door in the cafeteria area and entered the main kitchen dishwashing area. This area was unsupervised by staff at the time. The Food Service Supervisor (FSS) met the inspector in this area several minutes later and explained that all three doors that lead into the kitchen are kept unlocked between the hours of 6:30am and 7pm, regardless of if the various areas of the kitchen are supervised or not. The FSS further explained that the reason for this is that kitchen staff members do not all have keys to these doors.

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 with the requirement that the home is a safe and secure environment for its residents, specifically relating to the use of locks on doors leading to non-residential areas in order to restrict unsupervised access to those areas by residents, to be implemented voluntarily.



Ministry of Health and
Long-Term Care

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

Ministère de la Santé et des
Soins de longue durée

Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue

Issued on this 20th day of April, 2012

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

Jessica Lapensée



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et
des Soins de longue durée**

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 System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	JESSICA LAPENSEE (133)
Inspection No. / No de l'inspection :	2012_054133_0016
Type of Inspection / Genre d'inspection:	Critical Incident
Date of Inspection / Date de l'inspection :	Apr 11, 12, 13, 16, 17, 18, 19, 20, 2012
Licensee / Titulaire de permis :	BRUYERE CONTINUING CARE INC. 43 BRUYERE STREET, OTTAWA, ON, K1N-5C8
LTC Home / Foyer de SLD :	RESIDENCE SAINT- LOUIS 879 CHEMIN PARC HIAWATHA, OTTAWA, ON, K1C-2Z6
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	CARL BALCOM <i>Amy Porteous</i>

To BRUYERE CONTINUING CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et
des Soins de longue durée**

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) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
 - i. kept closed and locked,
 - ii. equipped with a door access control system that is kept on at all times, and
 - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
 - A. is connected to the resident-staff communication and response system, or
 - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.
- 1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.
2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.
3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.
4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

Order / Ordre :



**Ministry of Health and
Long-Term Care**

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

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Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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The licensee will prepare, submit and implement a plan for achieving compliance with the requirement that all resident accessible doors leading to stairways and to the outside of the home are kept closed and locked, are ~~equipped with a door access control system and are~~ equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and (a) is connected to the resident staff communication and response system, or (b) is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

This compliance plan must demonstrate the immediate action taken to address the requirement that all resident accessible doors leading to stairways and to the outside of the home are kept closed and locked. This component of the compliance plan must be submitted by April 24, 2012.

This compliance plan must also outline the long term action that will be taken to address the requirement that all resident accessible doors leading to stairways and to the outside of the home are ~~equipped with a door access control system and are~~ equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and (a) is connected to the resident staff communication and response system, or (b) is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. This component of the plan must be submitted by May 4, 2012. Amendments to this component of compliance plan may be submitted at future dates should the need arise.

The compliance plan is to be submitted in writing to Long Term Care Homes Inspector Jessica Lapensee, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 347 Preston Street, 4th floor, K1S 3J4. The compliance plan may also be submitted to the attention of Jessica Lapensee via fax (613. 569-9670) or email (OttawaSAO.MOH@ontario.ca)

Grounds / Motifs :

1. None of the home's resident accessible doors leading to the 7 stairways are equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and is connected to:
A) the resident-staff communication and response system, or
B) an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. (133)
2. The home's front door and four other resident accessible doors that lead directly to the outside are not equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and is connected to:
A) the resident-staff communication and response system, or
B) an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

This is in specific reference to the front door, one exit door from the salon (room A-158), two exit doors from the cafeteria (room A-148) and one exit door at the end of the 1C unit (at bedroom room C-146 and C-145). (133)

~~3. Three resident accessible doors leading to the outside of the home are not equipped with a door access control system that is on at all times. This is in specific reference to a door in the cafeteria (room A-146), a door in the salon (room A-158) and a door at the South end of the 1C unit (at bedrooms C-146 and C-145). (133)~~ JL

4. On April 12, 2012 and April 16, 2012, the inspector found stairwell door 4C unlocked. This door is accessible to residents, located next to bedroom A-428. This door is equipped with a door access control system that includes a magnetic lock. After finding it unlocked, the inspector observed that the door did not close itself completely after being opened by the inspector and therefore the magnetic lock was not able to re-engage. (133)
5. On April 11, 2012, the inspector found the resident accessible door in the salon (room A- 158) that leads to the outside of the home unlocked and the area unsupervised. This door had been intentionally unlocked to allow contractors working on site to have convenient access to the new temporary entrance being constructed in the salon. There is a large scale construction project occurring on the home's grounds. (133)



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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

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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

This order must be complied with by / Oct 20, 2012
Vous devez vous conformer à cet ordre d'ici le :



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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de l'article 154 de la *Loi de 2007 sur les foyers
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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
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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 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
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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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Order(s) of the Inspector
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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
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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.

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
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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 20th day of April, 2012

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

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

JESSICA LAPENSEE

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

Ottawa Service Area Office