



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

**Rapport d'inspection  
prévu le Loi de 2007  
les foyers de soins de  
longue durée**

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de  
longue durée**  
Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
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		<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection		Inspection No/ n° d'inspection	Type of Inspection/Genre d'inspection
November 15, 16, 2010			
<b>Licensee/Titulaire</b> Villa Colombo Homes for the Aged Inc. 40 Playfair Avenue, Toronto, ON M6B 2P9			
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Villa Colombo Homes for the Aged Inc. 40 Playfair Avenue, Toronto, ON M6B 2P9			
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Susan Squires - 109			
<b>Inspection Summary/Sommaire d'inspection</b>			
The purpose of this inspection was to conduct a complaint inspection.			
During the course of the inspection, the inspector spoke with: Director of Resident Services, Assistant Executive Director			
During the course of the inspection, the inspector: Observed staff interactions, observed residents, observed care.			
The following Inspection Protocols were used in part or in whole during this inspection:			
Sufficient Staffing Accommodation Services – Housekeeping Inspection Protocol			
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:			
2 WN			



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**Rapport  
d'inspection prévue  
le Loi de 2007 les  
foyers de soins de  
longue durée**

**NON-COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

WN = Written Notifications/Avis écrit.

VPC = Voluntary Plan of Correction/Plan de redressement volontaire.

DR = Director Referral/Regisseur envoyé.

CO = Compliance Order/Ordre de conformité.

WAO = Work and Activity Order/Ordre: travaux et activités.

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

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.)

Le suivant constitue un avis écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* a trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.)

**WN #1:** The Licensee has failed to comply with O. Reg. 79/10 s87(2)(a)(i) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

- (a) cleaning of the home, including,  
(i)resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces,

**Findings:**

1. Bedroom floors are dirty with wax build up evident.

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**WN # 2:** The Licensee has failed to comply with O. Reg. 79/10 s87(2)(d) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for, addressing incidents of lingering offensive odours.

**Findings:**

1. Lingering urine odor present on identified units.

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**Signature of Licensee or Representative of Licensee  
Signature du Titulaire du représentant désigné**

**Signature of Health System Accountability and Performance Division  
representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.**

Title:

Date:

Date of Report: (If different from date(s) of inspection).