



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prevue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Hamilton Service Area Office
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Hamilton, ON L8P 4Y7

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119, rue King Ouest, 11^{ième} étage
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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
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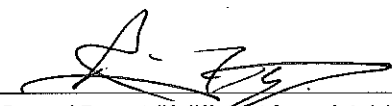
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Date of inspection/Date de l'inspection 05 May 2011	Inspection No/ d'inspection 2011_127_2741_05May154512	Type of Inspection/Genre d'inspection Follow up # H-000931-11
Licensee/Titulaire Grace Villa Limited, 284 Central Avenue, London ON N6B 2C8		
Long-Term Care Home/Foyer de soins de longue durée Grace Villa Nursing Home, 45 Lockton Crescent, Hamilton ON L8V 4V5		
Name of Inspector(s)/Nom de l'inspecteur(s) Richard Hayden, Long Term Care Homes Inspector – Environmental Health #127		
Inspection Summary / Sommaire d'inspection		
<p>The purpose of this inspection was to follow up on inspection #2010_127_2741_27Jul163325, written notification #s 1 through 7 and compliance order #s 1 through 4.</p> <p>During the course of the inspection, the inspector spoke with the administrator, director of nursing, environmental services manager, food services manager, registered staff, non-registered staff and residents.</p> <p>During the course of the inspection, the inspector reviewed documentation, educational materials and procedures and inspected all areas where findings were previously identified.</p> <p>The following Inspection Protocols were used during this inspection:</p> <ul style="list-style-type: none"> • Accommodation Services – Housekeeping • Accommodation Services – Maintenance • Safe and Secure Home <p>No Findings of Non-Compliance were found during this inspection.</p> <p>Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.</p>		



CORRECTED NON-COMPLIANCE / Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ORDER #	INSPECTION REPORT #	INSPECTOR ID #
LTCHA, S.O. 2007, c. 8 s. 5	WN	# 1	#2010_127_2741_27Jul163325	127
LTCHA, S.O. 2007, c. 8 s. 5	CO	# 1	#2010_127_2741_27Jul163325	127
LTCHA, S.O. 2007, c. 8 s. 15(2)(a)	WN	# 2	#2010_127_2741_27Jul163325	127
LTCHA, S.O. 2007, c. 8 s. 15(2)(a)	CO	# 2	#2010_127_2741_27Jul163325	127
LTCHA, S.O. 2007, c. 8 s. 15(2)(c)	WN	# 3	#2010_127_2741_27Jul163325	127
LTCHA, S.O. 2007, c. 8 s. 15(2)(c)	CO	# 3	#2010_127_2741_27Jul163325	127
O. Reg. 79/10, s. 87(2)(a)(i)	WN	# 4	#2010_127_2741_27Jul163325	127
O. Reg. 79/10, s. 87(2)(a)(i)	CO	# 4	#2010_127_2741_27Jul163325	127
O. Reg. 79/10, s. 87(2)(a)(ii)	WN	# 5	#2010_127_2741_27Jul163325	127
O. Reg. 79/10, s. 90(2)(d)	WN	# 6	#2010_127_2741_27Jul163325	127
O. Reg. 79/10, s. 91	WN	# 7	#2010_127_2741_27Jul163325	127

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
Title: _____ Date: _____		 Date of Report (if different from date(s) of inspection).	