



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch

Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
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**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 13, 2012	2012_188168_0004	H-002224- 12	Complaint

**Licensee/Titulaire de permis**

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 ou des inspecteurs**

LISA VINK (168)

**Inspection Summary/Résumé de l'inspection**



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): onsite on December 4, 2012 with additional interviews conducted by telephone on December 8, 2012.

This inspection was conducted with inspector Barbara Naykalyk-Hunt.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, registered staff, and personal support workers (PSW's).

During the course of the inspection, the inspector(s) observed residents on the first floor and reviewed the clinical health record of an identified resident including hospital "Emergency Records" and laboratory reports.

The following Inspection Protocols were used during this inspection:  
Contenance Care and Bowel Management  
Prevention of Abuse, Neglect and Retaliation  
Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<b>Legend</b>	<b>Legendé</b>
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

- 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,
  - (a) the planned care for the resident; 2007, c. 8, s. 6 (1).
  - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
  - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :



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1. The plan of care does not provide clear direction to staff and others who provide direct care to the resident.

The plan of care for resident #001 identifies the resident as incontinent of bladder and notes that the resident uses a continence care product for containment.

The plan does provide any direction to staff regarding toileting the resident. Interviews with PSW's and registered staff confirm that the resident is routinely toileted by one staff member at routine times and on resident request.

The plan of care does not give clear direction to staff regarding the continence care needs of resident #001. [s. 6. (1) (c)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the plan of care provides clear direction to staff and others who provide direct care to residents, to be implemented voluntarily.***

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Issued on this 13th day of December, 2012

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

A handwritten signature in black ink, appearing to be "Chadwick", written within a rectangular box.