



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

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

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

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 public**

<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 27, 2016	2016_260521_0036	023570-16, 024735-16, 027841-16	Critical Incident System

**Licensee/Titulaire de permis**

CORPORATION OF THE COUNTY OF BRUCE  
41 McGivern Street P.O. Box 1600 WALKERTON ON N0G 2V0

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

BRUCELEA HAVEN LONG TERM CARE HOME - CORPORATION OF THE COUNTY  
OF BRUCE  
41 McGIVERN STREET WEST P.O. BOX 1600 WALKERTON ON N0G 2V0

**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**  
REBECCA DEWITTE (521)

**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): September 20, 21, 22, 23 and 26, 2016.**

**The following inspections were completed concurrently: Critical Incident System #M507-000016-16 pertaining to an incident with injury, #M507-000017-16 logs # 027841-16 pertaining to alleged staff to resident abuse and #M507-000015-16 log #0233570-16 pertaining to alleged resident to resident abuse.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Assistant Director of Care (ADOC), Two Registered Nurses (RN's), One Registered Practical Nurses (RPN), five Personal Support Workers (PSW's), over six residents and two family members.**

**The inspector(s) also conducted a tour of the home and made observations of residents, activities and care. Relevant clinical records and plans of care for identified residents were reviewed. Inspector(s) observed meal and snack service, medication administration, resident /staff interactions, infection prevention and control practices, the posting of Ministry of Health and Long Term Care information.**

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

**Falls Prevention**

**Prevention of Abuse, Neglect and Retaliation**

**Responsive Behaviours**

**During the course of this inspection, Non-Compliances were not issued.**

**0 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



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**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

**Legendé**

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).

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.

**Issued on this 27th day of September, 2016**

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

**Original report signed by the inspector.**