



**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 prévue 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

London Service Area Office  
291 King Street, 4th Floor  
LONDON, ON, N6B-1R8  
Telephone: (519) 675-7680  
Facsimile: (519) 675-7685

Bureau régional de services de London  
291, rue King, 4<sup>ème</sup> étage  
LONDON, ON, N6B-1R8  
Téléphone: (519) 675-7680  
Télécopieur: (519) 675-7685

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
Jan 10, 11, 29, 30, 2012	2012_093145_0001	Complaint

**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**

KARIN MUSSART (145)

**Inspection Summary/Résumé de l'inspection**

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with Administrator; the Director of Care, 1 RPN; Quality Services Co-ordinator.

During the course of the inspection, the inspector(s) Reviewed falls policy and procedures Effective date Apr. 2/2003; reviewed summary of falls for 2010-2011; reviewed lift policy, effective date Oct. 18, 2011; reviewed policy for transfer logo's effective date Dec. 12/2003 revised Sept. 14/2005; reviewed policy for Assessment for Lifts and Transfers effective Apr. 3/2003 revised Apr. 15/2004; reviewed clinical assessment report for falls; reviewed falls prevention program evaluation; reviewed Nursing orientation to equipment.

The following Inspection Protocols were used during this inspection:

Falls Prevention

There are no findings of Non-Compliance as a result of this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**



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

<b>Legend</b> WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	<b>Legendé</b> 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.)  The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.)  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 30th day of January, 2012

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

