



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
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Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 22, 2016	2016_340566_0004	018471-15	Complaint

Licensee/Titulaire de permis

VILLA COLOMBO HOMES FOR THE AGED, INC.
40 PLAYFAIR AVENUE TORONTO ON M6B 2P9

Long-Term Care Home/Foyer de soins de longue durée

VILLA COLOMBO HOMES FOR THE AGED INC.
40 PLAYFAIR AVENUE TORONTO ON M6B 2P9

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

ARIEL JONES (566)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): February 9, 10, 11, and 12, 2016.

This inspection had an associated critical incident: #C577-000056-15.

During the course of the inspection, the inspector(s) spoke with the Director of Resident Services (DORS), the identified floor manager/social services coordinator, registered nursing staff, personal support workers (PSWs), the identified resident, and the complainant.

During the course of the inspection, the inspector observed the identified resident, staff to resident interactions, and resident to resident interactions, reviewed resident health care records, the home's investigation notes, staffing schedules, and relevant policies and procedures.

**The following Inspection Protocols were used during this inspection:
Falls Prevention
Safe and Secure Home**

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home is a safe and secure environment for its residents.

A review of the identified critical incident system (CIS) report and resident #001's health care record revealed that on an identified date in July 2015, the resident exited through a



door on the identified unit leading to a stairwell, while the magnetic locked doors were disengaged for fire panel testing. The resident sustained multiple injuries including a laceration to an identified area of his/her body. Resident #001 is cognitively impaired, at high risk for falls, and required monitoring for safety.

Interviews with identified registered and non-registered staff members on the unit confirmed that it is the home's practice to have staff members placed at the doors to monitor them when the magnetic locks are disengaged. A review of the home's emergency management plan for interruption of essential services – internal disasters (#EM-77-2011, Date: July 23, 2007, Reviewed: September 2015) states that if magnetic locks are not functioning and residents are placed at risk of elopement, then extra staff should be monitoring at these sites. The identified home area is a locked unit for residents with dementia, wandering behaviours and elopement risk.

Staff interviews with PSW #103, #105, and RPN #102 revealed that there was an overhead announcement on the identified date in July 2015, to communicate to all staff that fire testing was happening in the building and the magnetic locked doors would be disengaged for approximately one hour during an identified time period. Further communication then occurred between staff on the unit to help ensure their awareness. Interviews with six of the identified PSWs who worked on the identified unit during the identified shift in July 2015, revealed that all but one staff member was reportedly aware that the fire panel was being tested and the magnetic locks would be disengaged during the identified time period. Further staff interviews revealed that there was miscommunication regarding which staff member was responsible for monitoring the identified stairwell door on the unit throughout the course of the fire panel testing since PSW staff were also taking their scheduled breaks and covering for one another during this time frame.

A review of the CIS report and progress notes revealed that approximately half an hour outside of the fire panel testing time frame, the nursing staff on resident #001's home area were notified by RPN #102, who was working on a different unit, that the resident had been found in the identified stairwell by PSW #103 who overheard the resident's calls for help.

An interview with the unit manager of the identified home area revealed that the home conducted an investigation into this incident, and two identified staff members were disciplined for their involvement. The home's investigation determined that PSW #100 was responsible for monitoring the identified stairwell door, but was situated in the

nearby sun room and not directly in front of the door. An interview with PSW #100 revealed that he/she was not aware that the magnetic locked doors were disengaged during the identified time period, that he/she was not directly instructed to monitor the door by the nursing staff, and that he/she was covering for other PSWs on the unit while they were on their break. An interview with PSW #109, who was assigned to resident #001's care that shift, revealed that throughout the course of fire panel testing, he/she was monitoring another identified door and was later on break. The resident was last signed off as having been checked on his/her safety monitoring record by PSW #110 approximately one hour before the unit staff were notified that the resident was in the identified stairwell.

An interview with the DORS revealed that the home has since revised their emergency plan and created a policy and sign off sheet specific to disengagement/failure of magnetic locks in the home (#17-01-08, Date: September 2015) in order to ensure increased staff accountability for the monitoring of magnetic locked doors. Staff are now required to sign for which door they will be monitoring, as opposed to doing so verbally or by a hand signal to one another from down the corridor, as was the practice at the time of the incident.

The DORS confirmed that on the identified date all exit doors were not being monitored on the identified unit during fire panel testing in the building as per the home's policy, and the home was not a safe and secure environment for the residents of the identified unit.
[s. 5.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home is a safe and secure environment for its residents, to be implemented voluntarily.



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Issued on this 29th day of February, 2016

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.