

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

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| Report Issue Date: December 12, 2025 |
| Inspection Number: 2025-1429-0008 |
| Inspection Type: Critical Incident Follow up |
| Licensee: 2063414 Investment LP, by its general partner, 2063414 Ontario Limited |
| Long Term Care Home and City: Villa Santa Maria Community, Woodbridge |

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 4, 5 and 8-12, 2025.

The following Critical Incident System (CIS) intake(s) were inspected:

- Intake: #00158511/ CI #2945-000053-25 - related to care concerns of a resident.
- Intake: #00159293/ CI #2945-000055-25 - related to fall prevention and management program.
- Intake: #00160183/ CI #2945-000058-25 - related to fall prevention and management program.
- Intake: #00160944/ CI #2945-000059-25 - related to an injury sustained by an resident.

The following Follow-up intake(s) were inspected:

- Intake #00160647 - was a Follow-up on a Compliance Order (CO) related to Infection Prevention and Control.
- Intake: #00160648 - was a Follow-up on a CO related to Skin and Wound Care.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

- Order #002 from Inspection #2025-1429-0007 related to O. Reg. 246/22, s. 102 (9) (b)
- Order #001 from Inspection #2025-1429-0007 related to O. Reg. 246/22, s. 53 (1) 2.

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

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Skin and Wound Prevention and Management
Infection Prevention and Control
Prevention of Abuse and Neglect
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: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

(i) A resident sustained a fall with an injury and a review indicated that there was no documentation for the fall prevention interventions provided to the resident for a specific period of time.

On a specific date, a review of the home's electronic health record system showed that an entry was created to document the fall prevention interventions provided to the resident.

Sources: Resident's documentation survey report, support action and care plan; interviews with the Personal Support Worker (PSW), Registered Nurse (RN), Nurse Manager (NM), Assistant Director of Care (ADOC), and Director of Care (DOC).

(ii) A resident sustained a fall with an injury, and a review indicated that there was no documentation for the fall-prevention interventions provided to the resident for a specific period of time.

On a specific date, a review of the home's electronic health record system showed that

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an entry was created to document the fall prevention interventions provided to the resident.

Sources: Resident's documentation, survey report, and care plan; interviews with the PSW and DOCs.

Date Remedy Implemented: December 10, 2025

WRITTEN NOTIFICATION: Plan Of Care

NC #002 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.

(i) A resident's care plan required a specific level of assistance for their personal care. On a specific day, the required level of assistance was not provided to the resident.

Sources: Resident's care plan, Camera Review, Team Member Investigation Form for PSWs, and interviews with the DOC and ADOC.

(ii) A resident's care plan required a specific level of assistance for their personal care. On multiple days, the required level of assistance was not provided to the resident.

Sources: Resident's care plan; interviews with the DOC and PSWs.