

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

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 29, 2021	2021_846665_0003	004220-21, 009843-21	Complaint

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**Licensee/Titulaire de permis**

Villa Colombo Homes for the Aged Inc.  
40 Playfair Avenue Toronto ON M6B 2P9

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**Long-Term Care Home/Foyer de soins de longue durée**

Villa Colombo Homes for the Aged  
40 Playfair Avenue Toronto ON M6B 2P9

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

JOY IERACI (665)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): Off-site September 9, 2021; On-site: September 10, 14 - 17, 20 - 24, 27- 29, 2021; October 1 and 5, 2021.**

**The following intakes were completed in this complaint inspection:**

- Log #004220-21 was related to staffing and recreational activities;**
- Log #009843-21 was related to vision and falls.**

**NOTE: A Written Notification related to LTCHA, s. 6(4)b was identified in this inspection and has been issued in a concurrent inspection, #2021\_891649\_0018, dated October 29, 2021.**

**During the course of the inspection, the inspector(s) spoke with the Resident Services Director, Director of Nursing Care, Nurse Managers (NM), Registered Nurses (RN), Registered Practical Nurses (RPN), Recreation Aide (RA), Personal Support Workers (PSW) and Dietary Aide (DA).**

**During the course of the inspection, the inspector observed resident and staff interactions and reviewed clinical health records.**

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

**Falls Prevention**

**Personal Support Services**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management**

**Specifically failed to comply with the following:**

**s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).**

**Findings/Faits saillants :**

The licensee has failed to ensure that a post-fall assessment had been conducted for resident #047.

Resident #047 was assessed at high risk for falls with a history of falls. The resident had three falls in one month and a post-fall assessment was not completed on two of the falls.

Interviews with RPNs #119 and #150 and NM #116 verified that a post-fall assessment was to be completed after each fall. NM #116 confirmed that post-fall assessments were not completed.

Sources: Resident #047's Post-fall assessments, Fall Risk Assessments, interviews with RPNs #119 and #150, NM #116 and others.

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.***

**Issued on this 9th day of November, 2021**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**