

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: October 9, 2025

Inspection Number: 2025-1615-0007

Inspection Type:
Complaint

Licensee: The Regional Municipality of Halton

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

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: September 29, 2025 and October 1-3, 7-9, 2025

The following intake was inspected:

- Intake: #00157426 - Complaint - Housekeeping and Continence Care

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

Continence Care

Housekeeping, Laundry and Maintenance Services

INSPECTION RESULTS

WRITTEN NOTIFICATION: Documentation

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: FLTCA, 2021, s. 6 (9) 2.

Plan of care

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

2. The outcomes of the care set out in the plan of care.

The licensee has failed to ensure that a resident's refusal to receive care was documented in the home's healthcare software system.

Staff falsely documented that the resident received care.

Sources: staff interviews, resident's clinical records, observations of resident.

WRITTEN NOTIFICATION: Complaints procedure — licensee

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (a)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

- (a) ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints;

The licensee has failed to ensure that their written Reporting and Managing Complaints procedure was complied with when complaints regarding a resident were not documented.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to ensure that written policies developed for reporting and managing complaints were complied with.

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Specifically, the home's Reporting and Managing Complaints Procedure indicated if a verbal complaint cannot be resolved within 24 hours, or if it occurred frequently, a Customer Service Response (CSR) Form must be initiated and entered in the complaint tracking tool.

The home completed a CSR for complaints on set dates, but failed to document the incidents in the complaint tracking tool.

Sources: The LTCH's Complaint Tracking Tool, the home's policy titled "Reporting and Managing Complaints Procedure", last reviewed October 2025, Customer Service Response (CSR) Forms, staff interviews.

WRITTEN NOTIFICATION: Foot care and nail care

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

Non-compliance with: O. Reg. 246/22, s. 39 (2)

Foot care and nail care

s. 39 (2) Every licensee of a long-term care home shall ensure that each resident of the home receives fingernail care, including the cutting of fingernails.

The licensee has failed to ensure that a resident received their care as planned.

Sources: staff interviews, resident's clinical records.

WRITTEN NOTIFICATION: Housekeeping

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

Non-compliance with: O. Reg. 246/22, s. 93 (2) (d)

Housekeeping

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s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(d) addressing incidents of lingering offensive odours.

The licensee has failed to implement their odour policy to address incidents of lingering offensive odors in a resident's room.

Sunshine's Odour Control policy, and Odour and Air Quality Control procedure indicated that in the event when regular cleaning does not eliminate the odour then a review must be conducted to establish if an odour eliminator product is required, and there are three odour-control products approved for odour control.

The home did not implement new cleaning measures after multiple complaints were received related to the foul odor in a resident's washroom.

A member in the management team confirmed a review was not conducted and confirmed two out of three products have not been used or considered to eliminate odours.

Sources: Sunshine's Odour Control policy, last revised October 2022, Sunshine's Odour and Air Quality Control procedure in the Standard Operating Manual, issued May 2025, staff interviews, observations of a resident's bedroom/washroom.