

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137
hamiltondistrict.mltc@ontario.ca

Original Public Report	
Report Issue Date: January 18, 2023	
Inspection Number: 2022-1235-0001	
Inspection Type: Complaint Follow up	
Licensee: Grace Villa Limited	
Long Term Care Home and City: Grace Villa Nursing Home, Hamilton	
Lead Inspector Jennifer Allen (706480)	Inspector Digital Signature
Additional Inspector(s) Klarizze Rozal (740765)	

INSPECTION SUMMARY
<p>The Inspection occurred on the following date(s): December 19 - 22, 29 - 30, 2022, January 3-6, 9-10, 2023.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00003646-High Priority - Follow-up to CO#001 from inspection #2022_943988_0007 / 017668-21, 019647-21, 019734-21, 019848-21 regarding s. 6. (7), CDD Apr 29, 2022 • Intake: #00003647-High Priority - Follow-up to CO#002 from inspection #2022_943988_0007 / 017668-21, 019647-21, 019734-21, 019848-21 regarding s. 19. (1), CDD Apr 29, 2022 • Intake: #00004016-Follow-up to CO#003 from inspection #2022_943988_0007 / 017668-21, 019647-21, 019734-21, 019848-21 regarding r. 229. (4), CDD Jun 30, 2022 • Intake: #00010986 - Allegation of improper / incompetent care of a resident prior to death in hospital.

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

- Resident Care and Support Services
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Safe and Secure Home

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance.

Legislative Reference		Inspection #	Order #	Inspector (ID) who inspected the order
LTCHA, 2007	s. 6 (7)	2022_943988_0007	CO #001	Jennifer Allen (706480)
LTCHA, 2007	s. 19 (1)	2022_943988_0007	CO #002	Jennifer Allen (706480)
LTCHA, 2007	s. 229 (4)	2022_943988_0007	CO #003	Jennifer Allen (706480)

INSPECTION RESULTS

WRITTEN NOTIFICATION: Personal Protective Equipment

NC #01 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 102 (8).

The licensee has failed to ensure that all staff participated in the implementation of the Infection, Prevention and Control (IPAC) program.

Summary and Rational

On December 22, 2022, a staff member was observed to enter a room where droplet precaution signage was posted, without donning a N95 respirator. The donning and doffing signage was clearly visible on the door, with "N95" written in black marker on the sign. Upon exiting, the staff member stated they forgot but were aware of the requirements to wear N95 respirators.

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The Director of Clinical Services (DOC) and the IPAC lead confirmed it was the home's expectation that staff follow the additional precaution signage posted on the resident's room door.

The residents were at increased risk of infection as staff did not use appropriate PPE for an additional precaution room.

Source: observation of residential areas, review of Appendix 111: guidelines proper precautions overview of infection control program, and interviews with the IPAC lead, the DOC and other staff.
[706480]