



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

**Rapport d'inspection
prévu 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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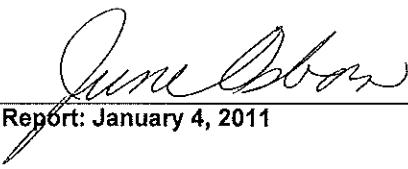
			<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date of inspection/Date de l'inspection December 20, & 22, 2010	Inspection No/ d'inspection 2010_105_9507_20Dec095124	Type of Inspection/Genre d'inspection L-01754 Complaint	
Licensee/Titulaire Corporation of County of Bruce 41 McGivern St. W. PO Box 1600 Walkerton ON N0G 2V0			
Long-Term Care Home/Foyer de soins de longue durée Brucelea Haven 41 McGivern St. W. PO Box 1600 Walkerton ON N0G 2V0			
Name of Inspector/Nom de l'inspecteur(s) June Osborn #105			
Inspection Summary/Sommaire d'inspection			
<p>The purpose of this inspection was to conduct a complaint inspection related to resident rights.</p> <p>During the course of the inspection, the inspector spoke with the resident, the administrator, the DOC, the ward clerk, 2 RPNs, 4 PSWs.</p> <p>During the course of the inspection, the inspector completed a medical record review including the plan of care, the activities schedules, RAI-MDS assessments. Observed the resident in the dining room concerning eating habits.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Dignity, Choice and Privacy Inspection Protocol.</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p>			



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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.
Title: 	Date:  Date of Report: January 4, 2011