

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

Public Report

Report Issue Date: May 27, 2025

Inspection Number: 2025-1235-0005

Inspection Type:

Critical Incident

Licensee: Grace Villa Limited

Long Term Care Home and City: Grace Villa Nursing Home, Hamilton

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: May 22-23, and 26-27, 2025.

The following intake was inspected:

- Intake: #00144425, Critical Incident 2741-000011-25 was related to infection prevention and control (IPAC).

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

Infection Prevention and Control

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

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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. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that section 9.1 (e) of the IPAC Standard related to point of care signage was followed for a resident when droplet/contact precautions were no longer required. A resident was put under droplet/contact precautions as a preventative measure when they began exhibiting signs/symptoms of a respiratory infection. The Associate Director of IPAC confirmed that the droplet/contact precautions sign should have been removed when it was determined the resident did not have a respiratory infection.

Observations confirmed that the droplet/contact precaution sign was removed from the resident's door.

Sources: resident's clinical records, IPAC Standard for Long-Term Care Homes (revised September 2023); observations; and interview with the Associate Director of IPAC.

Date Remedy Implemented: May 26, 2025

**WRITTEN NOTIFICATION: Infection Prevention and Control
Program**

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

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Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that section 9.1 (b) of the IPAC Standard was implemented when a housekeeper did not follow the four moments of hand hygiene while portering and assisting residents in the third floor dining room. Section 9.1 (b) of the IPAC Standard specified that the four moments of hand hygiene included before and after resident contact, which the housekeeper acknowledged that they failed to do.

Sources: observations; IPAC Standard for Long-Term Care Homes (revised September 2023); and interviews with the Associate Director of IPAC and a housekeeper.

**WRITTEN NOTIFICATION: Chief Medical Officer of Health (CMOH)
and Medical Officer of Health (MOH)**

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

Non-compliance with: O. Reg. 246/22, s. 272

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee has failed to ensure that recommendations issued by the Chief Medical Office of Health were followed regarding expired alcohol based hand rub (ABHR). Two bottles and one cartridge refill of ABHR were found in the home with expiry

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dates of February 2025, November 2022 and May 2024. The Associate Director of IPAC acknowledged that ABHR used in the home should not be expired.

Sources: observations; Recommendations of Outbreak Prevention and Control in Institutions and Congregate Living Settings (effective February 2025); and interview with the Associate Director of IPAC.