

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: February 19, 2026

Inspection Number: 2026-1533-0001

Inspection Type:

Proactive Compliance Inspection

Licensee: Corporation of the County of Bruce

Long Term Care Home and City: Brucelea Haven Long Term Care Home -
Corporation of the County of Bruce, Walkerton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 3-6, 10-13, 17, 19, 2026

The inspection occurred offsite on the following date(s): February 6, 18, 2026

The following intake(s) were inspected:

- Intake: #00167898 - Proactive Compliance Inspection

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

Food, Nutrition and Hydration
Infection Prevention and Control
Staffing, Training and Care Standards

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Duty to respond

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 63 (3)

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

Residents' Council were not provided a response in writing when concerns/recommendations related to the home's current menu were brought up in the Residents' Council meeting.

Sources: Resident Council Meeting Minutes, Residents' Council Concern Form, and interviews with staff.

WRITTEN NOTIFICATION: Menu planning

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (5)

Menu planning

s. 77 (5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 246/22, s. 390 (1).

Residents were not offered the planned menu items related to the snack menu.

Sources: Observations, conversation with staff.

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WRITTEN NOTIFICATION: Food production

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 78 (3) (b)

Food production

s. 78 (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,

(b) prevent adulteration, contamination and food borne illness. O. Reg. 246/22, s. 78 (3).

A staff member was observed to be handling residents' food with their bare hands during meal service.

Sources: Observation, Infection Prevention & Control Guidelines-Dietary IX-I-10.00(a) (dated June 2025).

WRITTEN NOTIFICATION: Dining and snack service

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 1.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.

There was no communication of the seven-day and daily menus to residents regarding the home's snack menu.

Sources: observation and interview with staff.

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**WRITTEN NOTIFICATION: Infection prevention and control
program**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

A) Staff did not provide assistance to residents to perform hand hygiene prior to receiving their meal.

B) Staff reported they were not cleaning and disinfecting high touch surface areas once daily.

C) Staff did not apply appropriate PPE when entering a resident's room.

D) Staff were instructed to remove droplet precaution signage from a resident's room when precautions were required.

E) Staff did not perform hand hygiene during resident meal service.

Sources: Observations, IPAC Standard (April 2022, revised September 2023), interviews with staff, resident clinical records, Housekeeping Cleaning Frequency Schedule XII-D-1-10.40(a) (dated February 2025), and Isolation Decision Flow Chart.