Ontario

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Inspection Report under the LTC Homes Act, 2007 ☒ Public Copy ☐ Licensee Copy	**Rapport d'inspection prevue de le Loi de 2007 les foyers de soins de longue durée** ☐ Copie du Titulaire ☐ Copie de la Publique	
Date(s) of inspection/Date de l'inspection 05 August 2010	**Inspection No/ d'inspection** 2010_127_2741_05Aug092748	**Type of Inspection/Genre d'insptection** Complaint H-00109

Licensee/Titulaire

Grace Villa Limited

Long-Term Care Home/Foyer de soins de longue durée

Grace Villa Nursing Home, 45 Lockton Crescent, Hamilton, ON

Name of Inspector(s)/Nom de l'inspecteur(s)

Richard Hayden – LTC Homes Inspector – Environmental Health #127

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection respecting the improper disinfection of a *C. difficile* – positive resident's equipment and assistive devices and the improper use of personal protective equipment (PPE).

The inspection was conducted by one (1) inspector, named above, on 28 July 2010. The inspector was in the home for one (1) day. During the course of the inspection, the inspector spoke with the Director of Care, Assistant Directo of Care, Environmental Services Manager and nursing staff.

The following Inspection Protocols were used in part or in whole during this inspection:

- Infection Prevention and Control

No findings of Non-Compliance were found during this inspection.

Signature of Licensee of Designated Representative **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).**