

**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:** October 6, 2025

**Inspection Number:** 2025-1235-0009

**Inspection Type:**

Complaint  
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 date(s): September 15-19, 22-24, 29, 2025 and October 1-3, 6, 2025

The following intake(s) were inspected:

- Intake: #00157519 - complaint related to prevention of abuse and neglect
- Intake: #00158605 - complaint related to prevention of abuse and neglect, complaint process, infection prevention and control
- Intake: #00157932 - related to infection prevention and control

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

Food, Nutrition and Hydration  
Infection Prevention and Control  
Prevention of Abuse and Neglect

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Reporting and Complaints

## 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. 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 failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated September 2023, was implemented.

The IPAC Standard for Long-Term Care Homes indicated, under section 10.4 (h), that the hand hygiene program also included policies and procedures, as a component of the overall IPAC program, as well as support for residents to perform hand hygiene prior to receiving meals and snacks.

- a) The home's hand hygiene policy did not include the requirement for staff to assist residents with hand hygiene at snacks.
- b) Residents were not offered hand hygiene at an afternoon snack pass.

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Sources: observations; interviews; the home's hand hygiene policy.

Date Remedy Implemented: September 23, 2025

## WRITTEN NOTIFICATION: Residents' Bill of Rights

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

**Non-compliance with: FLTCA, 2021, s. 3 (1) 17.**

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

17. Every resident has the right to be told both who is responsible for and who is providing the resident's direct care.

The licensee failed to ensure that every resident had the right to be told who was providing the resident's direct care.

- a) Multiple staff were observed without name tags during the inspection and a resident stated that they did not know who the staff were that were providing care.
- b) A staff member identified themselves to a resident using an incorrect name.

Sources: observations; interviews; record review.

## WRITTEN NOTIFICATION: Integration of assessments, care

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

**Non-compliance with: FLTCA, 2021, s. 6 (4) (a)**

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

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(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

The licensee failed to ensure that the staff collaborated with each other in the assessment of two residents so that their assessments were integrated, consistent with, and complemented each other.

Additional precautions were in place for two residents that had signs and symptoms of infection. During the time the additional precautions were in place, screening tools completed by staff noted the residents did not require the additional precautions.

The IPAC Lead clarified that staff were to discontinue the screening tool when symptoms were identified, however, staff continued to complete the screening tool, resulting in inconsistent assessments.

Sources: clinical health records; staff interviews; home's IPAC policy; record reviews.

## **WRITTEN NOTIFICATION: Policy to promote zero tolerance**

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

**Non-compliance with: FLTCA, 2021, s. 25 (1)**

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee failed to ensure that the home's written policy to promote zero

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tolerance of abuse and neglect of residents, was complied with.

Section 2 of the Ontario Regulation 246/22 defines physical abuse as, "the use of physical force by anyone other than a resident that causes physical injury or pain" and emotional abuse as, "any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident".

Two residents identified concerns that met the definition of suspected abuse and staff responding to the concerns did not follow the home's policy in responding to, investigating, and reporting the concerns.

Sources: interviews; the home's prevention of abuse and neglect policy; record review.

## **WRITTEN NOTIFICATION: Dining and snack service**

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

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.**

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:

9. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

The licensee failed to ensure that staff used proper techniques to assist residents with eating, including safe positioning of residents who required assistance.

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A resident received assistance with eating from staff while in an unsafe position at an observed meal.

Staff was also using improper techniques to assist residents with eating during meals, including: mixing food items together without the request of the residents, scraping resident mouths with the spoon, and assisting residents with the spoon positioned sideways.

Staff were expected to use napkins or moist cloths to wipe resident faces during meals and staff were not to mix foods together unless it was requested by the resident.

Sources: dining observations; interviews.

**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 (2) (b)**

Dining and snack service

s. 79 (2) The licensee shall ensure that,

(b) 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.

The licensee failed to ensure that residents who required assistance with eating or drinking were not served a meal until someone was available to provide the assistance required by the resident.

A resident who required assistance with eating had their meal placed in front of them. Staff went on to assist a second resident with their entire meal before

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returning to the first resident to provide assistance.

Sources: meal observation; interviews.

### **WRITTEN NOTIFICATION: Safe storage of drugs**

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

**Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)**

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

- (a) drugs are stored in an area or a medication cart,
- (ii) that is secure and locked,

The licensee failed to ensure that drugs were stored in a medication cart that was secure and locked.

A medication cart was left unlocked and unattended outside a dining room.

Sources: observations; interview with staff.

### **COMPLIANCE ORDER CO #001 Infection prevention and control program**

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 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).

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**The inspector is ordering the licensee to comply with a Compliance Order  
[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

- a) retrain two staff on the correct method of removing Personal Protective Equipment (PPE).
- b) maintain a written record of the training provided to the two staff, including the date of the training, and the name of the staff who provided the training.

**Grounds**

The licensee failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated September 2023, was implemented.

The IPAC Standard for Long-Term Care Homes indicated, under section 9.1 f), that Additional Precautions were followed in the IPAC program, including appropriate selection application, removal and disposal of Personal Protective Equipment (PPE).

During the inspection, two staff did not remove their PPE correctly after interacting with residents who were on additional precautions for infection control.

Sources: observations; interviews; the home's IPAC policy.

**This order must be complied with by** November 14, 2025



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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care

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438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice

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must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).