

**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:** July 9, 2025

**Inspection Number:** 2025-1554-0003

**Inspection Type:**

Critical Incident

**Licensee:** The Corporation of Haldimand County

**Long Term Care Home and City:** Grandview Lodge / Dunnville, Dunnville

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 24-27, 2025 and July 2-4, and July 7-9, 2025.

The following intake(s) were inspected:

- Intake: #00147933 - M532-000027-25 - Resident to resident physical abuse.
- Intake: #00150057 - M532-000028-25 - Resident to resident physical abuse.

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

Prevention of Abuse and Neglect

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: Plan of care

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

**Non-compliance with: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident was reassessed and their care plan revised when their care needs changed. The resident had declining cognition and behaviours. Their plan of care had not been updated with respect to their changed care needs.

**Sources:** Resident's clinical record and interview with Registered Practical Nurse.

## COMPLIANCE ORDER CO #001 Responsive behaviours

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 58 (1) 3.**

Responsive behaviours

s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

3. Resident monitoring and internal reporting protocols.

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

The licensee shall:

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Develop protocols for the monitoring of residents with responsive behaviours that meet their needs.

Educate and train all staff in accordance with the monitoring protocols developed.

Maintain a record of staff trained, including the name of the staff member, their role, the date the training was completed and the name and role of the staff member who provided the training.

**Grounds**

The licensee has failed to ensure that for residents with responsive behaviours, monitoring protocols were developed to meet the needs of the residents. Two resident's had responsive behaviours and required monitoring. One resident became physically responsive with the other resident, and caused both residents to fall which resulted in an injury to one resident. The two staff who were assigned to monitor the residents did not monitor the residents during that time. The Associate Director of Nursing (ADON) and Behavioural lead acknowledged there were expectations of how monitoring residents with responsive behaviours was to be conducted but they did not develop protocols for staff to follow in the monitoring of residents with responsive behaviours.

**Sources:** Policy on resident responsive behaviours and resident abuse, interview with Associate director of nursing.

**This order must be complied with by** October 8, 2025

**COMPLIANCE ORDER CO #002 Responsive behaviours**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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**Non-compliance with: O. Reg. 246/22, s. 58 (1) 4.**

Responsive behaviours

s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

4. Protocols for the referral of residents to specialized resources where required.

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

The licensee shall:

Develop protocols for the referral of residents with responsive behaviours to specialized resources when required.

Educate and train all staff in accordance with protocols developed for referring residents with responsive behaviours to specialized resources when required.

Maintain a record of staff trained, including the name of the staff member, their role, the date the training was completed and the name and role of the staff member who provided the training.

**Grounds**

The licensee has failed to ensure that for residents with responsive behaviours protocols were developed for referral to specialized resources when required. A referral to specialized resources had been recommended by other external resources who had been consulted for a resident. A referral was not completed and implemented for the resident. Both registered staff and the Associate Director of Nursing reported that they were not aware of any protocols regarding referral of residents with responsive behaviours to specialized resources.

**Sources:** Clinical record of resident, interviews with Registered practical nurse and

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Associate director of nursing.

**This order must be complied with by** October 8, 2025

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## 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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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:

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).