

**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:** November 19, 2025

**Inspection Number:** 2025-1235-0010

**Inspection Type:**

Critical Incident

**Licensee:** Omni Quality Living (Southwest) Limited Partnership by its general partner Omni Quality Living (Southwest) GP Ltd.

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

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 12-13, and 17-19, 2025.

The following Critical Incident (CI) intake was inspected:

- Intake: #00159201, CI 2741-000026-25 was related to responsive behaviours and a resident to resident altercation.

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

Prevention of Abuse and Neglect  
Responsive Behaviours

## INSPECTION RESULTS

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## 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: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

Two residents' plans of care both specified an intervention following an altercation that was to be ongoing. The Director of Care (DOC) confirmed the it was an immediate safety intervention; however, the interventions were no longer necessary. Both residents' plans of care were revised, removing the intervention.

**Sources:** two residents' clinical records; and interview with the DOC.

**Date Remedy Implemented:** November 17, 2025

## WRITTEN NOTIFICATION: General Requirements for Programs

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

**Non-compliance with: O. Reg. 246/22, s. 34 (2)**

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident

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under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

Following an altercation between two residents, the home's doctor ordered assessments to be completed following a specific schedule and frequency.

A review of completed assessment forms in Point Click Care (PCC) showed that, for both residents, not all assessments were completed and documented following the schedule set out by the doctor.

**Sources:** two residents' clinical records; and interviews with staff.

## **WRITTEN NOTIFICATION: Responsive Behaviours**

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

**Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)**

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

Following an altercation between two residents, the home's doctor ordered a series of monitoring interventions following a specific schedule and frequency. A review of both residents' records showed that not all monitoring interventions were documented following the instructions set out by the doctor.

**Sources:** two residents' clinical records; and interviews with staff.



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