



**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 16, 2013	2013_159178_0001	T-1866-12/T -614-12/T- 818-12	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

SUSAN LUI (178)

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): January 4, 7, 8, 11, 14, 2013.

This inspection also included Log # T-0004-13

During the course of the inspection, the inspector(s) spoke with Executive Director/CEO, Acting Director of Resident Services, Nursing Directors, Registered Staff, Personal Support Workers (PSWs), family members of residents.

During the course of the inspection, the inspector(s) observed resident care, observed resident care areas, reviewed resident records, reviewed home policies and training records.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Contenance Care and Bowel Management

Hospitalization and Death

Personal Support Services

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

**WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order**

Legendé

**WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités**



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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

- 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,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

Findings/Faits saillants :



1. The licensee has failed to ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident.

The plan of care for Resident # 1 does not set out clear directions to staff and others who provide direct care to the resident in regards to oral care.

Record review indicates that Resident # 1's plan of care states one staff member is to provide total assistance to the resident for mouth care, but does not state how often mouth care should occur.

Resident # 1's plan of care instructs staff to cleanse the resident's dentures after each meal, and to remove and soak them at bedtime, but does not direct staff to cleanse the resident's mouth at these times. [s. 6. (1) (c)]

2. The plan of care for Resident # 1 does not set out clear directions to staff and others who provide direct care to the resident in regards to bladder function. Resident # 1's plan of care states "Frequently Continent need to monitor" and that resident "Wears Liner, staff to change resident", but written plan of care does not give staff directions as to how often or at what times resident should be checked for incontinence and/or have the incontinent product changed.

Plan of care for toileting for Resident # 1 states that resident "requires extensive assistance related to cognitive deficit", and directs that "1 staff to provide non weight bearing physical assistance with pulling down the pants and provide peri care . Staff to remain with the resident throughout otherwise the resident will walk away without completing the process". However the plan of care does not specify frequency or times of day Resident # 1 should be assisted to toilet. [s. 6. (1) (c)]

3. Record review indicates that the written plan of care for toileting for Resident # 2 did not set out clear directions to staff and others who provide direct care to the Resident. Resident # 2's plan of care for toileting did not direct staff as to frequency or timing of toileting, peri-care and changing of incontinent product. [s. 6. (1) (c)]

4. The plan of care for toileting for Resident # 3 does not tell staff how often or when the resident requires assistance to toilet or change the incontinent product during the day or evening. The resident's plan of care does direct staff to check and change the resident's incontinent product twice during the night. [s. 6. (1) (c)]



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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 there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Over the course of the inspection, inspector observed the following examples of home and furnishings not kept in a good state of repair:

- In room 504 Fusco, several floor tiles were missing from the floor in front of bed B.
- End table in room 533 Fusco was damaged and missing the bottom drawer. The laminate on the end table was chipped and peeling, creating sharp edges.
- Baseboards in the South wing of 5 Fusco are separated from the base of the wall. [s. 15. (2) (c)]



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, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Specifically failed to comply with the following:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, ss. 24 (1), 195 (2).**
- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, ss. 24 (1), 195 (2).**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, ss. 24 (1), 195 (2).**
- 4. Misuse or misappropriation of a resident's money. 2007, c. 8, ss. 24 (1), 195 (2).**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, ss. 24 (1), 195 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that home staff who had reasonable grounds to suspect that an incident of resident to resident abuse had taken place, immediately report the suspicion and the information upon which it was based to the Director under the Long-Term Care Homes Act (LTCHA).

Staff interviews and record review of the progress notes for Resident # 3 revealed that the resident was witnessed sexually touching female residents without their consent on November 21, 22, 23, and December 2, 2012. These incidents of resident to resident sexual abuse were never reported by the home to the Director under the LTCHA. [s. 24. (1) 1.]



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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 abuse of a resident by anyone is reported to the Director under the LTCHA as required in the LTCHA, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that Residents # 1, 2 and 3, all of whom were incontinent to varying degrees, received an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions.

Staff interviews and record review confirm that Residents # 1, 2 and 3 did not receive a continence assessment which included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions. [s. 51. (2) (a)]



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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 each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following:

s. 76. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

- 1. Abuse recognition and prevention. 2007, c. 8, s. 76. (7).**
- 2. Mental health issues, including caring for persons with dementia. 2007, c. 8, s. 76. (7).**
- 3. Behaviour management. 2007, c. 8, s. 76. (7).**
- 4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations. 2007, c. 8, s. 76. (7).**
- 5. Palliative care. 2007, c. 8, s. 76. (7).**
- 6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).**

Findings/Faits saillants :



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1. The licensee failed to ensure that all staff who provide direct care to residents are provided with training related to continence care and bowel management on either an annual basis, or based on the staff's assessed individual training needs, as required in section 221(1) and (2) of O.Reg 79/10.

Staff interviews and record review confirm that all the staff who provide direct care to residents have not received training related to continence care and bowel management within the last year. Staff interviewed indicated that they have received training related to the use and application of certain continence care products, but not related to residents' continence care and bowel management. [s. 76. (7) 6.]

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 all staff who provide direct care to residents are provided with training related to continence care and bowel management on either an annual basis, or based on the staff's assessed individual training needs, to be implemented voluntarily.

Issued on this 7th day of February, 2013

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

Ausan Shi (178)