



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

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

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

**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**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
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Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

## Public Copy/Copie du public

<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 13, 2015	2015_217137_0005	L-001534-14	Follow up

### 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

MARIAN MACDONALD (137)

## Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): January 21 and 22, 2015

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Assistant Director of Care, Receptionist, three (3) Registered Nurses, eight (8) Registered Practical Nurses, two (2) Administrative Assistants, Ward Clerk and Kinesiologist.

The inspector also reviewed policies and procedures related to the Required Programs, Nursing and Continuous Quality Improvement meeting minutes and residents' clinical records.

The following Inspection Protocols were used during this inspection:  
Contenance Care and Bowel Management  
Falls Prevention  
Pain  
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.

- 1 WN(s)
- 0 VPC(s)
- 1 CO(s)
- 0 DR(s)
- 0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:  
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 30. (1)	CO #001	2014_182128_0011		137



**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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs**



**Specifically failed to comply with the following:**

- s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:**
- 1. A falls prevention and management program to reduce the incidence of falls and the risk of injury. O. Reg. 79/10, s. 48 (1).**
  - 2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions. O. Reg. 79/10, s. 48 (1).**
  - 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable. O. Reg. 79/10, s. 48 (1).**
  - 4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).**

**Findings/Faits saillants :**

1. A Compliance Order was previously issued during the Resident Quality Inspection (RQI) on July 9, 2014 under Log # L-000676-14 and Inspection # 2014\_182128\_0011, related to the four Required Programs not being developed.

The Pain Management, Falls Prevention and Skin and Wound Programs were developed effective December 23, 2014. The Continence Care and Bowel Management Program was developed as of January 1, 2015.

The licensee failed to ensure that the following interdisciplinary programs are implemented in the home as evidenced by:

1. The Falls Prevention and Management Program indicates registered nursing staff will conduct the fall risk assessment within 24 hours of admission, quarterly and when a change in the health status puts the resident at risk for falling.

The Kinesiologist and a Registered Staff member confirmed fall risk assessments are completed by the physiotherapist and not registered nursing staff. The physiotherapist completes assessments on admission and quarterly, if the resident is in the physiotherapy program.

2. The Skin and Wound Care Program indicates registered staff will conduct a RAI-MDS assessment within 14 days of admission and quarterly thereafter and if there is a change



in health status. The assessment will generate a Pressure Ulcer Risk Score (PURS).

A review of the clinical records for Residents # 4, # 5 and # 6, revealed incomplete RAI-MDS assessments and the PURS was missing for all three residents.

A Registered Staff member, the Director of Care and Administrator confirmed the RAI-MDS assessments were incomplete and the PURS were missing, as well as the expectation that the assessments be completed within 14 days of being admitted to the home.

Interviews with seven registered staff members revealed the home is not using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

The Director of Care confirmed the home is not using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment. The Director of Care shared the home plans to use the Bates-Jensen Wound Assessment Tool and confirmed it has not been implemented yet.

3. The Continence Care and Bowel Management Program assessment instrument has been implemented for 2/3 (66%) identified residents.

4. The Pain Management Program indicates each resident must have a formal pain assessment on admission and be reassessed on readmission, quarterly and at significant condition changes.

A review of the clinical records for Residents # 4, # 5 and # 6 revealed pain assessments had not been completed.

Four registered staff members confirmed that pain assessments are not completed using a clinically appropriate assessment instrument specifically designed for this purpose.

The Director of Care confirmed the home is not using a clinically appropriate assessment instrument that is specifically designed for pain assessment.

The Director of Care shared the home plans to use the Pain Assessment Tool for the Cognitively Impaired and confirmed it has not been implemented yet.

There is no documented evidence that a pain assessment tool has been developed for residents who are not cognitively impaired.



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5. A Nursing Meeting was held on January 14, 2015 whereby changes to the new policies were discussed.

The meeting minutes and policies were emailed to staff on January 20, 2015.

Interviews with seven (7) registered staff members revealed the changes to the policies were discussed at the nursing meeting but the policies were not reviewed, education was not provided and no direction was given as to when the pain assessment or wound assessment tools should or would be implemented in the home.

The Registered Staff confirmed the assessment tools are not in Point Click Care and there are no hard copies in the filing cabinets, on the home areas. [s. 48. (1)]

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**Issued on this 13th day of February, 2015**

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

**Original report signed by the inspector.**



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

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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**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**

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** MARIAN MACDONALD (137)

**Inspection No. /**

**No de l'inspection :** 2015\_217137\_0005

**Log No. /**

**Registre no:** L-001534-14

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Feb 13, 2015

**Licensee /**

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

**LTC Home /**

**Foyer de SLD :** 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 Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** ELEANOR MACEWEN

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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

To CORPORATION OF THE COUNTY OF BRUCE, you are hereby required to  
comply with the following order(s) by the date(s) set out below:





**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

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**Order # /**

**Ordre no :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.
  2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.
  3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.
  4. A pain management program to identify pain in residents and manage pain.
- O. Reg. 79/10, s. 48 (1).

**Order / Ordre :**

The licensee shall ensure that all of the following interdisciplinary programs are implemented in the home: 1. A falls prevention and management program to reduce the incidence of falls and the risk of injury. 2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions. 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable. 4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).

While the Required Programs have been developed, they are not fully implemented.

The home must ensure all Required Programs are fully implemented, including using clinically appropriate assessment instruments specifically designed for each required program and that all direct care staff receive education related to their expectations regarding the Required Programs.

**Grounds / Motifs :**

1. A Compliance Order was previously issued during the Resident Quality Inspection (RQI) on July 9, 2014 under Log # L-000676-14 and Inspection # 2014\_182128\_0011, related to the four Required Programs not being developed.

The Pain Management, Falls Prevention and Skin and Wound Programs were developed effective December 23, 2014. The Continence Care and Bowel Management Program was developed as of January 1, 2015.

The licensee failed to ensure that the following interdisciplinary programs are implemented in the home as evidenced by:

1. The Falls Prevention and Management Program indicates registered nursing staff will conduct the fall risk assessment within 24 hours of admission, quarterly and when a change in the health status puts the resident at risk for falling.

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A review of the clinical records for Residents # 4, # 5 and # 6, who were admitted since January 1, 2015, revealed incomplete RAI-MDS assessments and the PURS was missing for all three residents.

A Registered Staff member, the Director of Care and Administrator confirmed the RAI-MDS assessments were incomplete and the PURS were missing, as well as the expectation that the assessments be completed within 14 days of being admitted to the home.

Interviews with seven registered staff members revealed the home is not using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

The Director of Care confirmed the home is not using a clinically appropriate assessment instrument that is specifically designed for skin and wound

assessment. The Director of Care shared the home plans to use the Bates-Jensen Wound Assessment Tool and confirmed it has not been implemented yet.

3. The Continence Care and Bowel Management Program assessment instrument has been implemented for 2/3 (66%) residents who were admitted since January 1, 2015.

4. The Pain Management Program indicates each resident must have a formal pain assessment on admission and be reassessed on readmission, quarterly and at significant condition changes.

A review of the clinical records for Residents # 4, # 5 and # 6, who were admitted since January 1, 2015, revealed pain assessments had not been completed.

Four registered staff members confirmed that pain assessments are not completed using a clinically appropriate assessment instrument specifically designed for this purpose.

The Director of Care confirmed the home is not using a clinically appropriate assessment instrument that is specifically designed for pain assessment. The Director of Care shared the home plans to use the Pain Assessment Tool for the Cognitively Impaired and confirmed it has not been implemented yet. There is no documented evidence that a pain assessment tool has been developed for residents who are not cognitively impaired.

5. A Nursing Meeting was held on January 14, 2015 whereby changes to the new policies were discussed.

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The Registered Staff confirmed the assessment tools are not in Point Click Care and there are no hard copies in the filing cabinets, on the home areas. (137)



**Ministry of Health and  
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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Mar 27, 2015**



**Ministry of Health and  
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Homes Act, 2007*, S.O. 2007, c.8

**Ordre(s) de l'inspecteur**

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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance  
Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).





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## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### **PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 13th day of February, 2015**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** MARIAN MACDONALD

**Service Area Office /**

**Bureau régional de services :** London Service Area Office