



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

**Rapport d'inspection
prévus 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, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ième} étage
Hamilton ON L8P 4Y7

**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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	Licensee Copy/Copie du Titulaire	X Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection September 7, 8, 9, 2010	Inspection No/ d'inspection 2010_168_2741_09Sep105546	Type of Inspection/Genre d'inspection Complaint H-01269
Licensee/Titulaire Grace Villa Limited 284 Central Avenue London ON N6B 2C8 Fax 519-672-8729		
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(s) Lisa Vink, #168		

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspector spoke with:

The Administrator, Assistant Director of Nursing, the charge Registered Nurse, and front line staff

During the course of the inspection, the inspector:

Reviewed one clinical record, observed care and interviewed staff

The following Inspection Protocols were used during this inspection:

Responsive Behaviors

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

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:		 October 1/10
Date:		Date of Report: (if different from date(s) of inspection).