

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: February 25, 2026

Inspection Number: 2026-1452-0001

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 dates: February 10-13, 17, 19-20, 23-25, 2026

The inspection occurred offsite on the following date: February 18, 2026

The following intake was inspected:
Intake: #00169840 - Proactive Compliance Inspection

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

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

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 (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) During a dining observation, a resident was offered less fluids than specified in their plan of care.

Sources: Observation; and resident's plan of care.

ii) During a dining observation, a resident was provided a food item in a texture that was not indicated in their diet order.

Sources: Observation; resident's plan of care; and interview with a Dietary Aide.

iii) A resident was not provided with the required level of assistance with dressing as per their plan of care.

Sources: Resident's health records and interview with a Personal Support Worker (PSW) and a Registered Practical Nurse (RPN).

iv) Pain assessments were not completed for a resident at the frequency required in the resident's plan of care.

Sources: Resident's health records and interview with a Director of Care (DOC).

WRITTEN NOTIFICATION: Safe and Secure Home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

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s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

1) The door of the Linen room on a home area was open during an observation. The Maintenance Manager confirmed that the door should have been kept locked.

Sources: Observations and interview with the Maintenance Manager.

2) The door of the Chute room on a home area was open during an observation. An RPN confirmed that the door should have been kept locked.

Sources: Observations and interview with an RPN.

WRITTEN NOTIFICATION: Air Temperature

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The home had air temperature measurements between 21.0 to 21.7 degrees Celsius in multiple areas of the home on multiple dates.

Sources: Air temperature logs; and interview with the Maintenance Manager.

WRITTEN NOTIFICATION: Air Temperature

NC #004 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.

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Air temperatures were not measured and documented for resident rooms in at least two different parts of the home on multiple dates.

Sources: Air temperature logs, home's floor plan; and interview with the Maintenance Manager.

WRITTEN NOTIFICATION: Air Temperature

NC #005 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.

Air temperatures were not measured on every floor of the home on multiple dates.

Sources: Air temperature logs; and interview with the Maintenance Manager.

WRITTEN NOTIFICATION: Required Programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.

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:

2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.

The home's skin and wound care policy indicated when documenting an assessment of skin breakdown, staff are required to document data related to the characteristics of the wound. In an interview with a Registered Nurse (RN), they confirmed multiple assessments of a resident's pressure injury were missing this information.

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Sources: Resident's clinical records; Policy: Skin Integrity program overview (LTC); and interview with a RN.

WRITTEN NOTIFICATION: Skin and Wound Care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

Five weekly skin and wound assessments were missed for a resident's pressure injury.

Sources: Resident's clinical records; and interviews with an Associate Director of Care (ADOC) and a RN.

WRITTEN NOTIFICATION: Dining and Snack Service

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

9. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

During a dining observation, a PSW stirred two meal items with a modified texture together and fed to the resident. The Registered Dietitian (RD) confirmed the PSW should have provided feeding assistance with one food item at a time and their technique had affected the appearance of the resident's food when food items were stirred together.

Sources: Observation; and interview with the RD.

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WRITTEN NOTIFICATION: Maintenance Services

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

Non-compliance with: O. Reg. 246/22, s. 96 (1) (a)

Maintenance services

s. 96 (1) As part of the organized program of maintenance services under clause 19 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

Maintenance services in the home were not available seven days per week as required. Through review of maintenance care logs and an interview with Maintenance Manager, it was confirmed that maintenance personnel are scheduled to be on-site exclusively during regular business hours, specifically Monday through Friday.

Sources: Interview with the Maintenance Manager; and review of maintenances care log.

WRITTEN NOTIFICATION: Infection Prevention And Control Program

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

i) A PSW did not don the required personal protective equipment while providing assistance to a resident on additional precautions.

Sources: Observation, resident's clinical records and interview with the PSW.

ii) During an observation, there was no signage posted throughout the home, listing the signs and symptoms of infectious diseases for self-monitoring, as well as the steps that

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must be taken if an infectious disease was suspected or confirmed in any individual.

Sources: Observation and interview with the IPAC Lead.

WRITTEN NOTIFICATION: Medication Management System

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

Non-compliance with: O. Reg. 246/22, s. 123 (2)

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

During an observation, staff did not comply with the home's policy directing them to sign the appropriate monitoring count form in addition to the Medication Administration Record (MAR) when administering narcotics and controlled medications.

Sources: Observation; Policy: Medication Administration and Documentation (Policy Number: 5.6); and interview with an RPN.

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 (3) 3.

Continuous quality improvement committee

s. 166 (3) Every continuous quality improvement committee has the following responsibilities:

3. To coordinate and support the implementation of the continuous quality improvement initiative, including but not limited to, preparation of the report on the continuous quality improvement initiative.

The home conducted a quarterly Continuous Quality Improvement (CQI) meeting in April 2025, and did not meet again until January 2026. A DOC confirmed two CQI meetings were missed between May to December 2025.

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Sources: The home's policy "CQI Committee Terms of Reference (LTC)" (last revised April 2025), CQI committee meeting minutes; and interview with a DOC.

COMPLIANCE ORDER CO #001 Air Temperature

NC #013 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

1. Review the home's current air temperature measurement and documentation process and maintain a record of any documents that were reviewed, identified gaps and areas of improvement.
2. Re-train all staff that measure air temperatures in the home (maintenance, nursing, and any others that are identified by the home) on topics including: the home's processes on measuring air temperatures, required timing, required locations, documentation, and corrective actions if temperatures are outside the legislative requirements.
3. Maintain a record of the training; including who attended the training, date and time, who conducted the training, and topics covered in the training.
4. Conduct weekly audits of the air temperature records for four weeks to ensure air temperatures have been measured and documented for at least two resident bedrooms in different parts of the home, one resident common area on every floor of the home, and documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m., and once every evening or night.
5. Maintain a record of the audits; including which home area was audited, who conducted the audit, date and time, results of each audit, and actions taken in response to the audit.

Grounds

The home's air temperature records were reviewed for the periods between August 25

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to September 3, 2025, and between January 21 to February 12, 2026.

A minimum of three sets of temperature measurements were required daily, and during the reviewed time period, there were more than 40 missing sets of temperature measurements.

There was increased the risk of discomfort and harm to the residents when the indicated temperature measurements and documentation were not completed by the home.

Sources: Air temperature logs, home's policy "Maintaining ambient air temperature" (last approved June 2025); and interviews with Maintenance Manager and Administrator.

This order must be complied with by May 15, 2026

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.