

**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:** May 7, 2026

**Inspection Number:** 2026-1615-0002

**Inspection Type:**

Complaint  
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 dates: April 20-24, 27-30, and May 1, 4-7, 2026

The following intakes were inspected:

- Intake: #00167353 - Follow-up # 1 - Compliance Order (CO) #001 - 2025-1615-0009 related to food, nutrition, and hydration- CDD April 27, 2026.
- Intake: #00175516 - Complaint related to falls prevention and management.
- Intake: #00171451 - Critical Incident (CI) related to falls prevention and management.
- Intake: #00172965 - CI related to prevention of abuse.
- Intake: #00173048 - CI related to resident care and support services and pain management.
- Intake: #00174083 - CI related to safe and secure home.

**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 #2025-1615-0009 related to O. Reg. 246/22, s. 74 (2) (c)

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

- Resident Care and Support Services
- Food, Nutrition and Hydration
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Pain Management
- Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Residents' Bill of Rights

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

**Non-compliance with: FLTCA, 2021, s. 3 (1) 2.**

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

2. Every resident has the right to have their lifestyle and choices respected.

A resident did not have their choices respected on an identified date. The resident requested specified care but staff did not listen to the request.

**Sources:** Clinical health record for a resident; interview with a resident and staff;

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home's investigation notes.

## WRITTEN NOTIFICATION: Plan of care

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

**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)** A resident required total assistance with two persons for a specific task, and extensive assistance with one to two persons for another care task. On a certain date, the resident was provided care with one person assist, instead of two persons, with the resident assisting the staff during the care. The Senior Nursing Manager (SNM) acknowledged that the resident's plan of care indicated two person care for this specific task, but the directions were unclear to the staff as they followed the level of assistance for a different task.

**Sources:** A resident's clinical records; Investigation Notes; and interviews with staff.

**B)** A resident was independent and able to leave the home daily; however they would not always identify when they were returning to the home. The written plan of care for the resident did not include clear direction for staff on how to identify when the resident would be considered missing with actions to take.

**Sources:** Clinical health record for a resident; home's investigation notes; interview with staff; home's code yellow policy.

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## WRITTEN NOTIFICATION: Reporting certain matters to Director

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

**Non-compliance with: FLTCA, 2021, s. 28 (1) 2.**

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

On an identified date, a resident disclosed that they were having a sexual relationship with an undisclosed staff member. The allegation of sexual abuse was not reported to the Director.

**Sources:** Clinical health record for a resident; interview with a resident and staff.

## WRITTEN NOTIFICATION: General requirements

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

**Non-compliance with: O. Reg. 246/22, s. 34 (2)**

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

As required by the home's Falls Prevention and Management Program, the home did not document the following assessments and responses to interventions with regards to a resident's fall on an identified date:

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- a) The Risk Management Module for a resident's post fall assessment had incomplete documentation.
- b) A registered staff conducted a head to toe assessment, but did not document their assessment.

**Sources:** A resident's clinical records; Post Fall Follow up, Assessment and Management, Standards for Documentation Policy; Investigation Notes; and interviews with staff.

### **WRITTEN NOTIFICATION: Transferring and positioning techniques**

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

**Non-compliance with: O. Reg. 246/22, s. 40**

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

On an identified date, a resident had a fall and sustained injuries. The resident was transferred from the floor to their bed with a total mechanical lift. A registered staff acknowledged that the resident's transfer was not in accordance to the home's post fall procedures.

**Sources:** A resident's clinical records; Post Fall Follow up, Assessment and Management; and interviews with staff.

### **WRITTEN NOTIFICATION: Required programs**

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NC #006 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 home's Pain Assessment and Management Procedures were not complied with. Specifically, a pain assessment was not completed when indicated, including the implementation of strategies to effectively manage pain. On an identified date, a resident had an incident that resulted in injuries and pain. No pain assessments or interventions were completed or implemented to manage their pain.

**Sources:** A resident's clinical records, Investigation Notes, Pain Assessment and Management Procedure; and interviews with staff.

## **WRITTEN NOTIFICATION: Skin and wound care**

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

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

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,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

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A resident did not receive a clinically appropriate skin assessment by a member of the registered nursing staff when an skin alteration was identified on a specified date.

**Sources:** A resident's clinical records; Prevention, Identification and Management of Residents with Altered Skin Integrity Procedure; and interview with staff.

## **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;

A resident had identified skin alterations which were not re-assessed at least weekly by registered nursing staff:

a) The resident had multiple specified skin alterations identified on their re-admission skin assessments with no weekly re-assessments or follow-up completed.

b) The resident had a specified skin alteration that was not re-assessed at least weekly between identified dates.

**Sources:** A resident's clinical records; Prevention, Identification and Management of Residents with Altered Skin Integrity Procedure; and interview with staff.

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## WRITTEN NOTIFICATION: Pain management

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 57 (2)**

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

On an identified date, a resident had new specified pain. Between identified dates, no pain assessments were completed to evaluate the resident's pain as per the resident's medical orders and when pharmacological interventions were not effective.

**Sources:** A resident's clinical records; Investigation Notes, Pain Assessment and Management Procedure; and interviews with staff.

## WRITTEN NOTIFICATION: Emergency plans

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. viii.**

Emergency plans

s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with emergencies, including, without being limited to, viii. situations involving a missing resident,

The home's code yellow policy was not followed by staff for an incident on an identified date where a resident did not return to the home at the expected time. A

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search of the home was not conducted by staff, and staff did not call a code yellow when the resident was identified as missing.

**Sources:** The home's investigation notes; interview with staff; the home's Code Yellow policy; staff training records.