A.1 General Information				
Name of Licensee: (as referred to on your Long-Term Care Home Licence)	The Corporation	of Haldin	nand County	
Name of Home: (as referred to on your Long-Term Care Home Licence)	Grandview Lodge / Dunnville			
LTCH Master Number (e.g. NH9898)	H11145			
Address	657 Lock Street	West		
City	Dunnville		Postal Code	N1A 1V9
Accreditation organization	Accreditation Ca	anada Qn	nentum	
Date of Last Accreditation (Award Date – e.g. May 31, 2019)	November 2, 20	)18	Year(s) Awarded (e.g. 3 years)	4 years
French Language Services (FLS)	Identified (Y/N)	N	Designated Y/N	N

A.2 Licenced or Approved Beds & Classification / Bed Type							
				of Beds			
1. Licence Type	Α	В	C	Upgraded D	New	Licence Expiry Date (e.g. May 31, 2025)	Comments/Additional Information
Licence ("Regular" or Municipal Approval)	128					N/A	Note: Each individual licence should be on a separate row. Please add additional rows as required.
TOTAL BEDS (1)			1	128			Add total of all beds (A,B,C, UpD, New)
							, , , , , ,
Please include info separate line below.	Tempo	rary	Licend			gency Licence, or	Note: Each individual licence should be on a separate row. Please add additional rows as required.
2. Licence Type		T	otal #	of Beds		Licence Expiry Date (e.g. May 31, 2025)	Comments/Additional Information
Temporary							
Temporary							
Emergency							
Short-Term							
Authorization							
TOTAL BEDS (2)				0			Add total of all beds
TOTAL # OF ALL LICENSED BEDS (1) + (2)	128						Add total # of all licenced beds captured under (1) and (2) above
Usage Type		T	otal #	of Beds		<b>Expiry Date</b> (e.g. May 31, 2025)	Comments/Additional Information
Long Stay Beds (not including beds below)			,	128			Input number of regular long stay beds
Convalescent Care Beds							
Respite Beds							
ELDCAP Beds							
Interim Beds							

A.2 Licenced or Ap	A.2 Licenced or Approved Beds & Classification / Bed Type					
Veterans' Priority Access beds						
Beds in Abeyance (BIA)			Expiry date represents the end date of the BIA Agreement			
Designated specialized unit beds						
Other beds *						
Total # of all Bed Types (3)	128		Add total number of beds by usage type			

<sup>\*</sup>Other beds available under a Temporary Emergency Licence or Short-Term Authorization

A.3 Structural Information						
Type of Room (this refers to structural layout rather than what is charged in accommodations).						
Type of Room (this folors to structural layout father than what is charged in accommodations).						
Room Type	Rooms	Multiplier	Number of beds			
Number of rooms with 1 bed	16	x 1	16			
Number of rooms with 2 beds	56	x 2	112			
Number of rooms with 3 beds		x 3				
Number of rooms with 4 beds		x 4				
Total Number of Rooms	72	Total Number of Beds*	128			
*Ensure the "Total Number o	f Beds" above ı	matches "Total # of all Be	d Types (3)" from Table A.2			
Original Construction Date (Year)	2006, New Build					
Renovations: Please list year and details (unit/resident home area, design standards, # beds, reason for renovating)	1) 2) 3) 4)					
Number of Units/Resident Ho	ome Areas and	Beds				
Unit/Resident Home Area			Number of Beds			
Bridgeview	32					
Hillview	32					
Marshview	32					
Creekview	32					
Total Number of Beds (Ensure total matches <u>"Total # of all Bed Types (3)"</u>   128						

	Serv		Con		
	Prov	ided	for Se	ervice	Explanation if applicable
	Yes	No	Yes	No	
Nurse Practitioner		X			
Physiotherapy	Х				
Occupational therapy		Х			
Ophthalmology/ Optometry	Х				
Audiology	Х				
Dental	Х				
Respiratory Technology	Х				
Denturist	Х				
IV Therapy	· ·				
(antibiotics or hydration)	X				
Peritoneal Dialysis (PD)		Х			
Support for hemodialysis (HD)		Х			
French Language Services		Х			
Secure residential home area(s)	Х				
Specialized Dementia Care unit(s)	Х				
A.4 Additional Services Provided (cont'd)					
Designated smoking room(s)	Х				
Specialized unit for younger physically					We have a young/young a
disabled adults					heart population in one
		X			home area but it does not
					have a designation from
					MOHLTC
Support for Feeding Tubes	X				
Specialized Behavioural treatment unit(s)		X			
Transportation Services	X				
Additional service commitments for new bed		х			
awards (1987 to 1998)					
Other (specify)Foot Care Services	X				
Other (specify) Massage Therapy	X				
Other (specify) Mobile Diagnostic Imaging	x				
Services	^				
Other (specify)					

A.5 Specialized Designations – Please note whether designation is official (e.g. MOHLTC, CCAC)				
	Desig	nated	Commente	
	Yes	No	Comments	
Religious		Х		
Ethnic		Х		

Linguistic	X	
French Language Service		
Designation	X	
Aboriginal	X	
Other (specify)		
Other (specify)		
Other (specify)		

A.6 Community Linkages			
	Service F	Provided	Comments
	Yes	No	Comments
Volunteer program	Х		
Service groups	X		
Language interpreters		х	Available through fee for service
Cultural interpreters		х	
Advisory council	X		
Community board		х	
Faith communities	Х		
Other LGBTQ2S			
Community	X		
Other (specify)			
Other (specify)			
Other (specify)			

A.7 Services Provided to the Community				
	Service Provided		Comments	
	Yes	No	Comments	
Meal Services		x		
Social Congregate Dining		х		
Supportive Housing /SDL			Service onsite. Independent operator.	
	X		Space leased from Haldimand County.	
Adult Day Program			Service onsite. Independent operator.	
	X		Space leased from Haldimand County	
Retirement living		x		
Other (specify)				
Other (specify)				
Other (specify)				
Other (specify)	_			

A.8 Quality Improvement Practices – Please Include a Summary of the LTCH's Quality Improvement Initiatives				
Initiative	Comments			
Falls Reduction/Prevention	Fluctuation with quarterly reports			
Reduction of Restraints	Meeting goals			
Resident Centered, Resident Experience	Expect to meet goal			
Medication Safety, Antipsychotics	Meeting goals			
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