



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

**Rapport d'inspection  
prévue 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  
119 King Street West, 11<sup>th</sup> Floor  
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ème</sup> 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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	Licensee Copy/Copie du Titulaire	X Public Copy/Copie Public
<b>Date(s) of inspection/Date de l'inspection</b> November 3 & 4, 2010	<b>Inspection No/ d'inspection</b> 2010_168_2741_04Nov10232	<b>Type of Inspection/Genre d'inspection</b> Critical Incident H-01592
<b>Licensee/Titulaire</b> Grace Villa Limited 284 Central Avenue London ON N6B 2C8 Fax 519-672-8729		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Grace Villa Nursing Home 45 Lockton Crescent Hamilton ON L8V 4V5		
<b>Name of Inspectors/Nom de l'inspecteurs</b> Lisa Vink, #168		
<p>The purpose of this inspection was to conduct a critical incident inspection.</p> <p>During the course of the inspection, the inspector spoke with: The Administrator, Assistant Director of Nursing, the charge Registered Nurse, front line staff and the resident.</p> <p>During the course of the inspection, the inspector: Reviewed clinical records, reviewed policies and procedures where relevant, observed care and interviewed staff.</p> <p>The following Inspection Protocols were used during this inspection: Fall Prevention</p> <p>0 Findings of Non-Compliance were found during this inspection.</p>		

<b>Signature of Licensee or Representative of Licensee</b> Signature du Titulaire du représentant désigné	<b>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.</b>
<b>Title:</b>	<b>Date of Report: (if different from date(s) of inspection).</b>