



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

**Rapport d'inspection
prévue le Loi de 2007
les foyers de soins de
longue durée**

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de
longue durée**

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 15, 16, 2010	2010_109_8577_15Nov12 1956	Critical Incident Log # T1146
Licensee/Titulaire 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(s) Susan Squires - 109		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a Critical Incident inspection.</p> <p>During the course of the inspection, the inspector spoke with: Director of Resident Services, Assistant Executive Director, Social Worker, Unit Manager, Charge Nurse, Resident.</p> <p>During the course of the inspection, the inspector: Reviewed the health record, observed activities on the unit.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Falls Prevention Inspection Protocol</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken: 2 - WN</p>		



NON- COMPLIANCE / (Non-respectés)	
Definitions/Définitions WN – Written Notifications/Avis écrit VPC – Voluntary Plan of Correction/Plan de redressement volontaire DR – Director Referral/Régisseur envoyé CO – Compliance Order/Ordres de conformité WAO – Work and Activity Order/Ordres: travaux et activités	
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. Non-compliance with requirements under the <i>Long-Term Care Homes Act, 2007</i> (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.)	Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le <i>Loi de 2007 les foyers de soins de longue durée</i> à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.
WN # 1: The Licensee has failed to comply with; Charitable Institutions Act R.S.O. 1990, CHAPTER 9 s. 9.15 (a), (c) - An approved corporation maintaining and operating an approved charitable home for the aged shall ensure that, (a) the requirements of each resident of the home are assessed on an ongoing basis; (c) the plan of care is revised as necessary when the resident's requirements change;	
Findings: 1. A resident was not monitored for pain after a fall for pain for 12 days. 2. The home did not conduct a post fall assessment on a resident who had fallen and sustained fractures according to the homes policy 3. The home did not conduct a fall risk assessment on a resident who returned from hospital with complex fractures for 3 weeks after returning to the home.	
Inspector ID #:	109
WN # 2: The Licensee has failed to comply with; Charitable Institutions Act R.S.O. 1990, CHAPTER 9 s. 9.15(e) - An approved corporation maintaining and operating an approved charitable home for the aged shall ensure that, (e) the care outlined in the plan of care is provided to the resident. 1993, c. 2, s. 6; 1996, c. 2, s. 61 (2).	
Findings: 1. A resident at risk of falls was not provided with safety interventions as outlined in the plan of care.	
Inspector ID #:	109
Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Title:	Date:
Date of Report: (if different from date(s) of inspection).	

