



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

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

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

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**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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### **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 8, 2014	2014_355588_0016	L-005175-14	Critical Incident System

#### **Licensee/Titulaire de permis**

CORPORATION OF THE COUNTY OF BRUCE  
41 McGivern Street, P.O. Box 1600, WALKERTON, ON, N0G-2V0

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

BRUCELEA HAVEN LONG TERM CARE HOME - CORPORATION OF THE  
COUNTY OF BRUCE  
41 MCGIVERN STREET WEST, P.O. BOX 1600, WALKERTON, ON, N0G-2V0

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

CHRISTINE MCCARTHY (588)

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



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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): October 7, 2014**

**Two Critical Incident Inspections were completed on this date and include:  
CI#M507-000028-14,L-005175-14 and CI#M507-000029-14, L0005330-14.**

**During the course of the inspection, the inspector(s) spoke with the  
Administrator, the Director of Care, 1 Registered Nurse, 1 Registered Practical  
Nurse, and 2 Personal Support Workers.**

**During the course of the inspection, the inspector(s) observed Residents and  
staff, toured Resident home areas, reviewed Resident's Clinical records, relevant  
Policies and Procedures as well as other relevant documents.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Prevention of Abuse, Neglect and Retaliation**

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



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

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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.)  The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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.  Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

Issued on this 8th day of October, 2014

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