Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Public Report

Report Issue Date: November 4, 2025
Inspection Number: 2025-1431-0006
Inspection Type:
Complaint
Critical Incident
Follow up

Licensee: Friuli Long Term Care
Long Term Care Home and City: Villa Leonardo Gambin, Woodbridge

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 16 to 17, 20 to 23, 27 to 31, and November 3 to 4, 2025
The inspection occurred offsite on the following date(s): October 24, 2025

The following intake(s) were inspected:
- Intake: #00156246 - Critical Incident (CI) #2947-000026-25 was related to the outbreak of a communicable disease.
- Intake: #00155944 - was a Follow-up on a Compliance Order (CO) related to duty to protect.
- Intake: #00157711 - was a complaint related to multiple aspects of care.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2025-1431-0004 related to FLTCA, 2021, s. 24 (1)

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

Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Reporting and Complaints
Falls Prevention and Management

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: 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 the Infection Prevention and Control (IPAC) Standard for Long Term Care Homes issued by the Director was complied with.

Section 11.6 under the IPAC Standard (April 2022, revised September 2023), directed the home to post signage at entrances and throughout the home that lists the signs and symptoms of infectious diseases for self-monitoring as well as steps that must be taken if an infectious disease was suspected or confirmed in any individual. Signage was not observed on the third and seventh floors which was confirmed by two staff. The IPAC Lead confirmed the home did not have signage in place throughout the home. The IPAC Lead posted the signage throughout the home on October 21, 2025.

Sources: Observations October 16 and 21, 2025, interviews with multiple staff.

Date Remedy Implemented: October 21, 2025

WRITTEN NOTIFICATION: Integration of assessments, care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (4) (b)
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,
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

The licensee has failed to ensure that staff and others involved in the different aspects of care of a resident collaborated with each other in the implementation of the plan of care related to falls prevention and management. A resident sustained a fall and their falls prevention device was observed by a staff to be defective. A staff verified that they did not notify other staff about the issue with the falls prevention device.

Sources: Resident's clinical records, falls video and interview with a staff.

WRITTEN NOTIFICATION: When reassessment, revision is required

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
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 has failed to ensure that a resident was reassessed and their plan of care related to a specific intervention was reviewed and revised when the resident’s care needs changed. A resident fell multiple times within a certain timeframe. The Falls Lead identified that the resident mostly fell while attempting a certain activity and that the resident required a revision to their plan of care. Falls Lead verified that this intervention should have been reviewed and updated.

Sources: Resident's clinical records and Interview with the Falls Lead.

WRITTEN NOTIFICATION: Complaints procedure — licensee

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)
Complaints procedure — licensee
s. 26 (1) Every licensee of a long-term care home shall,
(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee has failed to ensure that a written complaint sent to the home concerning the care of a resident was immediately forwarded to the Director. Director of Care (DOC) verified that this information was not reported to the Director.

Sources: Written complaint, Complaints Management Program (ON), and Interview with the DOC.

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40
Transferring and positioning techniques
s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that staff used safe transferring and positioning techniques when assisting a resident following fall incidents on multiple dates. Video footage of these fall incidents revealed that staff transferred the resident inappropriately. The staff verified that they did not follow home's transfer policy and used improper techniques while transferring this resident.

Sources: Video footage, Transferring a Resident Policy, and interviews multiple staff.

WRITTEN NOTIFICATION: Dealing with complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (1) 2.
Dealing with complaints
s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.

The licensee has failed to ensure that for a complaint that could not be resolved within 10 business days, that they provided the complainant with an expected date of resolution and a follow-up response. A written complaint was submitted to the home concerning the care of a resident. An interview with DOC and a review of the written complaint confirmed that this compliant was not resolved and an expected date of resolution and a follow-up response was not provided to the complainant within 10 business days.

Sources: Written complaint, Complaints Management Program (ON), and Interview with the DOC.

WRITTEN NOTIFICATION: Dealing with complaints

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.
Dealing with complaints
s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
3. The response provided to a person who made a complaint shall include,
i. the Ministry’s toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The licensee has failed to ensure that the written response provided to the complainant's written complaint concerning the care of a resident included the Ministry’s

toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010. The home's Complaints Management Policy indicated that this information must be included in the response letter. However, DOC verified that this information was not included in their response letter.

Sources: Written complaint, Complaints Management Program (ON), and Interview with the DOC.

WRITTEN NOTIFICATION: Administration of drugs

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (2)
Administration of drugs
s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee has failed to ensure that a medication was administered to a resident in accordance with the directions for use specified by the prescriber. A staff administered a medication to a resident in a form that was not prescribed. Progress notes showed the resident experienced an adverse effect after the administration of this medication. Associate Director of Care (ADOC) and Physician both noted that this medication should have been administered to the resident in it's dispensed state.

Sources: Resident's clinical records, Interview multiple staff.

WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 147 (1) (a)
Medication incidents and adverse drug reactions
s. 147 (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident, every adverse drug reaction, every use of glucagon, every incident of severe hypoglycemia and every incident of unresponsive hypoglycemia

involving a resident is,
(a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and

The licensee has failed to ensure that the medication incident involving a resident was documented, together with a record of the immediate actions taken to assess and maintain the resident's health. A staff administered a medication to a resident in a form that was not indicated. The resident experienced an adverse effect following this medication incident. The ADOC acknowledged that a medication incident report should have been completed for this incident.

Sources: Resident's clinical records, Medication Incident Reporting Policy and interview with ADOC.

COMPLIANCE ORDER CO #001 Required programs

NC #010 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
1) Provide all nursing staff (PSW, RPN & RN) working on a specified floor with education on the home's falls prevention and management program including the following topics: when to complete a falls risk assessment tool, what is considered a fall, post falls management Including information on when and how to complete a preliminary assessment and what is included in this assessment, when and how to move or transfer a resident post fall, what is included in the post fall assessment, when should the resident's care plan be reviewed and revised post fall and the person responsible for updating the care plan, and where the post-fall huddle and assessments are to be documented.
2) Create a sign-in sheet for the staff attending the above education session including the following information: date and time of the session, names of the staff who provided

the training, and name and role of the staff who attended the training.
3) Develop and complete a weekly audit to ensure adherence to the licensee's post fall management by nursing staff. The weekly audit will be completed for residents on the specified floor for a period of three consecutive weeks. Maintain a record of the audits including dates, shift times, the name of the person completing the audits, observations made, and content of on-the-spot education provided and/or other corrective actions taken where required.
4) Maintain a written record of the content requested above until the Ministry of Long-term Care has deemed the order complied.

Grounds

The licensee has failed to ensure that the falls prevention and management program was implemented in the home to reduce the incidence of falls and the risk of injury to a resident. In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to ensure that there was a Falls Prevention Management Program in place and that this program was complied with. Specifically, the resident was not to be moved before the completion of a preliminary assessment by the nurse. Furthermore, the nurse was to complete a post fall assessment after each fall.

A resident fell on multiple dates. Following these falls, the resident was transferred by the staff and prior to the nurse completing the preliminary assessment. This assessment would have helped to determine the presence of physical injury or discomfort, if emergency interventions were required, and to determine the safest transfer method. Furthermore, no post fall assessment was completed after one of the fall incidents. Video footage of the fall incidents showed that the resident exhibited signs of discomfort post fall and post-transfer. Multiple staff confirmed that the preliminary post fall assessment was not completed by the nurse. DOC and the Falls Lead both acknowledged that the staff did not follow the home's Falls Management Policy while managing these falls.

Physiotherapist acknowledged that the nurse had to complete a preliminary physical assessment to ensure resident was safe to be moved. Moving the resident prior to the assessment posed a risk of injury to the resident.

Sources: Resident's clinical records, Falls videos on multiple dates, Falls Prevention & Management Policy, Falls: Risk Factors & Related Interventions, and interviews with

multiple staff.

This order must be complied with by December 24, 2025

REVIEW/APPEAL 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, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.