

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 6, 2025

Inspection Number: 2025-1554-0005

Inspection Type:

Critical Incident
Follow up

Licensee: The Corporation of Haldimand County

Long Term Care Home and City: Grandview Lodge / Dunnville, Dunnville

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 29 - 31, 2025 and November 3 - 6, 2025

The following Critical Incident (CI) intake(s) were inspected:

- Intake: #00157785/ CI# M532-000047-25 relating to the infection prevention and control program
- Intake: #00160052/ CI# M532-000052-25 relating to the falls prevention and management program

The following intakes were completed:

- Intake: #00152212/ Follow-up #1 - O. Reg. 246/22 - s. 58 (1) 3. A compliance order was issued under inspection 2025-1554-0003. The compliance due date is October 8, 2025.
- Intake: #00152213/ Follow-up #2 - O. Reg. 246/22 - s. 58 (1) 4. A compliance order was issued under inspection 2025-1554-0003. The compliance due date is October 8, 2025.

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Previously Issued Compliance Order(s)

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

- Order #001 from Inspection #2025-1554-0003 related to O. Reg. 246/22, s. 58 (1) 3.
- Order #002 from Inspection #2025-1554-0003 related to O. Reg. 246/22, s. 58 (1) 4.

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

- Infection Prevention and Control
- Responsive Behaviours
- Falls Prevention and Management

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).

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On a specific date inspector observed additional signage related to self monitoring for signs and symptoms of any infectious diseases.

Sources: Observations.

Date Remedy Implemented: November 3, 2025

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee failed to ensure that a resident's fall intervention was in place according to their plan of care. Inspector observed the resident on a specific date and the fall intervention was not in place.

Sources: Observations and interview with staff.

The licensee failed to ensure a fall intervention was in place for a resident. The resident's plan of care indicated a specific intervention. The resident fell resulting in an injury and the specific intervention was not in place at the time.

Sources: Resident progress notes and care plan and interview with staff.

WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (2)

Doors in a home

s. 12 (2) The licensee shall ensure that there is a written policy that deals with when doors leading to secure outside areas must be unlocked or locked to permit or restrict unsupervised access to those areas by residents.

The licensee failed to ensure the doors leading to secure outside areas restrict unsupervised access by residents.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that the written policies developed for the doors policy are complied with.

Specifically, staff did not comply with Building Security- Locking/Unlocking Doors that indicated staff must monitor residents wishing to be outside.

A resident was found outside in the garden after lunch unsupervised resulted in the resident falling with an injury.

Sources: Policy and interview with Acting DON.

WRITTEN NOTIFICATION: Infection prevention and control program

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

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

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prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure the IPAC Standard for Long-Term Care Homes, indicated under section 10, Hand Hygiene program were followed. A staff was disinfecting a residents room and used alcohol-based hand rub on their gloves for the duration of the cleaning process. The Infection Prevention and Control (IPAC) Lead confirmed that staff are to never use alcohol based hand rub on their gloves and should be removing their gloves when completing a different task.

Sources: observations and interview with staff and IPAC lead.

The licensee has failed to ensure the IPAC Standard for Long-Term Care Homes, indicated under section 9.1 Additional Precautions were to be followed in the IPAC program which included (f) additional Personal Protective Equipment (PPE) requirements including appropriate selection and application were followed. A staff was observed cleaning a residents room that was on contact precautions without PPE on. IPAC lead confirmed that staff are required to wear a gown and gloves when cleaning a residents room that are in isolation.

Sources: Observations and interview with IPAC Lead.