

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:** March 17, 2026

**Inspection Number:** 2026-1429-0001

**Inspection Type:**

Complaint  
Critical Incident

**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 dates: February 25-27, 2026 and March 2-6, 9, 11-12, and 16-17, 2026.

The inspection occurred offsite on the following date: March 5, 2026.

The following intakes were inspected in this Critical Incident (CI) inspection:

-Intake #00164615/CI#2945-000068-25 and intake #00165812/CI#2945-000072-25 were related to fall prevention and management.

-Intake #00164873/CI#2945-000069-25 was related to unknown cause of an injury to a resident.

-Intake #00168718/CI#2945-000001-26 and CI#2945-000003-26 was related to a complaint alleging improper care.

The following intake was inspected in this complaint inspection:

-Intake #00169692 was related to concerns about resident care and services and skin and wound care.

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

Resident Care and Support Services  
Skin and Wound Prevention and Management  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**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

When an assistive device was used during a care activity, a resident reported pain to Personal Support Workers (PSWs), however they did not inform the nurse. The PSWs were required to communicate any changes in a resident's condition, as per the home's policy and as confirmed by the Associate Director of Care (ADOC).

**Sources:** A Critical Incident report, the resident's clinical record, the home's investigation record, policy on safe resident handling and an interview with the ADOC.

### WRITTEN NOTIFICATION: Plan of Care

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

**Non-compliance with: FLTCA, 2021, s. 6 (5)**

Plan of care

s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

When isolation precautions were implemented for a resident, their substitute decision maker (SDM) was not informed of the change to the resident's plan of care.

**Sources:** The resident's care record, the home's response letter to a complaint, interviews with an ADOC and the Director of Care (DOC).

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## WRITTEN NOTIFICATION: Plan of Care

NC #003 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.

A resident was at high risk for falls and required one-person limited assistance for oral care. A PSW left the resident unattended in the bathroom, without the required assistance. The resident fell and sustained an injury.

**Sources:** The resident's care plan, the home's investigation notes and an interview with an ADOC.

## WRITTEN NOTIFICATION: General Requirements

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

### Non-compliance with: O. Reg. 246/22, s. 34 (1) 2.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.

A resident's fall management intervention had specific directions for use based on their condition, however it was implemented in a way that was contrary to the care plan directions.

**Sources:** The home's investigation notes, the resident's clinical record, interviews with a PSW, an RPN and the DOC.

## WRITTEN NOTIFICATION: Required Programs

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NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**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 home's Falls Prevention and Management policy required that a resident not be mobilized or engage in weight-bearing activities if there is suspicion or evidence of injury.

A resident reported pain during a post-fall assessment, yet staff proceeded to transfer them which was not in accordance with the home's policy.

**Sources:** Video footage, the home's policy titled "Falls Prevention & Management", Physiotherapist assessment, the resident's progress note, and interviews with the DOC and ADOC.