

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

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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Télécopieur: (519) 885-2015

**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 24, 2020	2020_796754_0025	011458-20	Complaint

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**Licensee/Titulaire de permis**

Corporation of the County of Huron  
1 Courthouse Square GODERICH ON N7A 1M2

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**Long-Term Care Home/Foyer de soins de longue durée**

Huronlea Home for the Aged  
820 Turnberry Street South BRUSSELS ON N0G 1H0

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

TAWNIE URBANSKI (754)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): August 18-20, 2020.**

**The following intake was completed during this complaint inspection:  
Log #011458-20, related to an alleged medication incident, and personal support  
services.**

**During the course of the inspection, the inspector(s) spoke with the Director of  
Care (DOC), Recreation Manager, Registered Nurse (RN), and Personal Support  
Worker (PSW).**

**The inspector made observations of resident care, meal services, the courtyard  
and secure doors at the home, and resident/staff interactions. A record review of  
the clinical records of the identified resident was completed including resident  
plans of care and point of care documentation.**

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

**Medication**

**Personal Support Services**

**Safe and Secure Home**

**During the course of this inspection, Non-Compliances were not issued.**

**0 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**Issued on this 25th day of August, 2020**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**