

# 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

#### **Hamilton District**

119 King Street West, 11th Floor Hamilton, ON, L8P 4Y7 Telephone: (800) 461-7137

## Public Report

Report Issue Date: January 23, 2025

Inspection Number: 2025-1235-0001

#### Inspection Type:

Critical Incident

Follow up

Licensee: Grace Villa Limited

Long Term Care Home and City: Grace Villa Nursing Home, Hamilton

## **INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): January 14 - 20, & 23, 2025

The inspection occurred offsite on the following date(s): January 15, 2025

The following Critical Incident (CI) intake were inspected:

• Intake: #00128119/CI #2741-000046-24 - relating to the falls prevention and management program

The following intakes were inspected:

- Intake: #00130543 Follow-up #: 1 FLTCA, 2021 s. 24 (1) CDD December 31, 2024.
- Intake: #00130544 Follow-up #: 3 FLTCA, 2021 s. 82 (2) 10. CDD November 07, 2024.
- Intake: #00130545 Follow-up #: 5 O. Reg. 246/22 s. 40. CDD November 07, 2024.
- Intake: #00130546 Follow-up #: 6 O. Reg. 246/22 s. 55 (2) (b) (ii). CDD November 07, 2024.
- Intake: #00130547 Follow-up #: 2 FLTCA, 2021 s. 15 (2). CDD November 07, 2024.
- Intake: #00130548 Follow-up #: 8 O. Reg. 246/22 s. 105. CDD November 29, 2024.



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- Intake: #00130549 Follow-up #: 7 FLTCA, 2021 s. 6 (1) (c). CDD November 29, 2024.
- Intake: #00130550 Follow-up #: 4 FLTCA, 2021 s. 90 (1) (a). CDD November 07, 2024.

### Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2024-1235-0003 related to FLTCA, 2021, s. 24 (1) Order #002 from Inspection #2024-1235-0003 related to FLTCA, 2021, s. 82 (2) 10. Order #004 from Inspection #2024-1235-0003 related to O. Reg. 246/22, s. 40 Order #005 from Inspection #2024-1235-0003 related to O. Reg. 246/22, s. 55 (2) (b) (ii)

Order #001 from Inspection #2024-1235-0003 related to FLTCA, 2021, s. 15 (2) Order #007 from Inspection #2024-1235-0003 related to O. Reg. 246/22, s. 105 Order #006 from Inspection #2024-1235-0003 related to FLTCA, 2021, s. 6 (1) (c) Order #003 from Inspection #2024-1235-0003 related to FLTCA, 2021, s. 90 (1) (a)

The following Inspection Protocols were used during this inspection:

Skin and Wound Prevention and Management Infection Prevention and Control Prevention of Abuse and Neglect Staffing, Training and Care Standards Quality Improvement Falls Prevention and Management



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### **INSPECTION RESULTS**

### WRITTEN NOTIFICATION: Required programs

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

#### Non-compliance with: O. Reg. 246/22, s. 53 (2) (b)

Required programs

s. 53 (2) Each program must, in addition to meeting the requirements set out in section 34,

(b) provide for assessment and reassessment instruments. O. Reg. 246/22, s. 53 (2).

The licensee has failed to comply with their Head Injury Routine (HIR) policy that is part of their falls prevention and management program.

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

Specifically, staff did not comply with the policy "Head Injury Routine".

A resident had an unwitnessed fall that resulted in a skin altercation to their head and a staff did not initiate HIR.

**Sources:** Resident's clinical records, HIR Policy and interview with the DOC. **[000763]**