

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Central West District**

609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

## Public Report

**Report Issue Date:** March 18, 2025

**Inspection Number:** 2025-1533-0002

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Corporation of the County of Bruce

**Long Term Care Home and City:** Brucelea Haven Long Term Care Home -  
Corporation of the County of Bruce, Walkerton

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: March 3 - 5, 7, 10 - 14, and 18, 2025

The inspection occurred offsite on the following dates: March 6, 13, 17, 2025

The following intake was inspected:

- Intake: #00139192 - Proactive Compliance Inspection

The following **Inspection Protocols** were used during this inspection:

Skin and Wound Prevention and Management  
Resident Care and Support Services  
Food, Nutrition and Hydration  
Medication Management  
Residents' and Family Councils  
Infection Prevention and Control  
Safe and Secure Home  
Prevention of Abuse and Neglect  
Staffing, Training and Care Standards

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Quality Improvement  
Residents' Rights and Choices  
Pain Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 148 (2) 2.**

Drug destruction and disposal

s. 148 (2) The drug destruction and disposal policy must also provide for the following:

2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

The licensee failed to ensure that any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home. The stationary narcotic medication destruction mailbox in the medication room only had one lock on the outside of the bin. Maintenance had installed a second lock to the outside of the narcotic medication destruction bin in the medication room.

**Sources:** Observations of narcotic medication destruction mailbox, Policies &

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Procedures: Manual for Medisystem Serviced Homes, August 2024 and interview with staff.

Date Remedy Implemented: March 14, 2025

**WRITTEN NOTIFICATION: General requirements**

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.**

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

A) The licensee failed to ensure that when completing the Annual Skin and Wound Program Evaluation the dates that the summary of changes were implemented were included.

**Sources:** Annual Skin and Wound Program Evaluation dated January 2024 and Interview with staff.

B) The licensee failed to ensure when completing the Annual Pain and Palliative Care Program Evaluation, the dates that the summary of changes were implemented were included.

**Sources:** Annual Pain and Palliative Care Program Evaluation dated January 2024

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and Interview with staff.

## WRITTEN NOTIFICATION: Transferring and Positioning Techniques

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 40**

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The Licensee failed to comply with the home's Safe Resident Handling related to Bathing Transfer Devices when a PSW transferred a resident from the tub using a mechanical lift without the assistance of a second staff member.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the Safe Resident Handling/Bathing Transfer Devices are complied with. Specifically, the home's Safe Resident Handling/Bathing transfer Devices policy directed that a second person is in attendance during the transfer in and out of the tub to guide resident's legs into and out of the tub.

**Sources:** Two residents clinical records, Home's policy for Safe Resident Handling and Attachment: Bathing Transfer Devices, an observation, and interviews with staff and a resident.

## WRITTEN NOTIFICATION: Skin and wound care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)**

Skin and wound care

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s. 55 (2) Every licensee of a long-term care home shall ensure that,  
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,  
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

A) The licensee failed to ensure that a resident's weekly skin and wound assessments completed on multiple dates, included measurements of the resident's wound.

**Sources:** A resident's clinical records and interviews with staff.

B) The licensee failed to ensure that a resident's weekly skin and wound assessments completed on multiple dates, included measurements of the resident's wounds.

**Sources:** A resident's clinical records and interviews with staff.

## WRITTEN NOTIFICATION: Menu Planning

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 77 (2) (b)**

Menu planning

s. 77 (2) The licensee shall ensure that, prior to being in effect, each menu cycle,  
(b) is evaluated by, at a minimum, the nutrition manager and registered dietitian who are members of the staff of the home; and

The licensee has failed to ensure that prior to being in effect, the fall/winter menu was evaluated by the nutrition manager or designate.

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**Sources:** A review of the home's menu cycle evaluation binder; and interviews with staff.

## WRITTEN NOTIFICATION: Dining and snack service

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.**

Dining and snack service

s. 79 (1) 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:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee has failed to ensure the home had dining services that included foods being served at temperatures that were both safe and palatable to the residents, when food temperatures were not documented at the point of service for desserts and for three out of seven dinners during a week period.

**Sources:** Food temperature logs for a week period and interviews with staff.

## WRITTEN NOTIFICATION: Housekeeping

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (i)**

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with

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evidence-based practices and, if there are none, in accordance with prevailing practices:

- (i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

The Licensee failed to ensure that cleaning and disinfection of resident care equipment; tubs, and mechanical lifts was performed by staff. Multiple staff stated they were not cleaning lifts between resident use and not allowing the appropriate time for disinfecting of the tub between resident baths.

**Sources:** Record review of Policy - IX-G-20.90 Equipment Cleaning – Resident Care & Medical, interviews with staff and disinfectant product review.

## **WRITTEN NOTIFICATION: Continuous quality improvement initiative report**

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 168 (2) 5.**

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

- 5. A written record of,
  - i. the date the survey required under section 43 of the Act was taken during the fiscal year,
  - ii. the results of the survey taken during the fiscal year under section 43 of the Act, and
  - iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee failed to ensure that the home's Continuous Quality Improvement

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report for the fiscal year 2023-2024 contained the date the survey required under section 43 of the Act was taken during the fiscal year, the results of the survey, and how and when the results of the survey were communicated to the residents and their families, Residents' Council, Family Council, and members of the staff of the home.

**Sources:** Continuous Quality Improvement Report QIP 2024, located on the home's website and interview with staff.

## **WRITTEN NOTIFICATION: Continuous quality improvement initiative report**

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 168 (2) 6.**

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

6. A written record of,
  - i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,
  - ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,
  - iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,
  - iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and

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v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee failed to ensure that the home's Continuous Quality Improvement Report that was posted on the LTCH's website for the fiscal year 2023-2024 contained a written record of

- i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,
- ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,
- iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,
- iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and
- v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

**Sources:** Continuous Quality Improvement Report 2023-2024, located on the home's website, and interview with staff.

## WRITTEN NOTIFICATION: Training and Orientation

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 259 (2) (c)**

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Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,  
(c) signs and symptoms of infectious diseases;

The licensee failed to ensure that staff received annual education related to signs and symptoms of infectious diseases. The education history report for two staff members, did not include education related to signs and symptoms of infectious diseases.

**Sources:** Two staff members education history report and an email with staff.