

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: November 27, 2025

Inspection Number: 2025-1452-0007

Inspection Type:

Complaint
Critical Incident
Follow up

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): November 6-7, 10, 12-14, 17-21, 24-27, 2025.

The following intake was complied:

-Intake #00159339-Follow-up#1 was related to food production.

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

-Intakes #00155791-CI #2969-000111-25 and #00158419-CI #2969-000125-25 were related to prevention of abuse and neglect.

-Intakes #00157356-CI #2969-000120-25 and #00158728-CI #2969-000127-25 were related to fall prevention and management.

-Intake #00161081-CI #2969-000132-25 was related to continence and bowel management, prevention of abuse and neglect, and fall prevention and management.

The following intakes were inspected in this Complaint inspection:

-Intakes #00159147, #00161445, and #00162135 were related to prevention of abuse and neglect.

The following intake was completed in this Critical Incident (CI) inspection:

-Intake #00162130-CI #2969-000137-25 was related to prevention of abuse and neglect.

Previously Issued Compliance Order(s)

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The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2025-1452-0006 related to O. Reg. 246/22, s. 78 (3) (b)

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

- Resident Care and Support Services
- Food, Nutrition and Hydration
- Prevention of Abuse and Neglect
- 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 where they sustained an injury, and that their plan of care did not reflect their current care needs which was subsequently updated.

Sources: Observations made on specific dates, a resident's clinical records, interviews with Personal Support Workers (PSW).

Date Remedy Implemented: On a specified date.

WRITTEN NOTIFICATION: Plan of care

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NC #002 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

On a specified date, a Registered Practical Nurse (RPN) did not collaborate with a physician when they identified that a resident had pain and had refused initial interventions.

Sources: A resident's clinical records, interview with a Assistant Director of Care (ADOC), and Video Footage.

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.

i) On a specified date, PSWs did not follow a resident's plan of care for how they should be dressed.

Sources: A resident's plan of care, interview with a PSW, and Video Footage.

ii) A PSW did not comply with a resident's specific fall prevention intervention, as specified in their care plan.

Sources: A resident's clinical records, video footages, and interview with a ADOC.

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (8)

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Plan of care

s. 6 (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

On a specified date, a resident did not receive a specific intervention from a PSW. The PSW was not aware of the intervention since it was not added to Point of Care (POC), where they have access to the resident's plan of care.

Sources: A resident's clinical records, Home's investigation notes, interviews with a PSW and a ADOC.

WRITTEN NOTIFICATION: Duty to protect

NC #005 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.

A resident's care plan indicated that when they exhibited responsive behaviours, staff were required to implement specific interventions. On a specified date A PSW acknowledged that the resident exhibited signs of pain and responsive behaviours during care, however they proceeded to provide the care, ignoring the resident's discomfort and responsive behaviour interventions.

Sources: A resident's plan of care, interviews with a PSW and other staff, and video footage.

WRITTEN NOTIFICATION: Transferring and positioning techniques

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

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe

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transferring and positioning devices or techniques when assisting residents.

A resident experienced an unwitnessed fall where a PSW re-positioned them without a post-fall assessment from a nurse, as per the home's policy.

Sources: Home's investigation notes, Lift Policy, a resident's clinical record, interviews with a PSW and other staff.

WRITTEN NOTIFICATION: Communication methods

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

Non-compliance with: O. Reg. 246/22, s. 47

Communication methods

s. 47. Every licensee of a long-term care home shall ensure that strategies are developed and implemented to meet the needs of residents with compromised communication and verbalization skills, of residents with cognitive impairment and of residents who cannot communicate in the language or languages used in the home.

Interventions developed to support a resident who mainly communicated in their ethnic language were not implemented to meet the resident's needs.

Sources: A resident's clinical records, observation made on a specified date, video footage, and interview with a ADOC.

WRITTEN NOTIFICATION: Falls prevention and management

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

A resident's fall prevention equipment was not functional when they experienced a fall on a specified date.

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Sources: Home's Investigation Notes, interviews with a RPN and other staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #009 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 was observed not sanitizing their hands when removing their soiled gloves and prior to putting on clean gloves while providing care to a resident.

Sources: Video footage, interview with a PSW, and IPAC standard for Long-Term Care Homes.