Ontario

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

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

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

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

Bureau régional de services de London
291, rue King, 4iém étage
London ON N6B 1R8

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

☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
January 5, 2011	2011-121-9507-06Jan130720	Complaint

Licensee/Titulaire
Corporation of the County of Bruce, 41 McGivern St., PO Box 1600, Walkerton, ON N0G 2V0

Long-Term Care Home/Foyer de soins de longue durée
Brucelea Haven Long Term Care Home, 41 McGivern St., PO 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 relating to bathing and nutritional needs.

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

During the course of the inspection, the inspector: Observed meal service and reviewed documentation.

The following Inspection Protocols were used in part or in whole during this inspection:
Personal Care Services
Dining Observation

☒ 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 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 O. Reg. 79/10, s68(2)(e)(i)
Every licensee of a long-term care home shall ensure that the programs include, a weight monitoring system to measure and record with respect to each resident, weight on admission and monthly thereafter.

Findings:
No weight record for Nov./10 for the resident.

Inspector ID #:	121

WN #2: The Licensee has failed to comply with O. Reg. 79/10, s73(2)(b)
The licensee shall ensure that, no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.

Findings:
Noon meal - resident observed being served and no one there to feed. When someone was available, she left the resident to clear soup bowls off tables and serve the entrée to others in the dining-room. A second PSW who was feeding another resident at the same table made no attempt to sit between the two residents and provide assistance to both.

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. Elizabeth McCudye
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). Jan. 14, 2011