

**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

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| <b>Report Issue Date:</b> January 12, 2026                                  |
| <b>Inspection Number:</b> 2025-1554-0006                                    |
| <b>Inspection Type:</b><br>Complaint  |
| <b>Licensee:</b> The Corporation of Haldimand County                        |
| <b>Long Term Care Home and City:</b> Grandview Lodge / Dunnville, Dunnville |

## INSPECTION SUMMARY

The inspection occurred on-site on the following dates: December 16, 18, 19, 23, 29-31, 2025 and January 5-8, 12, 2026.

The inspection occurred off-site on the following date: December 22, 2025.

The following complaint intake was inspected:

- Intake 00164306 was related to responsive behaviours, falls prevention and management, skin and wound care, plan of care and resident records.

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Safe and Secure Home
- Responsive Behaviours
- Falls Prevention and Management

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Based on assessment of resident

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 6 (2)**

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

Care set out in a resident's plan of care was not based on a nursing assessment of the resident's health condition or pain exhibited as a result.

**Sources:** Resident clinical records, pain management policy, interviews with the Nurse Practitioner (NP), nursing management and staff.

### WRITTEN NOTIFICATION: Integration of assessments

NC #002 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,

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

Staff did not collaborate to ensure consistency and integration of their assessments of a resident's health condition, resulting in a treatment delay.

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**Sources:** Resident clinical records, interviews with the NP, nursing management and resident.

### **WRITTEN NOTIFICATION: Reporting certain matters to Director**

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

**Non-compliance with: FLTCA, 2021, s. 28 (1) 1.**

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The Inspector was made aware of an allegation of improper care involving multiple residents. Staff reported this care concern to nursing management on a specified date in 2025, and the Director was not informed of the suspicion or information upon which it was based.

**Sources:** Resident clinical records, staff notice binder, investigation notes, interviews with nursing management and staff.

### **WRITTEN NOTIFICATION: Doors in a home**

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

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. i.**

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following

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rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
  - i. kept closed and locked,

During the inspection, the main door to the long-term care home (LTCH) was kept open and unlocked on multiple dates between a specified timeframe for ease of entry to the home pending repairs. The main door was observed to be open and unlocked with no staff present to monitor traffic flow on multiple occasions.

**Sources:** Observations of the LTCH's front door, historical outdoor temperature records, the home's door policy, interviews with maintenance staff and management.

## **WRITTEN NOTIFICATION: General requirements**

NC #005 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 under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

A resident was to receive care at a specified frequency to mitigate the risk of skin impairments. There was no task to prompt personal support workers (PSWs) to complete or document this intervention.

**Sources:** Resident clinical records, interviews with nursing management and staff.

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## WRITTEN NOTIFICATION: Skin and wound care

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

A resident exhibited a new area of altered skin integrity and an initial assessment was not completed for multiple days.

**Sources:** Resident clinical records, skin and wound care policy, interviews with nursing management and staff.

## WRITTEN NOTIFICATION: Skin and wound care

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

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

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A resident exhibited a new area of altered skin integrity and immediate treatment was not initiated by registered nursing staff.

**Sources:** Resident clinical records, shift report records, skin and wound care policy, interviews with nursing management.

## **WRITTEN NOTIFICATION: Responsive Behaviours**

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 58 (1) 1.**

Responsive behaviours

s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other.

The responsive behaviour policy directed registered staff to add behavioural triggers to the care plan, which was not completed for a resident following multiple responsive behaviour assessments.

**Sources:** Resident clinical records, responsive behaviour policy, interview with nursing staff.

## **WRITTEN NOTIFICATION: Responsive behaviours**

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 58 (1) 3.**

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Responsive behaviours

s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

3. Resident monitoring and internal reporting protocols.

The responsive behaviour policy and a resident's plan of care required monitoring and documentation using a specified flowsheet, which was not completed at the required frequency.

**Sources:** Resident clinical records, behaviour monitoring records, responsive behaviour policy, interview with nursing staff.

## **WRITTEN NOTIFICATION: Medication management system**

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)**

Medication management system

s. 123 (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

A) The home's policies and training material related to PSW treatment administration required the treatment to be kept in a locked medication storage area and properly labelled in order to confirm resident identity before administration.

During the inspection, a resident's treatment was observed to be stored in their room without any resident identifiers on the label.

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B) The PSW treatment administration training content directed staff to document the date and time of treatment administration.

The home's sign-off process for PSW treatment administration utilized a paper copy of the treatment administration record and did not track the time of treatment administration.

**Sources:** Resident room observations, resident clinical records, medication administration guidelines and staff training content for medication, interviews with nursing management and staff.