

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Public Report

Report Issue Date: January 16, 2026

Inspection Number: 2025-1217-0003

Inspection Type:

Critical Incident

Licensee: Madison Village Inc.

Long Term Care Home and City: Madison Village, Stoney Creek

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 6 - 9, 12 -13, and 16, 2026

The inspection occurred offsite on the following date(s): January 15, 2026

The following intake(s) were inspected:

- Intake: #00163595 - Critical Incident # 2721-000012-25 - pertaining to fall prevention and management.

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

Falls Prevention and Management

INSPECTION RESULTS

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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)

Non-compliance with: O. Reg. 246/22, s. 54 (2)

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The home did not utilize a clinically appropriate post fall assessment tool designed specifically for falls to document a post fall assessment for a resident after the resident sustained a fall on a specific date.

The home implemented a clinically appropriate tool for post fall assessment on January 13, 2026.

Sources: resident plan of care including progress notes, assessments, and physical chart; fall prevention and management policy; post fall assessment template; risk management module; interviews with Registered Nurse (RN) and Director of Nursing (DON)

Date Remedy Implemented: January 13, 2026

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WRITTEN NOTIFICATION: Plan of Care- based on assessment of resident

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (2)

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

A physiotherapy assessment was completed for a resident after the residents fall on a specific date. The physiotherapy response notes identified that the resident was assessed by physiotherapy and required a specified assistance for bed mobility, all transfers, and assistance with toileting.

A review of the resident's care plan for a specified time period identified that the care plan was not updated with information from the physiotherapy assessment. Personal Support Worker (PSW) confirmed that the resident's care was being provided as per their care plans directions prior to their fall.

An interview with the Physiotherapist (PT) and Physiotherapist Assistant (PTA) confirmed that registered staff were to be advised of the change in the resident's transfer/mobility needs and were required to update the care plan for the resident. An interview with a Registered Nurse (RN) confirmed that registered staff were required to update resident care plans. The Director of Nursing (DON) confirmed in an interview that the care plan for the resident was not updated with the physiotherapy assessment.

Sources: residents plan of care including progress notes and care plan; interviews with PT, PTA, RN, PSW, and DON.