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

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Public Report

Report Issue Date: April 29, 2025
Inspection Number: 2025-1514-0002
Inspection Type: Complaint Critical Incident Follow up
Licensee: Villa Colombo Homes for the Aged Inc.
Long Term Care Home and City: Villa Colombo Homes for the Aged, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 7, 8, 9, 10, 11, 14, 15, 16, 17, 22, 24, 25, 28, 29, 2025

The following intake(s) were inspected:

- Intake: #00139982 / Critical Incident (CI): # 3020-000019-25 and Intake: #00140319 / CI: # 3020-000025-25 were related to fall prevention and management.
- Intake: #00138243 / CI: #3020-000013-25 and CI: #3020-000014-25 were related to allegations of improper care.
- Intake: #00139029 / CI: #3020-000018-25 was related to an Outbreak of a communicable disease.
- Intake: #00142639 / CI: #3020-000046-25 was related to the fall of a resident resulting in injury.
- Intake: #00140663 / CI: #3020-000030-25 and CI: #3020-000031-25 were related to neglect.
- Intake: #00140463 was related to the follow-up on a previously issued Compliance Order.
- Intake: #00138796 / CI: #3020-000016-25 was related to abuse towards a resident.

- Intake: #00143335 was a Complaint related to the fall of a resident.

The following intake(s) were completed:

- Intake: #00137538 / CI: #3020-000011-25, Intake: #00137846 / CI: #3020-000012-25, Intake: #00138778 / CI: #3020-000017-25, Intake: #00140389 / CI: #3020-000026-25, Intake: #00140615 / CI: #3020-000028-25, and Intake: #00142269 / CI: #3020-000042-25 were related to fall prevention and management.
- Intake: #00142893 / CI: #3020-000049-25, Intake: #00145059 / CI: #3020-000064-25, Intake: #00142192 / CI: #3020-000027-25, Intake: #00141444 / CI: #3020-000035-25, Intake: #00140570 / CI: #3020-000027-25, and Intake: #00138495 / CI: #3020-000015-25 were related to Outbreak of Communicable disease.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1514-0001 related to O. Reg. 246/22, s. 55 (2) (b) (iv)

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that a resident's written plan of care related to their provision of care set out clear directions to staff and others who provided direct care to the resident. A resident's posted written plan of care was observed indicating that the resident required a level of assistance while resident's care plan indicated that they required a different level of assistance. A Personal Support Worker (PSW) confirmed that the resident was provided with both level of assistance.

Sources: Observations, Resident's clinical records; and interviews with staff.

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 (1) 1.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to ensure that a fall prevention and management program was implemented for a resident when they were observed, without the use of a fall prevention intervention.

Sources: Resident's clinical records, Observation; and Interviews with staff.

WRITTEN NOTIFICATION: Falls Prevention and Management

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 54 (1)
Falls prevention and management
s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to ensure staff followed their fall prevention and management program policy when a resident had a fall and was assisted without the use of a transferring device.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that the written policy developed for fall prevention and management is complied with.

Specifically, the home's policy stated that following assessment by a registered staff and if the resident cannot get up independently, they were to be assisted using a transferring device. A Registered Practical Nurse (RPN) and a Nurse Manager (NM), both acknowledged that the resident was assessed and assisted without the use of a transferring device after they sustained a fall with injury.

Sources: Resident's clinical records, Home's Fall Prevention and Management Program policy; and Interviews with staff.