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

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

Public Report

Report Issue Date: February 20, 2025
Inspection Number: 2025-1235-0002
Inspection Type: Complaint Critical Incident
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): February 11-14, 18, 2025.

The following intake(s) were inspected:

- Intake: #00130259/ CI #2741-000052-24 related to Prevention of Abuse and Neglect.
- Intake: #00132327/ CI #2741-000054-24 related to Prevention of Abuse and Neglect.
- Intake: #00132563/ CI #2741-000057-24 related to Prevention of Abuse and Neglect.
- Intake: #00133510/ CI #2741-000060-24 related Prevention of Abuse and Neglect and Responsive Behaviours.
- Intake: #00134573 regarding a complaint related to Safe and Secure Home.
- Intake: #00137055/ CI #2741-000001-25 related to Prevention of Abuse and Neglect.
- Intake: #00137159/ CI #2741-000002-25 related to Skin and Wound Prevention and Management.

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

Skin and Wound Prevention and Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: Policy to Promote Zero Tolerance

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that their written policy to promote zero tolerance of abuse and neglect of residents was complied with, specifically related to reporting and responding to allegations of abuse.

A resident's substitute decision maker (SDM) reported an allegation of staff to resident physical abuse to two identified staff. The long-term care home's (LTCH) management team was made aware of the allegation through review of the resident's record the following day.

i) The identified staff documented their assessment and the allegation in the resident's clinical record, and reported the allegation to the other staff; however, did not make a report to their supervisor or on-call manager, as directed by the

home's abuse policy.

ii) The other staff did not conduct an assessment of the resident, report to their supervisor or on-call manager, or complete other mandatory follow-up tasks as directed by the home's abuse policy and attached nursing checklist for reporting and investigating alleged resident abuse.

Sources: Resident's clinical record, LTCH investigation records, policy #005010.00 "Abuse or Suspected Abuse/Neglect of a Resident", including 005010.00(b) (reviewed January 2025), interviews with staff.

WRITTEN NOTIFICATION: Licensee must investigate, respond and act

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 27 (1) (a)
Licensee must investigate, respond and act
s. 27 (1) Every licensee of a long-term care home shall ensure that,
(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:
(i) abuse of a resident by anyone,
(ii) neglect of a resident by the licensee or staff, or
(iii) anything else provided for in the regulations;

The licensee has failed to ensure that an alleged incident of abuse to a resident was immediately investigated.

An incident of alleged abuse was reported to the home's staff in Spring/Summer of 2024 and no investigation or CI report was completed. The incident was mentioned to the home's staff again by the resident in November 2024, and at that time the home began an investigation.

Sources: CI, interview with staff.

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) 2.
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:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

A) The licensee has failed to ensure that an incident of abuse to a resident by staff was immediately reported to the Director when the home did not call the Ministry of Long-Term Care's after-hours reporting line or submit a CI immediately. A CI was submitted two days following the incident.

Sources: CI, the home's investigation notes, interview with staff.

B) The licensee has failed to ensure that an alleged incident of abuse to a resident was immediately reported when staff did not report the alleged abuse when it was first brought forward in Spring/Summer of 2024 or when it was brought forward again on a day in November 2024. A CI was submitted the next day, for the alleged abuse and the home commenced their investigation at that time.

Sources: CI, resident's progress notes, interview with staff.

WRITTEN NOTIFICATION: Safe and Secure Home

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (1)
Air temperature
s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee has failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius.

During the inspection it was observed that the temperature of a home area accessible to residents was below 22 degrees Celsius. In addition, the Home's internal records confirmed the temperatures for that home area were not maintained at the minimum temperature of 22 degrees Celsius.

Sources: Temperature observations, interview with resident and staff, temperature records.

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.

The licensee has failed to ensure that interventions implemented for a resident, who was under a specific program, were documented.

A review of Point-of-Care (POC) and Treatment Administration Record (TAR) showed

missing documentation for two interventions on identified dates.

Sources: Resident's clinical record, interview with staff.

WRITTEN NOTIFICATION: Responsive Behaviours

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (2) (a)
Responsive behaviours
s. 58 (2) The licensee shall ensure that, for all programs and services, the matters referred to in subsection (1) are,
(a) integrated into the care that is provided to all residents;

The licensee has failed to ensure that matters referred to in subsection (1) were integrated into the care that was provided to all residents. Specifically, internal reporting protocols within the home's responsive behaviour program were not integrated into the care provided to a resident.

A resident demonstrated responsive behaviours during care provision. The resident's behaviours was not reported as required by the home's responsive behaviour program.

Sources: Resident's clinical record, policy #004010.00 "Responsive Behaviour" (reviewed January 2025), interviews with staff.

WRITTEN NOTIFICATION: Dealing with Complaints

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108 (2)
Dealing with complaints
s. 108 (2) The licensee shall ensure that a documented record is kept in the home

that includes,
(a) the nature of each verbal or written complaint;
(b) the date the complaint was received;
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
(d) the final resolution, if any;
(e) every date on which any response was provided to the complainant and a description of the response; and
(f) any response made in turn by the complainant.

The licensee has failed to ensure while dealing with complaints, that there was a documented record kept in the home which included clauses a) through f) of O. Reg. 246/22, section 108 (2).

Specifically, a complaint regarding the temperature of the home was not documented and there was no record of the nature of the complaint, the date in which it was received, the resolution, the response to the complainant, or the complainant's response to the resolution.

Sources: complaints log, interview with staff.

COMPLIANCE ORDER CO #001 Duty to protect

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
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.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:

a) Create and implement a plan to ensure that a specified resident does not come into close contact with another specified resident. Retain records of the plan and any supporting documentation for Inspector review.
b) Re-educate an identified staff on the Residents' Bill of Rights regarding the right to freedom from abuse and the home's Prevention of Abuse & Neglect Policy.
c) Retain record of the education provided including, but not limited to: materials used to provide the education, name of whom provided the education, and staff attendance sheet/signature.

Grounds

A) The licensee has failed to ensure that a specified resident was protected from physical abuse by another specified resident.

Ontario Regulation (O. Reg.) 246/22, defines "physical abuse" as (c) the use of physical force by a resident that causes physical injury to another resident.

The specified resident physically abused the other specified resident who sustained an injury.

Sources: Resident 's progress notes, skin & wound evaluation, interview with staff.

B) The licensee has failed to ensure that the specified resident was protected from verbal abuse by an identified staff.

O. Reg., 246/22, defines "verbal abuse" as (a) any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident’s sense of well-being, dignity or self-worth, that is made by anyone other than a resident.

The specified resident was subject to verbal abuse from an identified staff. During

the home's investigation, the identified staff acknowledged they should not have made inappropriate comments and that it was verbal abuse.

Sources: Resident #001's progress notes, the home's investigation notes, interview with staff.

This order must be complied with by April 4, 2025

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #001
Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $11000.00, to be paid within 30 days

from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

Inspection 2024-1235-0003 For-Profit Amp# 001 was previously issued at an amount of $5,500 on 2024-10-25 under FLTCA, 2021, s. 24 (1).

This is the second AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.
Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.