



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

**Rapport d'inspection  
prévue 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  
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			<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection November 8, 2010	Inspection No/ d'inspection 2010_121_9507_08Nov170038	Type of Inspection/Genre d'inspection Complaint L- 01400	
<b>Licensee/Titulaire</b> Corporation of the County of Bruce, 41 McGivern St., P.O. Box 1600, Walkerton, ON N0G 2V0			
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Brucelea Haven, 41 McGivern St., P.O. Box 1600 Walkerton, ON N0G 2V0			
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Elizabeth Elvidge (#121)			
<b>Inspection Summary/Sommaire d'inspection</b>			
The purpose of this inspection was to conduct a complaint inspection relating to identification of staff providing care and to residents being offered two baths per week.			
During the course of the inspection, the inspector spoke with: The Administrator, the Director of Care, a PSW , residents and family members.			
During the course of the inspection, the inspector: Observed the staff working, reviewed plans of care and bathing documentation.			
The following Inspection Protocols were used in part or in whole during this inspection: Personal Support Services Dignity, Choice and Privacy			
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:			
1 WN 1 VPC			



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**NON- COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référance au directeur

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre de travail et d'activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constitue un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.)

**WN #1:** The Licensee has failed to comply with O. Reg. 79/10, s. 33(1)

**Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.**

**Findings:**

Documentation on 27 residents indicated that 14/27 missed a bath in October, 2010. Of 11 residents interviewed, 3/11 said they did not get two baths a week and they wished to have two baths per week, 7/11 said they did get two baths per week and 1/11 was not sure.

**Inspector ID #:** 121

**Additional Required Actions:**

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance in providing residents with the opportunity for two baths per week, to be implemented voluntarily.

**Signature of Licensee or Representative of Licensee**  
**Signature du Titulaire ou 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:** (if different from date(s) of inspection).  
November 15, 2010