Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

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Public Report

Report Issue Date: March 31, 2026
Inspection Number: 2026-1554-0002
Inspection Type: Critical Incident
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): March 18 - 20, 23 - 27 & March 30 - 31, 2026

The following intake(s) were inspected:

- Intake: #00164743/ M532-000057-25 - relating to infection prevention and control
- Intake: #00166286/ AH-2025-0006910/M532-000059-25 - relating to Improper/Incompetent treatment
- Intake: #00168222/ AH-2026-0007886/M532-000004-26 - relating to prevention of abuse and neglect
- Intake: #00169682/ AH-2026-0008611/M532-000009-26 - relating to Improper/Incompetent treatment

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

Resident Care and Support Services
Infection Prevention and Control
Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident; and

A resident's care plan did not set out clear direction for the specific sling required for a specified care activity.

Sources: resident's care plan, investigation notes, interview with staff.

WRITTEN NOTIFICATION: Plan of care

NC #002 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.

A resident's care plan indicated an intervention for transfers. The care plan was changed and there was no assessment completed for the change.

Sources: Progress notes, resident's care plan and interview with staff.

WRITTEN NOTIFICATION: Plan of care

NC #003 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.

A resident's plan of care indicated that the resident had two total assistance for bathing. A staff was alone in the tub room.

Sources: progress notes, resident's clinical record, investigation notes, interview with staff.

WRITTEN NOTIFICATION: Duty to protect

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

O Reg. 246/22 s. 2 defines "physical abuse" as the use of physical force by a resident that causes physical injury to another resident.

A resident struck another resident with their hand and the resident sustained an

injury.

Sources: Resident's clinical record, CI M532-000004-26, interview with staff.

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #005 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.

On a specified date, an incident of improper care occurred and the Director was not informed until the following day.

Sources: Afterhours report, progress notes, investigation notes, interview with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #006 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

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

In accordance with the Additional Requirement 5.6 under the Infection Prevention and Control (IPAC) Standard, revised in September 2023, the home's IPAC policies and procedures were not updated to reflect the determined frequency of surface cleaning and disinfection using a risk stratification approach. The licensee was unable to ensure that surfaces were cleaned at the required frequency during a disease outbreak.

Sources: IPAC Standard for Long-Term Care Homes (Revised September 2023), Extra Cleaning During Outbreaks policy and interview with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

A resident had respiratory symptoms and remained in isolation. Symptoms indicating the presence of infection were not recorded. The home's policy directed the IPAC professional to carry out frequent assessment to assess the risk of transmission.

Sources: Interview with staff; record review of a resident's chart, home's policy titled Communicable Illness (Additional Precautions).