Public Report

Report Issue Date: January 19, 2026
Inspection Number: 2026-1514-0001
Inspection Type:
Proactive Compliance Inspection

Licensee: Villa Colombo Homes for the Aged Inc.
Long Term Care Home and City: Villa Colombo Homes for the Aged, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 7, 8, 9, 12, 13, 14, 15, 16, 19, 2026.
The inspection occurred offsite on the following date(s): January 15, 2026.

The following intake(s) were inspected:

- Intake: #00167008 - 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
Housekeeping, Laundry and Maintenance Services
Residents' and Family Councils
Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Residents' Rights and Choices

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: FLTCA, 2021, s. 6 (10) (b)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

On an identified date, a resident received an order for altered skin integrity. On a different date, a new order commenced to replace the previous order. However, the previous order was not discontinued until three months later.

Sources: Resident's clinical records.

Date Remedy Implemented: January 12, 2026

WRITTEN NOTIFICATION: Plan of care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (4) (b)
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,
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

A resident who was at high nutritional risk did not receive a food item ordered by the Registered Dietitian (RD) during their meal activity. A Food Service Worker (FSW) did not provide the food item, and did not collaborate with staff regarding the change.

Sources: Observations of the resident and the resident's clinical health care records.

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) On two identified dates, a resident did not receive treatments for skin integrity as per their plan of care.

Sources: Resident's clinical health record.

b) On an identified date, a different resident did not receive treatment for their skin integrity as per their plan of care.

Sources: Resident's clinical health records.

WRITTEN NOTIFICATION: Duty of licensee to consult Councils

NC #004 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 did not consult regularly with the Family Council at least every three months in 2024 and 2025.

Sources: Review of Family Council meeting minutes; Interview of Family Council Chair and Family Relations Lead.

WRITTEN NOTIFICATION: Medication management system

NC #005 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.

A Registered Practical Nurse (RPN) pre-signed the narcotic count record book prior to administering a resident their medication.

Sources: Medication observation and the resident's electronic health records.

WRITTEN NOTIFICATION: Air Temperature

NC #006 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.

Review of the home's air temperature logs for the period of January through December 2025, revealed that no temperatures were being recorded in one resident common area on every floor of the home, once every evening or night.

Sources: Air temperature logs.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #007 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).

A PSW provided care to at least three residents on droplet-contact precautions without doffing their mask or face shield in-between providing care for the residents.

Sources: IPAC observations.

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 9.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
9. One member of the home's Residents' Council.

The home's continuous quality improvement (CQI) committee did not include a member of the home's Residents' Council.

Sources: Interview with the Director of Resident Services.

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 10.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
10. One member of the home's Family Council, if any.

The home's continuous quality improvement (CQI) committee did not include a member of the home's Family Council.

Sources: Interview with the Director of Resident Services.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. i.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:

5. A written record of,
i. the date the survey required under section 43 of the Act was taken during the fiscal year,

The home's CQI Summary report for March 2025/2026 did not contain a written record of the date the survey required under section 43 of the Act was taken during the fiscal year.

Sources: Review of CQI Report for March 2025/2026.

WRITTEN NOTIFICATION: Resident records

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 274 (a)
Resident records
s. 274. Every licensee of a long-term care home shall ensure that,
(a) a written record is created and maintained for each resident of the home; and

a) The home did not maintain a resident's health records for an assessment.

Sources: Resident's clinical health records.

b) The home did not maintain a different resident's health records for an assessment.

Sources: Resident's clinical health records.