



**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

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London ON N6B 1R8

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**Ministère de la Santé et des Soins de
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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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Date(s) of inspection/Date de l'inspection September 24, 2010	Inspection No/ d'inspection 2010_121_9507_24Sep151749	Type of Inspection/Genre d'inspection Critical Incident M507-000016-10 Log# - L-01020
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Licensee/Titulaire
Corporation of the County of Bruce 41 McGivern St., W., Walkerton, ON N0G 2V0

Long-Term Care Home/Foyer de soins de longue durée
Brucelea Haven, 41 MsGivern St., W., Walkerton, ON, N0G 2V0

Name of Inspector(s)/Nom de l'inspecteur(s)
Elizabeth Elvidge (#121)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Critical Incident inspection generated by an anonymous tip concerning financial irregularities.

During the course of the inspection, the inspector spoke with: The Administrative Assistant and the Assistant Director of Care

During the course of the inspection, the inspector: Reviewed the financial file of the resident and the resident's chart.

The following Inspection Protocols were used in part or in whole during this inspection:

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



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<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>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.</p> <p><i>Elizabeth Cludge</i></p>
<p>Title: _____ Date: _____</p>	<p>Date of Report: (if different from date(s) of inspection). September 24, 2010</p>