



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

**Rapport d'inspection  
prevue 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

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Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
conformité

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<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
September 8, 2010	2010-145-9507-07-Sep230413	Complaint L00379

**Licensee/Titulaire**  
Corporation of the County of Bruce  
41 McGivern Street P.O. Box 1600  
Walkerton, Ontario N0G 2V0

**Long-Term Care Home/Foyer de soins de longue durée**  
Brucelea Haven  
41 McGivern Street, P.O. Box 1600  
Walkerton, Ontario N0G 2V0

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Karin Mussart (ID #145)

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection relating to concerns related to infection control in the Home .

During the course of the inspection, the inspector spoke with: The Administrator, and the Director of Care.

During the course of the inspection, the inspector: Reviewed the policy and procedures relating to infection control; reviewed the Chart Progress Notes relating to the resident in the complaint.

The following Inspection Protocols were used during this inspection: Infection Prevention and Control.

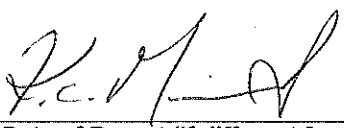
There are no findings of Non-Compliance as a result of this inspection.



Ministry of Health and  
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Ministère de la Santé et  
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Rapport  
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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 (if different from date(s) of inspection). September 10, 2010