

**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

**Original Public Report**

<b>Report Issue Date:</b> May 1, 2024	
<b>Inspection Number:</b> 2024-1605-0001	
<b>Inspection Type:</b> Critical Incident	
<b>Licensee:</b> The Regional Municipality of Niagara	
<b>Long Term Care Home and City:</b> Northland Pointe, Port Colborne	
<b>Lead Inspector</b> Erika Reaman (000764)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Emily Sweetman (000844)	

**INSPECTION SUMMARY**

<p>The inspection occurred onsite on the following date(s): March 27-28 and April 2-4, 2024</p> <p>The following Critical Incident (CI) intakes were inspected:</p> <ul style="list-style-type: none"> <li>• Intake #00110352- Related to Falls Prevention and Management</li> </ul> <p>The following intakes were completed:</p> <ul style="list-style-type: none"> <li>• Intake: #00102484- Related to Falls Prevention and Management</li> <li>• Intake: #00110524- Related to Falls Prevention and Management</li> <li>• Intake: #00111878- Related to Falls Prevention and Management</li> </ul>
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The following **Inspection Protocols** were used during this inspection:

Infection Prevention and Control  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Required Programs

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

**Non-compliance with: O. Reg. 246/22, s. 53 (2) (b)**

Required programs

s. 53 (2) Each program must, in addition to meeting the requirements set out in section 34,

(b) provide for assessment and reassessment instruments. O. Reg. 246/22, s. 53 (2).

The licensee failed to ensure that the falls prevention and management program provided for assessment and re-assessment tools.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that the Falls Prevention and Management Program policies were complied with.

Specifically, staff did not comply with the policy "Head Injury Routine (HIR) and Neurological Assessment", revised March 6, 2024, which was included in the licensee's Falls Prevention and Management Program.

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**Rationale and Summary**

A resident had an unwitnessed fall. The homes policy titled "Head Injury Routine (HIR) and Neurological Assessment" indicated that for any unwitnessed fall and a post-fall with a head injury that a neurological assessment is required.

Upon review of the resident's clinical records there were no Head Injury Routines (HIR) completed for resident at time of the unwitnessed fall. The policy titled "Head Injury Routine (HIR) and Neurological Assessment" indicated that HIR must be completed immediately post-fall and then completed every hour x two assessments, and if stable HIR is completed every eight hours x four assessments, and if resident is stable assessment can be discontinued. These instructions were not completed for the resident's unwitnessed fall.

Failing to fully complete the HIR posed a risk for not identifying a possible head injury.

**Sources:** Interview with staff, the homes policy titled "Head Injury Routine (HIR) and Neurological Assessment"(revised March 2024), resident's clinical records [000764]