Ontario

**Inspection Report Under the**
**Fixing Long-Term Care Act, 2021**

**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 17, 2026

**Inspection Number:** 2026-1514-0002

**Inspection Type:**
Complaint
Critical Incident
Follow up

**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 30, 2026 and February 2-6, 9-13, 17, 2026

The inspection occurred offsite on the following date(s): February 13, 2026

The following intake(s) were inspected in the Critical Incident System (CIS) Inspection:

Intake: #00164113 - Critical Incident (CI) #3020-000172-25, Intake: #00164118 - CI #3020-000169-25 - related to injury of unknown cause of a resident

Intake: #00164877 - CI #3020-000176-25 - related to a fall resulting in injury of a resident

Intake: #00165217 - CI #3020-000182-25, Intake: #00165682 - CI #3020-000187-25, Intake: #00166671 - CI #3020-000190-25 - related to allegations of abuse of a resident

The following intake(s) were inspected in the Follow-Up Inspection:

Intake: #00164144 - related to a previously issued Compliance Order for Plan of Care

Intake: #00164145 - related to a previously issued Compliance Order for Infection Prevention and Control Program

The following intake(s) were inspected in the Complaint Inspection:

Intake: #00166716 - Complaint related to allegations of abuse of a resident

Intake: #00161847 - Complaint related to multiple concerns related to the care of a resident

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2025-1514-0007 related to FLTCA, 2021, s. 6 (4) (b)
Order #002 from Inspection #2025-1514-0007 related to O. Reg. 246/22, s. 102 (8)

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

Resident Care and Support Services
Continence Care
Medication Management
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours
Falls Prevention and Management

# 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

A resident had a fall and sustained an injury. The resident's care needs changed and the home implemented a new intervention, which was not documented in their care plan.

**Sources:** A resident's clinical record, interviews with the home's management and staff.

Date Remedy Implemented: February 3, 2026

## WRITTEN NOTIFICATION: Duty to Protect

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: FLTCA, 2021, s. 24 (1)**
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

Section 2 of the Ontario Regulation 246/22 defines physical abuse as "the use of physical force by anyone other than a resident that causes physical injury or pain."

A resident used physical force towards another resident, causing them to sustain a physical injury that required further treatment.

**Sources**: Review of residents' clinical records, and home's investigation notes; Interview of a resident and multiple staff.

## WRITTEN NOTIFICATION: Continence Care and Bowel Management

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 56 (2) (c)**
Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,
(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

A resident required continence care and called for assistance multiple times. A staff responded to the resident but did not provide assistance with continence care.

**Sources:** Interviews with a resident and staff; review of a resident's clinical records and the home's investigation notes.

## WRITTEN NOTIFICATION: Responsive Behaviours

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)**
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(b) strategies are developed and implemented to respond to these behaviours, where possible; and

A resident had a history of a responsive behaviour. The resident was not provided with the care as specified in their plan of care related to the provision of care at a specified frequency to respond to their behaviour.

**Sources:** Review of a resident's clinical record and home's investigation notes; interviews with multiple staff.

## WRITTEN NOTIFICATION: Housekeeping

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 93 (2) (a) (ii)**
Housekeeping
s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(a) cleaning of the home, including,
(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

A resident's washroom was not cleaned daily when stains were observed on the walls for three days.

**Sources**: Observations, home's policy related to housekeeping, interview with home's management.

## COMPLIANCE ORDER CO #001 Medication management system

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
**Non-compliance with: O. Reg. 246/22, s. 123 (1)**
Medication management system
s. 123 (1) Every licensee of a long-term care home shall develop an interdisciplinary medication management system that provides safe medication management and optimizes effective drug therapy outcomes for residents.

**The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with [FLTCA, 2021, s. 155 (1) (b)]:**
The plan must include but is not limited to:
1) A system to audit the medication administration for a resident in accordance with the prescriber's instructions.

2) A communication process for any changes to a resident's physician orders and alerts to registered staff.

3) Documentation of any errors in administration of a resident's medications and any near misses, along with analysis of contributing factors for the error/near miss and corrective actions taken (if any).

This plan shall be implemented by the compliance due date: March 30, 2026.

Please submit the written plan for achieving compliance for inspection #2026-1514-0002 to MLTC, by March 3, 2026.
Please ensure that the submitted written plan does not contain any PI/PHI.

**Grounds**

a. i) A resident's medication order had specified parameters for the amount to was to be administered. A nursing student did not confirm with the resident's Electronic Medication Administration Record (eMAR) to ensure the administration of the correct dose. Failure of the staff to ensure that the correct dose was administered in accordance with the physician's directions placed the resident at risk of receiving the incorrect dose of medication.

a. ii) A registered staff did not review a resident's eMAR and administered a medication that was incorrectly discontinued by another staff.

a. iii) A registered staff did not confirm the dose of a medication with the current eMAR and administered the medication to the resident. Failure of the staff to ensure that the correct dose was administered in accordance with the physician's directions placed the resident at risk of receiving the incorrect dose of medication.

a. iv) A resident's medication order had specified parameters for the amount to was to be administered. A registered staff did not confirm with the resident's eMAR to ensure they were administering the medication according to the specified parameters prior to administration. The SDM of the resident discovered the medication and informed staff. Failure of the staff to ensure that the medication was administered in accordance with the physician's directions placed the resident at risk of receiving the incorrect dose of medication.

b. i) A resident was not administered the correct dose of a medication as per the prescriber’s orders on two different dates. The home did not create a medication incident report (MIR) in response to the two incidents. Failure to create a MIR hinders the home’s ability to analyze, monitor, and implement interventions to prevent recurrence of medication incidents.

c. i) A registered staff provided medications to the resident’s SDM; however, the registered staff did not reconcile with the resident's current eMAR to ensure accuracy and gave the incorrect dose of a medication. The SDM notified staff and staff corrected the dose. Failure of the staff to ensure that the medication dose was correct in accordance with the physician's directions placed the resident at risk of receiving the

incorrect dose of medication.

**Sources**: A resident's clinical record, the home's investigation notes, medication incident reports, observations, the home's policies on Medication Management, Medication Incident and Reporting, Leave of Absence Medications, and interviews with the home's staff and management.

**This order must be complied with by** March 30, 2026

## 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

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
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

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.