



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

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

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

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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

Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
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			<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection January 5, 2011	Inspection No/ d'inspection 2011-121-9507-06Jan130720	Type of Inspection/Genre d'inspection Complaint	
Licensee/Titulaire Corporation of the County of Bruce, 41 McGivern St., PO Box 1600, Walkerton, ON N0G 2V0			
Long-Term Care Home/Foyer de soins de longue durée Brucelea Haven Long Term Care Home, 41 McGivern St., PO Box 1600, Walkerton, ON N0G 2V0			
Name of Inspector(s)/Nom de l'inspecteur(s) Elizabeth Elvidge #121			
<b>Inspection Summary/Sommaire d'inspection</b>			
The purpose of this inspection was to conduct a complaint inspection relating to bathing and nutritional needs.			
During the course of the inspection, the inspector spoke with: The Administrator and the Dietitian.			
During the course of the inspection, the inspector: Observed meal service and reviewed documentation.			
The following Inspection Protocols were used in part or in whole during this inspection: Personal Care Services Dining Observation			
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:			
2 WN			



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**NON- COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit

**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire

**DR** – Director Referral/Référageur envoyé

**CO** – Compliance Order/Ordres de conformité

**WAO** – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

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.)

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with O. Reg. 79/10, s68(2)(e)(i)

**Every licensee of a long-term care home shall ensure that the programs include, a weight monitoring system to measure and record with respect to each resident, weight on admission and monthly thereafter.**

**Findings:**

No weight record for Nov./10 for the resident.

**Inspector ID #:** 121

**WN #2:** The Licensee has failed to comply with O. Reg. 79/10, s73(2)(b)

**The licensee shall ensure that, no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.**

**Findings:**

Noon meal - resident observed being served and no one there to feed. When someone was available, she left the resident to clear soup bowls off tables and serve the entrée to others in the dining-room. A second PSW who was feeding another resident at the same table made no attempt to sit between the two residents and provide assistance to both.

**Inspector ID #:** 121



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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.  <i>Elizabeth Elledge</i>	
Title:	Date:  <i>Jan. 14, 2011</i>	Date of Report: (if different from date(s) of inspection).