



**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  
291 King Street, 4th Floor  
London ON N6B 1R8

Bureau régional de services de London  
291, rue King, 4<sup>ème</sup> étage  
London ON N6B 1R8

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

Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
conformité

Telephone: 519-675-7680  
Facsimile: 519-675-7685

Téléphone: 519-675-7680  
Télécopieur: 519-675-7685

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<b>Date(s) of inspection/Date de l'inspection</b> May 6, 2011	<b>Inspection No/ d'inspection</b> 2011_121_9507_06May163906	<b>Type of Inspection/Genre d'inspection</b> Complaint L-000597
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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  
41 McGivern St., P.O. Box 1600, Walkerton, ON N0G 2V0

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Elizabeth Elvidge #121

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection related to responsive behaviours.

During the course of the inspection, the inspector spoke with the Director of Care, Registered Nurses, a Registered Practical Nurse, Rec./Leisure staff and PSWs.

During the course of the inspection, the inspector reviewed documentation on the plans of care, reviewed policies, reviewed staffing patterns, observed PSWs at work, observed the afternoon activities on the unit.

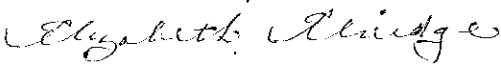
There are no findings of Non-Compliance as a result of this inspection.



Ministry of Health and  
Long-Term Care  
Ministère de la Santé et  
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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). May 6, 2011