



**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

London Service Area Office
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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of Inspection/Date de l'inspection January 5, 2011	Inspection No/ d'inspection 2011_121_9507_06Jan103651	Type of Inspection/Genre d'inspection Complaint L-00004
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Licensee/Titulaire
Corporation of the County of Bruce, 41 McGivern St., P.O. Box 1600, Walkerton, ON N0G 2V0

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

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

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection relating to confidentiality of personal health information.

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

During the course of the inspection, the inspector: Toured the Home to determine if records were secure.

The following Inspection Protocols were used in part or in whole during this inspection:
Dignity, Choice and Privacy

Findings of Non-Compliance were found during this inspection. The following action was taken:
1 WN

NON- COMPLIANCE / (Non-respectés)
Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.


WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.3(1) 11.iv
Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted: Every resident has the right to, have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.

Findings:

Tour of the Home to check for security of Personal Health information and the following was found;
2nd fl. - Brockton wing - Nursing Centre and Meeting Rm. open and unattended and resident documentation accessible, treatment cart unattended with binder of treatment records accessible, tub room open and bath records accessible, PSW treatment binder on care cart in hallway.
3rd floor - South Bruce wing - Nursing Centre and Meeting Rm. Open and unattended and resident documentation accessible, Treatment binder on top of treatment cart in hallway and unattended.
4th fl. - Kincardine wing - Nursing Centre and Meeting Rm. Open and unattended and resident documentation accessible.
Huron-Kinloss - Recreation Office open and unattended and resident records accessible, tub room open and resident bath records accessible.

Inspector ID #: 121



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). January 6, 2011