



**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

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

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

	Licensee Copy/Copie du Titulaire	☒ Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection September 21, 2010	Inspection No/ d'inspection 2010_168_2741_21Sep095436	Type of Inspection/Genre d'inspection Complaint H-01485
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:

Reporting and Complaints

X Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN

1 VPC

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Régisseur envoyé

CO – Compliance Order/Ordres de conformité

WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1 : The Licensee has failed to comply with O. Reg 79/10, s. 101(2) (c), (d), (e), (f)

101(2) The licensee shall ensure that a documented record is kept in the home that includes,

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

(d) the final resolution, if any;

(e) every date on which any response was provided to the complainant and a description of the response; and

(f) any response made in turn by the complainant.

Findings:

The administrator spoke with a family member in August 2010, in response to concerns voiced to a staff member about the care and services provided to a specified resident at the home. The administrator did not complete a "Client Service Response Form" regarding these concerns, as per the homes system for documenting concerns. On September 21, 2010, there was no documentation to indicate: the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any

follow-up action required; the final resolution, if any; every date on which any response was provided to the complainant and a description of the response; and any response made in turn by the complainant.

Inspector ID #: 168

Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, to ensure that the licensee maintain a documented record in the home that includes the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; the final resolution, if any; every date on which any response was provided to the complainant and a description of the response; and any response made in turn by the complainant, to be implemented voluntarily.

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).