



**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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**Ministère de la Santé et des Soins de  
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<b>Date(s) of inspection/Date de l'inspection</b> June 7, 2011	<b>Inspection No/ d'inspection</b> 2011_155_9507_07Jun084839	<b>Type of Inspection/Genre d'inspection</b> L-000628 Complaint
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**Licensee/Titulaire**  
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 St., West, P.O. Box 1600, Walkerton, ON N0G 2V0

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Sharon Perry #155

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection regarding resident care.

During the course of the inspection, the inspector spoke with: Director of Care, Registered Nurse, Registered Practical Nurse, Personal Support Workers (PSW), and Residents.

During the course of the inspection, the inspector: observed dining room service during lunch meal in dining rooms on third and forth floor, and reviewed residents clinical records.

The following Inspection Protocols were used during this inspection:  
Dining Observation  
Infection Prevention and Control

Findings of Non-Compliance were found during this inspection. The following action was taken:  
2 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 la 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 O.Reg. 79/10, s.73(1)10 and 11.**

Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat.

**Findings:**

1. A staff member was standing and feeding resident #1000029 soup and giving fluids at the lunch meal.
2. When staff member did sit down to feed the stool was too high to provide safe eating assistance for resident.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s.229(4)**

The licensee shall ensure that all staff participate in the implementation of the infection prevention and control program.

**Findings:**

1. Staff member was observed clearing dirty lunch dishes from a table in the dining room and without washing their hands they sat down at table to feed resident #1000030.

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).

June 14, 2011