

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 28, 2025

Inspection Number: 2025-1615-0001

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 date(s): January 21, 23-24, 27-28, 2025.

The following intake(s) were inspected:

- Intake: #00125616, was a critical incident system (CIS) related to an allegation of staff to resident abuse.
- Intake: #00126317, was a CIS related to an allegation of staff to resident abuse.
- Intake: #00128850, was a CIS related to Falls Prevention and Management.
- Intake: #00131149, was a complaint related to Nursing and Personal Support Services.
- Intake: #00130306, was a follow-up related to compliance order (CO) #001, from inspection #2024-1615-0003, Ontario Regulation (O. Reg.) 246/22, s. 55 (2) (b) (i), with a compliance due date (CDD) of January 21, 2025.
- Intake: #00130305, was a follow-up related to compliance order (CO) #002, from inspection #2024-1615-0003, O. Reg. 246/22, s. 102 (2) (b), with a CDD, of January 21, 2025.

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The following intake(s) were completed in this inspection:

- Intake: #00128330, was a CIS related to Falls Prevention and Management.
- Intake: #00134248, was a CIS related to Falls Prevention and Management.

Previously Issued Compliance Order(s)

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

Order #002 from Inspection #2024-1615-0003 related to O. Reg. 246/22, s. 102 (2)
(b)

Order #001 from Inspection #2024-1615-0003 related to O. Reg. 246/22, s. 55 (2)
(b) (i)

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

Skin and Wound Prevention and Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Nursing and personal support services

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

Non-compliance with: O. Reg. 246/22, s. 35 (4)

Nursing and personal support services

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s. 35 (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to ensure that the evaluation of the staffing plan for 2024 had a written record of summary of the changes made and the date that those changes were implemented.

The Administrator stated that in 2024 they had made actions related to increase in complements; however, this was not captured in the written evaluation.

Sources: Review of the staffing plan evaluation for 2024; interview with the Administrator.

WRITTEN NOTIFICATION: Skin and wound care

NC #002 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,

The licensee has failed to ensure that a resident received a skin assessment using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment, when they sustained an injury, post fall.

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Sources: Review of progress notes, assessments, electronic treatment administration record (eTAR) and the home's Skin and Wound Care Policy (August 2024); interview with Senior Nursing Manager (SNM).

WRITTEN NOTIFICATION: Responsive behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(b) strategies are developed and implemented to respond to these behaviours, where possible; and

The licensee has failed to ensure that, when a resident demonstrated responsive behaviours, on an identified date, that a PSW responded calmly, and used de-escalation strategies.

Sources: Resident's progress notes, and care plan; the home's investigation notes; interview with the Administrator.