



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

**Rapport d'inspection  
prévues 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>ième</sup> étage  
Hamilton ON L8P 4Y7

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

Telephone: 905-546-8294  
Facsimile: 905-546-8255

Téléphone: 905-546-8294  
Télécopieur: 905-546-8255

Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
conformité

Licensee Copy/Copie du Titulaire       Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b> September 1, 2011	<b>Inspection No/ d'inspection</b> 2011_105130_0006	<b>Type of Inspection/Genre d'inspection</b> Follow-up /H-001626-11
--	--	--

**Licensee/Titulaire**  
  
THE CORPORATION OF HALDIMAND COUNTY  
45 Munsee Street, Box 400, Cayuga, ON, N0A-1E0

**Long-Term Care Home/Foyer de soins de longue durée**  
  
GRANDVIEW LODGE / DUNNVILLE  
657 LOCK STREET WEST, DUNNVILLE, ON, N1A-1V9

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
  
Gillian Hunter #130

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a Follow Up Inspection.

During the course of the inspection, the inspector spoke with: The Administrator, Director of Care, Registered Staff and Personal Support Workers.

During the course of the inspection, the inspector: Reviewed the Minimizing of Restraints Policy, observed residents and interviewed staff

X There are no findings of Non-Compliance as a result of this inspection.

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance



CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O.Reg 79/19, s 110 (3) (a) (b) (c)	CO	001	2010_168_9532_16Aug171614	#168
O.Reg 79/19, s 112.3.	CO	001	2010_168_9532_18Aug142830	#168
O.Reg 79/19, s 110 (8) 2, 3, 4, 5, 6	CO	002	2010_168_9532_16Aug171614	#168

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). <i>Sept. 8/11</i> <i>[Signature]</i>	