

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

## Public Report

**Report Issue Date:** April 11, 2025

**Inspection Number:** 2025-1340-0001

**Inspection Type:**

Complaint  
Critical Incident

**Licensee:** Villa Forum

**Long Term Care Home and City:** Villa Forum, Mississauga

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 3-4, and 7-11, 2025

The following intake(s) were inspected:

- Intake: #00136175, Critical Incident System (CIS) #2855-000001-25 - Related to a written complaint on prevention of abuse and neglect.
- Intake: #00137646, CIS #2855-000005-25 - Related to infection prevention and control.
- Intake: #00139675, CIS #2855-000007-25 - Related to infection prevention and control.
- Intake: #00133785, CIS #2855-000025-24 -Related to infection prevention and control.
- Intake: #00141648, CIS #2855-000010-25 - Related to falls prevention and management.
- Intake: #00136640 - Complaint with concerns related to continence care and whistle blowing protection and retaliation.
- Intake: #00137624 - Complaint with concerns related to air temperature, infection prevention and control, personal care and support services, skin and wound care, housekeeping, residents' rights and choice, and falls prevention and management

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

- Intake: #00137897 - Complaint with concerns related to admissions, absences, and discharge.
- Intake: #00142848 - Complaint with concerns related to skin and wound care, infection prevention and control, and resident care and support services.

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

Continence Care  
Skin and Wound Prevention and Management  
Resident Care and Support Services  
Infection Prevention and Control  
Safe and Secure Home  
Residents' Rights and Choices  
Falls Prevention and Management  
Admission, Absences and Discharge

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 6 (1) (a)**

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,

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

(a) the planned care for the resident;

A resident's plan of care omitted that they had a specific falls prevention and management intervention.

The resident's written plan of care was revised on April 10, 2025.

**Sources:** Falls prevention and management Policy, resident's clinical records, interview with staff.

**Date Remedy Implemented:** April 10, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

**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 set out clear directions to staff and others who provide direct care to the resident when the plan of care did not specify the exact use of the personal assistive service device (PASD).

The resident's written plan of care was revised on April 10, 2025.

**Sources:** Falls prevention and management Policy, resident's clinical records, and interviews with staff.

**Date Remedy Implemented:** April 10, 2025

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan when the resident's bed was not positioned as per the plan. This was immediately corrected on the same day by a personal support worker (PSW).

**Sources:** observation of the resident; resident's clinical records; and interview with staff.

**Date Remedy Implemented:** April 3, 2025

NC #004 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee failed to ensure that a resident's plan of care was reviewed and revised when the resident's care needs changed and the intervention related to the resident's health diagnosis on a specified date in July 2024 was no longer necessary. The plan of care was revised on the same day.

**Sources:** resident's clinical records; and interview with the assistant director of care (ADOC).

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

**Date Remedy Implemented:** April 8, 2025

**WRITTEN NOTIFICATION: Plan of care**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 6 (4) (a)**

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

The licensee has failed to ensure that a resident's assessments were integrated and were consistent with and complemented each other when the Post Fall Assessment and Head Injury Flow Chart were inconsistent and incompatible with one another, indicating different times of when the fall occurred on a specified date in January 2025.

**Sources:** The resident's clinical records.

**WRITTEN NOTIFICATION: Plan of care**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that a resident's PASD was adjusted as intended in the plan of care when they were left unattended, which resulted in an injury.

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

**Sources:** Falls prevention and management Policy, the resident's clinical records, and interviews with staff.

## **WRITTEN NOTIFICATION: Admission of Residents**

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 51 (7) (a)**

Authorization for admission to a home

s. 51 (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 50 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,

(a) the home lacks the physical facilities necessary to meet the applicant's care requirements;

The licensee has failed to approve an applicant's admission indicating that the home lacked the physical facilities necessary to meet the applicant's care requirements. An Ontario Health at Home Care Coordinator confirmed that the application package included specific care requirements about the applicant. The home refused admission and cited a specific policy and lack of physical facilities necessary to meet the applicant's care requirements. However, the reasons indicated did not meet the criteria set out in the FLTCA s. 51 (7) that permit a home to deny an applicant's admission.

**Sources:** The applicant's admission refusal letter; and interviews with the Administrator and Care Coordinator from Ontario Health at Home.

## **WRITTEN NOTIFICATION: Housekeeping**

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 93 (2) (c)**

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,  
(c) removal and safe disposal of dry and wet garbage; and

The licensee has failed to ensure the removal and safe disposal of dry and wet garbage when a used continence product and latex gloves were observed on the counter in a resident's washroom.

**Sources:** Observations of a resident's washroom.

**COMPLIANCE ORDER CO #001 Infection Prevention and Control Program**

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,  
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

The licensee shall do the following:

**1)** Ensure that residents who are provided with tray service are offered and/or

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

supported with performing hand hygiene prior to receiving meals in their room.

**2)** Perform, at minimum, weekly resident hand hygiene audits on a specific floor for a period of six weeks to ensure that resident hand hygiene is consistently being offered and/or supported to residents who are receiving tray service.

**3)** Provide re-education and training to two specific staff on the home's hand hygiene program, including during donning/doffing personal protective equipment (PPE) and the four moments of hand hygiene.

**4)** Perform, at minimum, weekly hand hygiene audits when the two specific staff are working, for a period of six weeks to ensure that hand hygiene is consistently being performed during donning/doffing PPE and according to the four moments of hand hygiene. If either staff member are casual, auditing should occur every shift they work until the compliance due date or until such time as hand hygiene is being consistently performed.

**5)** Provide re-education and training to the two specific staff on appropriate PPE application and removal required to enter resident rooms under droplet/contact precautions.

**6)** Perform, at minimum, twice weekly PPE audits of the two specific staff applying and removing PPE required to care for, or enter the rooms of, isolated residents under droplet/contact precautions, for a period of six weeks to ensure appropriate PPE application and removal are consistently being done. If either staff member are casual, auditing should occur every shift they work until the compliance due date or until such time as appropriate PPE application and removal are consistently being done.

**7)** Retain all education/training materials, and document who provided the education/training, participants, and dates.

**8)** All required audits are to be documented and identify the person who completed the audit, the audit date, and any corrective actions taken, if required.

**Grounds**

The licensee has failed to ensure that three sections of the Infection Prevention and



**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

Control (IPAC) Standard for Long-Term Care Homes was implemented.

**A.** Section 10.4 (h) and (i), of the IPAC Standard, specified that the home's hand hygiene program shall include policies and procedures to support residents to perform hand hygiene prior to receiving meals, including those who have difficulty to complete hand hygiene due to mobility, cognitive or other impairments. On a specified date in April 2025, three residents who were under droplet/contact precautions, were provided lunch trays; however none were offered, encouraged, or assisted with hand hygiene prior to receiving their meal. The home's hand hygiene policy specified that residents were to be encouraged and/or offered assistance to properly wash or sanitize their hands regularly, including before meals. The IPAC Lead stated that all residents should be provided with hand hygiene, including those receiving tray service in their rooms.

**B.** Section 9.1 (b), of the IPAC Standard, specified that routine practices shall include the four moments of hand hygiene, including before and after resident contact. The home's hand hygiene policy specified that staff were also expected to perform hand hygiene during PPE donning/doffing. While taking lunch orders from residents under isolation and others on tray service, one staff failed to perform hand hygiene prior to entering and after exiting the residents' rooms. Two specific staff also failed to perform hand hygiene during PPE donning/doffing as required by the home's policy.

**C.** Section 9.1 (f) specified that additional precautions shall include additional PPE requirements including appropriate application and removal. When entering/exiting a resident's room under droplet/contact precautions two specific staff did not don and/or doff PPE according to the established practice. Often gloves were donned first and doffed last. The IPAC Lead stated that the proper donning order was gown, mask, eye protection, gloves and doffing was gloves, gown, eye protection and mask.

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

**Sources:** observations; IPAC Standard for Long-Term Care Homes (revised September 2023), Resident Hand Hygiene Policy (ALL-ON-205-02-04; August 2024), Hand Hygiene Program (ALL-ON-205-02-03; November 2024), Personal Protection Equipment (ALL-ON-205-03-05; August 2024); and interview with the IPAC Lead.

**This order must be complied with by** June 6, 2025

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

**REVIEW/APEAL INFORMATION**

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).