

**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Central West District**  
609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

**Original Public Report**

<b>Report Issue Date: November 9, 2023</b>	
<b>Inspection Number:</b> 2023-1426-0007	
<b>Inspection Type:</b> Proactive Compliance Inspection	
<b>Licensee:</b> Holland Christian Homes Inc.	
<b>Long Term Care Home and City:</b> Grace Manor, Brampton	
<b>Lead Inspector</b> Janet Groux (606)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Romela Villaspir (653)	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): October 31, and November 1-8, 2023.  
The inspection occurred offsite on the following date(s): October 31, and November 7, 2023.

The following intake(s) were inspected:

- Intake: #00100109 - PCI Inspection

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Residents’ and Family Councils
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Quality Improvement
- Residents’ Rights and Choices
- Pain Management

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Falls Prevention and Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

#### **NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)**

O. Reg. 246/22, s. 168 (2) 6. i.

The licensee has failed to ensure that the continuous quality improvement initiative (CQI) report for the home, contained a written record of the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions.

#### **Rationale and Summary**

The home's Continuous Quality Improvement initiative report for 2023/2024, and the report did not include a written record of the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the resident and family/caregiver experience survey, and the dates the actions were implemented and the outcomes of the actions.

The CQI Lead indicated there was a separate written record titled 2022 Satisfaction Survey Action Plan that included all of the actions taken by the home in response to the results of the survey.

On the same day, the CQI Lead revised the current CQI report to include this information.

**Sources:** Grace Manor Continuous Quality Improvement Report 2023/2024, 2022 Satisfaction Survey Action Plan, 2022 Resident Family Satisfaction Survey Results Summary; Interview with the Quality and Risk Manager/ CQI Lead. [653]

Date Remedy Implemented: November 3, 2023