

**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**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 4, 2020	2020_798738_0002	013927-19, 020049-19, 020050-19, 020051-19, 020052-19, 022521-19, 023893-19	Follow up

Licensee/Titulaire de permis

Corporation of the County of Bruce
30 Park Street 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

AMANDA OWEN (738), DANIELA LUPU (758), NUZHAT UDDIN (532), TAWNIE URBANSKI (754)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): January 20-24 and 27-28, 2020.

The following intakes were completed in this Follow up inspection:

- Log #013927-19 related to Compliance Order (CO) #006 from inspection #2019_610633_0005 and sufficient staffing;**
- Log # 023893-19 related to CO #001 from inspection #2019_798738_0023 and medication administration;**
- Log #020050-19 related to CO #001 from inspection #2019_800532_0011 and lifts and transfers and RAI-MDS assessments;**
- Log #020051-19 related to CO #002 from inspection #2019_800532_0011 and skin and wound care;**
- Log #020052-19 related to CO #003 from inspection #2019_800532_0011 and continence care;**
- Log #020049-19 related to CO #004 from inspection #2019_800532_0011 and plan of care; and**
- Log #022521-19/Critical Incident System (CIS) #M507-000058-19 related to an unexpected death of a resident.**

During the course of the inspection, the inspector(s) spoke with the Acting Administrator, Director of Nursing, Director of Care, Nurse Consultant, RAI-MDS Consultant, Dietary Manager, Wound Care Champion, Nursing Assistant/Wound Care Auditor, Registered Nurse Support Assistant, Guest Services Receptionist, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), residents and residents' family members.

The inspector(s) also toured the home, observed resident care provision, reviewed residents clinical records and relevant internal records and interviewed various staff, residents and residents' family members.

The following Inspection Protocols were used during this inspection:

**Contenance Care and Bowel Management
Falls Prevention
Medication
Personal Support Services
Skin and Wound Care
Sufficient Staffing**

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

2 WN(s)

0 VPC(s)

0 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:**

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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 101. (3)	CO #001	2019_800532_0011		754
O.Reg 79/10 s. 131. (2)	CO #001	2019_798738_0023		738
O.Reg 79/10 s. 31. (3)	CO #006	2019_610633_0005		738
O.Reg 79/10 s. 50. (2)	CO #002	2019_800532_0011		758
O.Reg 79/10 s. 51. (2)	CO #003	2019_800532_0011		532
LTCHA, 2007 S.O. 2007, c.8 s. 6.	CO #004	2019_800532_0011		532

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. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that any actions taken with respect to a resident under a program, including interventions were documented.

Resident #042's electronic medication administration record (eMAR) showed they were to receive specified medication at a specified time. The eMAR and a Medication Administration Audit Report, failed to include documentation that these medications were administered to the resident.

RPN #113 stated they were familiar with resident #042s medications. They remembered administering the resident's medications on the identified date, but said they must have forgotten to document it.

The licensee has failed to ensure that any actions taken with respect to resident #042 under a program, including medication administration interventions were documented. [s. 30. (2)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).**

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that resident #042's individualized plan of care to promote bladder continence was implemented.

Resident #042's plan of care indicated they were incontinent of bladder, wore a specified size of continence product and required physical assistance from staff with all aspects of continence care. RPN #119 confirmed this. PSWs #108, #116 and #118 confirmed the resident wore a specified size of continence product.

The inspector observed resident #042 wearing the incorrect size of continence product. These products were also observed on the resident's bathroom counter.

The licensee has failed to ensure that resident #042's individualized plan of care to promote bladder continence was implemented. [s. 51. (2) (b)]

2. The licensee has failed to ensure that each resident who was incontinent and assessed as being potentially continent some of the time received the assistance and support from staff to become continent some of the time.

Resident #005's care plan documented they were frequently incontinent of bladder but sometimes self toileted. The type of continence product used by the resident during the day and night was also identified.

Resident #005 said that staff sometimes applied the incorrect type of continence product and when they reminded the staff, they would say the resident was supposed to wear it.

The inspector observed resident #005 wearing the incorrect type of continence product on two separate days. PSW #115 confirmed this and stated it was easier to apply the incorrect type of continence product to the resident than the correct type of continence product.

The licensee has failed to ensure that resident #005, who was incontinent and assessed as being potentially continent some of the time, received the assistance and support from staff to become continent some of the time. [s. 51. (2) (d)]

Issued on this 6th day of February, 2020

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

Original report signed by the inspector.