

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: April 2, 2025

Inspection Number: 2025-1452-0003

Inspection Type:

Proactive Compliance Inspection

Licensee: Villa Colombo Seniors Centre (Vaughan) Inc.

Long Term Care Home and City: Villa Colombo Seniors Centre (Vaughan),
Vaughan

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 17-21, 24-28, 31, and April 1-2, 2025.

The following intake(s) were inspected:

- Intake: #00142167 - Proactive Compliance Inspection

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Quality Improvement
Residents' Rights and Choices
Pain Management

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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. 20 (b)

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(b) is on at all times;

The licensee has failed to ensure that a resident's call bell was working and on at all times.

A Personal Support Worker (PSW) was unable to activate a resident's call bell at the resident's bedside during the inspector's observation. Two PSWs confirmed the call bell was not working at the point of activation.

The resident's call bell was replaced immediately as per the Director of Care (DOC). On March 21, 2025, the inspector observed that staff were able to activate the resident's call bell and confirmed it was working.

Sources: Observation of the resident's room; and interview with the PSW and DOC.

Date Remedy Implemented: March 21, 2025

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NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 20 (d)

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(d) is available at each bed, toilet, bath and shower location used by residents;

The licensee has failed to ensure that a resident's call bell was available at their bedside.

The resident's call bell was not available for use during the inspector's observation. A PSW acknowledged that the resident's call bell was not at their bedside.

The resident's call bell was installed immediately as per the DOC. On March 26, 2025, the inspector observed that the call bell was available for use at the resident's bedside.

Sources: Observation of the resident's room; and interview with the DOC.

Date Remedy Implemented: March 26, 2025

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.

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:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who

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participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to ensure that a written record related to each evaluation under clause (3) (e) included the date that the summary of the changes were implemented for the home's evaluation of the skin and wound program from November 1, 2024.

The evaluation record of the skin and wound program was revised on March 27, 2025, to include the dates that the summary of changes were implemented by the DOC.

Sources: The home's skin and wound program evaluation; and interview with the DOC.

Date Remedy Implemented: March 27, 2025

WRITTEN NOTIFICATION: Plan of Care

NC #004 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.

The licensee has failed to ensure that the care set out in the plan of care was provided to two residents as specified in the plan.

1) A resident's care plan indicated that they required a dietary intervention at all meals. During a lunch time observation, staff did not provide the resident with the dietary intervention.

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Sources: Resident's clinical records; observation; interviews with Dietary Aide and Registered Dietitian.

2) A resident's plan of care indicated that they required a specific level of assistance for a specific activity of daily living (ADL). A PSW did not provide the correct level of assistance for the ADL for the resident.

Sources: Resident's plan of care; and interviews with PSW, Registered Practical Nurse (RPN) and Physiotherapist (PT).

WRITTEN NOTIFICATION: Plan of Care

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

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.

The licensee has failed to ensure that the provision of care set out in a resident's plan of care was documented.

A resident was ordered to receive a medication before a specific procedure. A specific record showed that a RPN signed that they administered the medication to the resident on two separate occasions. However, the RPN did not document on the resident's electronic medication record (eMAR) that the medication was administered to the resident.

Sources: Resident's clinical records; and interview with the RPN.

WRITTEN NOTIFICATION: Duty to Respond

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

Non-compliance with: FLTCA, 2021, s. 66 (3)

Powers of Family Council

s. 66 (3) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing.

The licensee has failed to ensure that when the Family Council had advised the licensee of concerns or recommendations the Council had about the operation of the home, that within 10 days of receiving the advice, the licensee responded to the Family Council in writing. During a Family Council meeting, there were concerns and recommendations about the operation of the home advised to the home in the meeting. The home did not respond to the Family Council in writing within 10 days of receiving the advice.

Sources: Family Council meeting minutes; and interviews with the Family Council President, and the Administrator.

WRITTEN NOTIFICATION: Duty of Licensee to Consult Councils

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 73

Duty of licensee to consult Councils

s. 73. A licensee has a duty to consult regularly with the Residents' Council, and with the Family Council, if any, and in any case shall consult with them at least every three months.

The licensee has failed to consult regularly with the Family Council at least every three months. During a seven month period, the home did not consult with the Family Council.

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Sources: Family Council meeting minutes; and interviews with the Family Council President, and the Administrator.

WRITTEN NOTIFICATION: Air Temperature

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (2) 1.

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.

The licensee has failed to ensure that the temperature was measured and documented in writing, in at least two resident bedrooms in different parts of the home, on multiple dates over three months.

Sources: The home's air temperature records; and interview with the Maintenance Manager.

WRITTEN NOTIFICATION: Air Temperature

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (2) 2.

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.

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The licensee has failed to ensure that the temperature was documented in writing, in one resident common area on every floor of the home, on multiple dates between three months.

Sources: The home's air temperature records; and interview with the Maintenance Manager.

WRITTEN NOTIFICATION: Air Temperature

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (3)

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that the temperatures required to be measured, in at least two resident bedrooms and in one resident common area on every floor of the home, was documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night, on multiple dates between over three months.

Sources: The home's air temperature records; and interview with the Maintenance Manager.

WRITTEN NOTIFICATION: Menu Planning

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (1) (f)

Menu planning

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s. 77 (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

(f) includes a choice of snacks in the afternoon and evening; and

The licensee has failed to ensure that the home's menu cycle included a choice of snacks in the afternoon and evening. The home's menu cycle for fall/winter 2024-2025 showed "lady finger" cookies for afternoon snack service with no other choice indicated. Residents on a home area were observed being offered lady finger cookies and no other choice of snack during the afternoon snack service.

Sources: The home's menu cycle for fall/winter 2024-2025; observation of afternoon snack service; and interviews with the PSW and Registered Dietitian.

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 3.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

3. The home's Medical Director.

The licensee has failed to ensure that the continuous quality improvement (CQI) committee was composed of the home's Medical Director.

Sources: CQI Committee meeting minutes; CQI Committee members list; and interview with the Administrator.

WRITTEN NOTIFICATION: Continuous Quality Improvement

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Committee

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 5.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

5. The home's registered dietitian.

The licensee has failed to ensure that the CQI committee was composed of the home's registered dietitian.

Sources: CQI Committee meeting minutes; CQI Committee members list; and interview with the Administrator.

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 6.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.

The licensee has failed to ensure that the CQI committee was composed of the home's pharmacy service provider, or a pharmacist from the pharmacy service provider.

Sources: CQI Committee meeting minutes; CQI Committee members list; and

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interview with the Administrator.

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 7.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

7. At least one employee of the licensee who is a member of the regular nursing staff of the home.

The licensee has failed to ensure that the CQI committee was composed of at least one employee of the licensee who was a member of the regular nursing staff of the home.

Sources: CQI Committee meeting minutes; CQI Committee members list; and interview with the Administrator.

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #016 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the

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qualification of personal support workers referred to in section 52.

The licensee has failed to ensure that the CQI committee was composed of at least one employee of the licensee who was hired as a PSW or provided personal support services at the home and met the qualification of PSWs referred to in section 52.

Sources: CQI Committee meeting minutes; CQI Committee members list; and interview with the Administrator.

WRITTEN NOTIFICATION: CMOH and MOH

NC #017 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 272

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee has failed to ensure that recommendations issued by the Chief Medical Officer of Health (CMOH) were followed in the home.

A resident was placed on additional precautions for an illness. A PSW entered the resident's room to deliver their lunch tray wearing a surgical mask. The PSW assisted the resident to sit up at the bedside, applied their clothing protector and provided them the tray table for their lunch. The PSW did not wear the appropriate personal protective equipment (PPE) as per the signage posted on the resident's door, which included, eye protection, gloves and gown.

Sources: Observation; review of Recommendations for Outbreak Prevention and

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Control in Institutions and Congregate Living Settings, effective: February 2025; and
interview with Infection Prevention and Control (IPAC) Lead.