



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

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

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**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité**

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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
Jul 14, 2014	2014_219211_0013	T-703-13	Follow up

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

JOELLE TAILLEFER (211)

Inspection Summary/Résumé de l'inspection



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soins de longue durée**

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): June 11, 2014,

**as a response to a compliance order issued on January 7, 2014, on the
inspection 2013_168202_0069.**

**During the course of the inspection, the inspector(s) spoke with director of
resident services, interim manager of human resources, nursing manager,
admission coordinator and social worker, supervisor of frail elderly centre and
interim manager for day program, transportation and meals-on-wheels.**

**During the course of the inspection, the inspector(s) conducted observations,
reviewed staff and volunteers educational records on abuse prevention,
reviewed the home's policies related to prevention of abuse and neglect.**

**The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation**

Findings of Non-Compliance were found during this inspection.

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. 76. Training

Specifically failed to comply with the following:

s. 76. (6) Every licensee of a long-term care home shall ensure that the following are done:

- 1. The further training needed by the persons mentioned in subsection (1) is assessed regularly in accordance with the requirements provided for in the regulations. 2007, c. 8, s. 76. (6).**
- 2. The further training needs identified by the assessments are addressed in accordance with the requirements provided for in the regulations. 2007, c. 8, s. 76. (6).**

Findings/Faits saillants :



1. The licensee failed to ensure that the further training needs identified by the assessments are addressed in accordance with the requirements provided for in the regulations.

The home submitted a compliance plan on December 20 and 27, 2013, as a response to a compliance order issued on January 7, 2014, on the inspection 2013_168202_0069 related to LTCHA, 2007, c.8, s.19(1)

Record review of the home's compliance plan indicated that all staff will be provided education regarding the adoption of home's revised policies titled the Resident Abuse by persons other than staff and Resident Abuse-Staff to Resident by an identified day.

Interview with the interim manager of human resource revealed that 10 per cent of staff did not receive the education regarding the adoption of the above policies as indicated in the home's compliance plan and as required by the LTCH. [s. 76. (6) 2.]

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 further training needs identified by the assessments are addressed in accordance with the requirements provided for in the regulations, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information



Specifically failed to comply with the following:

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,

(a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)

(b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)

(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)

(d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)

(e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)

(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)

(g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)

(h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)

(i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)

(j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)

(k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)

(l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)

(m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)

(n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)

(o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)

(p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)

(q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)

Findings/Faits saillants :



1. The licensee failed to ensure that the long-term care home's policy to promote zero tolerance of abuse and neglect of residents is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations.

The home submitted a compliance plan on December 20 and 27, 2013, as a response to a compliance order issued on January 7, 2014, for the inspection 013_168202_0069 related to LTCHA, 2007, c.8, s.19 (1)

Record review of the home's compliance plan indicated that visitors will be informed of the home's policies related to Resident Abuse by persons other than staff and will be posted in the home by February 28, 2014.

Record review of the home's compliance plan also indicated that visitors will be informed of the home's policies related to Resident Abuse-Staff to resident to promote zero tolerance of abuse of residents and will be posted in the home by February 28, 2014.

Interview with the nursing manager revealed that visitors can enter from the main front entrance or from the Fidani wing entrance. The home has two main areas, namely: Fidani wing and Fusco wing. The home's elevators are situated in two areas identified as the Fidani wing and the Fusco wing. Interview with the nursing manager confirmed that visitors taking elevators from the Fusco wing area enter from the front entrance.

The above mentioned home's policies were observed by the inspector posted only in the Fidani wing entrance on June 11, 2014 and were not posted on the Fusco wing and the home's main entrance.

Interview with the director of resident services revealed that the above home's policies were only posted in the Fidani wing. She confirmed that visitors that enter the main entrance and taking the elevator from the Fusco wing will not be informed about the home's policy to promote zero tolerance of abuse and neglect of residents. [s. 79. (3) (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 long-term care home's policy to promote zero tolerance of abuse and neglect of residents is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 223. Orientation for volunteers

Specifically failed to comply with the following:

s. 223. (1) Every licensee of a long-term care home shall ensure that every volunteer receives the orientation provided for in section 77 of the Act. O. Reg. 79/10, s. 223 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that every volunteer receives the orientation provided for in section 77 (c) of the Act.

Record review and interview with the supervisor, frail elderly centre and interim manager for the day program, transportation and meal on wheels indicated that one student volunteer did not receive the orientation and the education on mandatory reporting and the home's policy to promote zero tolerance of abuse and neglect of residents. She confirmed that this student completed her forty hours of volunteering at the home on identified days. [s. 223. (1)]

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**



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**COMPLIED NON-COMPLIANCE/ORDER(S)
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS**

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2013_168202_0069	211

Issued on this 14th day of July, 2014

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

Noelle Taillefer - RW