Ontario

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

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Hamilton District
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Public Report

Report Issue Date: December 29, 2025
Inspection Number: 2025-1605-0008
Inspection Type: Complaint Critical Incident
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 date(s): December 18, 19, 23, 24, 29, 2025

The following intake(s) were inspected:
- Intake #00160818 - a complaint related to resident abuse and neglect
- Intake #00165772 - related to the resident abuse and neglect
- Intake #00164246 - Critical Incident (CI) #M610-000015-25 - related to fall prevention and management

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

Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: General requirements

NC #001 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.

The direct care staff did not document the provision of care for the resident.

A review of records from November and December 2025 identified multiple instances where the direct care staff did not document the completion of care task interventions for the resident. This was acknowledged by the Home's Clinical Documentation Lead (CDL).

Sources: Home's Policy titled "Resident Clinical Record and Clinical Documentation", revised in June 2024, the resident's clinical records, and an interview with the CDL.

WRITTEN NOTIFICATION: Required programs

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (2) (a)
Required programs
s. 53 (2) Each program must, in addition to meeting the requirements set out in section 34,
(a) provide for screening protocols.

The registered staff did not implement the fall program screening protocols for the resident. Specifically, the registered staff did not complete the fall screening assessments when the resident was readmitted to the home with a significant change in their health status.

The home’s policy required registered staff to conduct a falls screening assessment within 24-hours of the resident's readmission with a significant change in their health status after a fall incident.

On an identified date, the resident was readmitted to the home from the hospital with a significant change in their health status after a fall incident. The Home's Director of Resident Care (DRC) acknowledged that the registered staff did not complete the required fall screening assessments within 24 hours of readmission when the resident returned home from the hospital with a significant change in their health status.

Sources: Home's Policy titled "Fall Prevention Management" last revised in March 2025, the resident's clinical records, and an interview with the DRC.