

**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:** November 20, 2025

**Inspection Number:** 2025-1605-0007

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** The Regional Municipality of Niagara

**Long Term Care Home and City:** Northland Pointe, Port Colborne

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: November 17-20, 2025.

The following intakes were inspected:

-Intake: #00162392 - PCI Inspection.

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

Infection Prevention and Control

Safe and Secure Home

Staffing, Training and Care Standards

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the

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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: O. Reg. 246/22, s. 20 (a)**

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,  
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

During the inspection it was noted that the resident-staff communication and response system in one of the resident lounge areas was covered up by a bookcase and could not be easily seen, accessed and used by residents, staff and visitors at all times. The home's Administrator was notified and the bookcase was moved immediately.

**Sources:** Observation of resident-staff communication and response system.

Date Remedy Implemented: November 17, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 20 (f)**

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,  
(f) clearly indicates when activated where the signal is coming from; and

During the inspection it was noted that in two of the resident home areas, the resident-staff communication and response system was not displaying on the overhead marquees where the signal was coming from, nor was it making a sound

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audible to staff as a result. The Administrator was notified and the system was reset immediately, which remedied the issue.

**Sources:** Observations of resident-staff communication and response system.

Date Remedy Implemented: November 17, 2025

### **WRITTEN NOTIFICATION: Doors in a home**

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

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.**

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

During the inspection, four doors leading to non-residential areas were found unlocked when inspected. The doors were equipped with locks to restrict unsupervised access to those areas by residents unless supervised by staff, however, no staff were around at the time of the observations.

**Sources:** Observations of doors in the home.

### **WRITTEN NOTIFICATION: Bed rails**

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

**Non-compliance with: O. Reg. 246/22, s. 18 (1) (a)**

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Bed rails

s. 18 (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

(a) the resident is assessed and the resident's bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;

A resident was assessed for the use of bed rails in 2025. Later, they had a significant change in status but they were not reassessed for risk of entrapment, as per prevailing practices.

**Sources:** Resident's clinical record; Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latch Reliability and Other Hazards, dated March 2008; staff interview.

**WRITTEN NOTIFICATION: Infection prevention and control program**

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

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

During the inspection, a registered staff member entered a resident's bed space to provide care. Additional Droplet and Contact Precautions were in place for this resident, including appropriate selection of personal protective equipment (PPE). The registered staff member did not select and apply the appropriate PPE prior to

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performing the procedure.

**Sources:** The IPAC Standard (September 2023); resident's progress notes;  
observation of resident; interview with staff.