

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: December 1, 2025

Inspection Number: 2025-1615-0008

Inspection Type:

Critical Incident

Follow up

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 date(s): November 12, 13, 19, 20, 21, 24, 26, 27, 2025 and December 1, 2025.

The following intake(s) were inspected:

- Intake: #00157451 - Follow-up #01 - CO (HP) #001 / 2025-1615-0006, O. Reg. 246/22 - s. 140 (1) - Administration of drugs, CDD November 4, 2025.
- Intake: #00159466 - Critical Incident (CI) #M620-000060-25 - related to fall prevention and management.
- Intake: #00159637 - CI #M620-000061-25 - related to fall prevention and management.
- Intake: #00161592 - CI #M620-000062-25 - related to fall prevention and management.

Previously Issued Compliance Order(s)

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The following previously issued Compliance Order(s) were found to be in
compliance:

Order #001 from Inspection #2025-1615-0006 related to O. Reg. 246/22, s. 140 (1)

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

Medication Management
Falls Prevention and 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: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

A resident's plan of care did not provide clear directions to staff related to transfers.

Sources: Observation; review of resident's health records; interview with staff.

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Date Remedy Implemented: November 21, 2025

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

NC #002 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;

A resident's plan of care was not revised with falls interventions after they had a significant change post fall with injury.

Sources: Review of resident's health records; interviews with staff.



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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