

**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:** March 10, 2025

**Inspection Number:** 2025-1615-0002

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** The Regional Municipality of Halton

**Long Term Care Home and City:** Post Inn Village, Oakville

## INSPECTION SUMMARY

This report has been modified to reflect administrative changes.

The inspection occurred onsite on the following date(s): February 24-27, 2025 and March 3-7, 10, 2025.

The inspection occurred offsite on the following date(s): February 28, 2025

The following intake(s) were inspected:

- Intake: #00140217 - Proactive Compliance Inspection (PCI) for Post Inn Village.

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

Skin and Wound Prevention and Management  
Resident Care and Support Services  
Food, Nutrition and Hydration  
Residents' and Family Councils  
Medication Management  
Infection Prevention and Control  
Safe and Secure Home

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Prevention of Abuse and Neglect  
Quality Improvement  
Staffing, Training and Care Standards  
Residents' Rights and Choices  
Pain Management

## INSPECTION RESULTS

### 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. 19**

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee has failed to ensure that a window, located in a resident's room, opened to a maximum of 15 centimeters, however this was corrected on the same day.

**Sources:** observation of resident room and interview with the building maintenance officer.

Date Remedy Implemented: February 25, 2025

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## **WRITTEN NOTIFICATION: Duty of licensee to comply with plan**

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

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that a resident was provided with nectar thickened coffee at lunch, as per their plan of care.

**Sources:** Observation of the resident, the resident's care plan.

## **WRITTEN NOTIFICATION: Documentation**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 6 (9) 1.**

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that a resident who had an altered skin integrity, had their turning and repositioning documented.

**Sources:** The resident's clinical records; interview with the Senior Nurse Manager.

## **WRITTEN NOTIFICATION: When reassessment, revision is required**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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**Non-compliance with: FLTCA, 2021, s. 6 (10) (a)**

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(a) a goal in the plan is met;

The licensee has failed to ensure that a resident's plan of care was reviewed and revised when their altered skin integrity was resolved.

**Sources:** The resident's clinical records; interview with the wound care lead.

**WRITTEN NOTIFICATION: When reassessment, revision is required**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident's plan of care was revised when the resident developed an altered skin integrity.

**Sources:** The resident's clinical records; interview with the wound care lead.

**WRITTEN NOTIFICATION: Duty to respond**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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**Non-compliance with: FLTCA, 2021, s. 63 (3)**

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The licensee has failed to respond to the resident council within 10 days, when the council brought concerns forward related to the operation of the home, during two months in 2024.

**Sources:** Resident Council Minutes of Meeting; interview with Administrator.

**WRITTEN NOTIFICATION: Required programs**

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.**

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

The licensee has failed to comply with the home's pain management program when the home did not conduct a pain assessment on a resident, on every shift for 24 hours, when they complained of pain on a specified date in January and February 2025.

In accordance with O.Reg. 246/22, s. 11 (1) (b), the licensee was required to ensure that any program was complied with.

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**Sources:** A resident's clinical records, the home's Pain Assessment and Management Policy and Procedure, last revised April 2018; interview with the Senior Nurse Manager.

## WRITTEN NOTIFICATION: Skin and Wound Care

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure that a resident's altered skin integrity was reassessed at least weekly by a registered staff, from December 2024 to January 2025.

**Sources:** A resident's clinical records; Interview with Wound Care Lead.