

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: November 3, 2025

Inspection Number: 2025-1340-0005

Inspection Type:

Complaint

Licensee: Villa Forum

Long Term Care Home and City: Villa Forum, Mississauga

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 23-24, 27-30, and November 3, 2025.

The following intake(s) were inspected:

-Intake: #00159479 - Complaint related to prevention of abuse and neglect, laundry services, housekeeping services, continence care, and personal care.

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

- Contenance Care
- Housekeeping, Laundry and Maintenance Services
- Prevention of Abuse and Neglect
- Reporting and Complaints

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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 (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 the staff and others involved in the different aspects of care of a resident collaborated with each other in the assessment of the resident so that their assessments were integrated, consistent with, and complemented each other.

A continence assessment was completed for a resident and identified the type of brief the resident used. The resident's plan of care identified the resident required a different type of incontinence brief. The assessments were not consistent for the product that the resident was wearing.

Sources: clinical health record for a resident; interviews with staff.

Date Remedy Implemented: October 30, 2025

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WRITTEN NOTIFICATION: Infection prevention and control program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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 licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated September 2023, was implemented.

The IPAC Standard for Long-Term Care Homes required Additional Precautions to be followed in the IPAC program, including appropriate selection application, removal and disposal of personal protective equipment (PPE).

Additional precautions were required for staff when caring for a resident. A staff member did not wear the required protection while they were in close contact with the resident.

Sources: observations, home's IPAC policy; staff interviews.

WRITTEN NOTIFICATION: Dealing with complaints

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2) (c)

Dealing with complaints

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s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

The licensee has failed to ensure that the documented record related to a complaint included the date of the action, time frames for actions to be taken, and any follow-up action required related to the concerns. Staff confirmed that the record did not include the above items.

Sources: home's investigation notes; clinical health record for a resident; staff interviews.

WRITTEN NOTIFICATION: Resident records

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 274 (b)

Resident records

s. 274. Every licensee of a long-term care home shall ensure that,

(b) the resident's written record is kept up to date at all times.

The licensee has failed to ensure that a resident's written record was kept up to date at all times.

a) An interdisciplinary care conference was held for a resident. The written record of the meeting was initiated, however, remained incomplete for 20 days, when it was brought to the home's attention. The incomplete form did not include a summary of the information discussed at the meeting or the action plan initiated.

b) A continence assessment was completed for a resident, however, the assessment was not included in the resident's clinical record until ten days later.

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Sources: resident clinical health record; staff interview.