

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: January 22, 2026

Inspection Number: 2025-1452-0008

Inspection Type:

Complaint
Critical Incident

Licensee: Villa Colombo Seniors Centre (Vaughan) Inc.

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

INSPECTION SUMMARY

From January 6-9, 12-16, 19-20 and January 22, 2026 the inspection was conducted onsite, with January 15-16, 2026 conducted off-site.

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

- Intake #00163506/CI #2969-000147-25 and Intake #00163537/CI #2969-000149-25 were related to fall prevention and management;
- Intake #00164183/CI #2969-000156-25 and Intake #00163537/CI #2969-000149-25 were related to medication management;
- Intake #00163969/CI #2969-000153-25 and Intake #00164878/CI #2969-000162-25 were related to an outbreak of infectious disease; and
- Intake #00163671/CI #2969-000150-25 and CI #2969-000151-25, Intake #00164174/CI #2969-000154-25 and CI #2969-000155-25, Intake #00166840/CI #2969-000003- 26 and CI #2969-000002-26, Intake #00166840/CI #2969-000003- 26 and CI #2969-000002-26 and Intake #00161587/CI #2969-000133-25 were related to duty to protect.

The following intakes were completed during this Complaint Inspection:

- Intake #00163648 was related to fall prevention and management; and
- Intake #00165897 was related to hot water in the home.

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

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Resident Care and Support Services
Skin and Wound Prevention and Management
Housekeeping, Laundry and Maintenance Services
Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Pain Management
Falls Prevention and Management

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 (5)

Plan of care

s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

A Personal Support Worker reported a resident's pain and skin condition to a Registered Practical Nurse (RPN). The Substitute Decision Maker (SDM) was not informed about this change in the resident's condition.

Additionally, a physician ordered an intervention related to the resident's condition, however the SDM was not informed.

Sources: Resident's plan of care, the home's investigation record, and interview with the Associate Director of Care (ADOC).

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

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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 7 of the Ontario Regulation 246/22 defines neglect as “the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.”

A resident experienced neglect in the care of their skin condition.

Following the discovery of the resident's new skin condition and pain concern, the required assessments were not completed as per the home's policies over a period of time. Further more, staff did not collaborate in the assessment and treatment of the resident, and there were delays in providing interventions ordered by the physician.

The home's investigation substantiated neglect, which was acknowledged by ADOC.

Sources: Resident's plan of care, the home's Zero Tolerance to Resident Abuse and Neglect, the home's investigation record, and interview with the ADOC.

WRITTEN NOTIFICATION: Transferring and Positioning Techniques

NC #003 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 transferring and positioning devices or techniques when assisting residents.

A resident was unsafely positioned while being provided care in bed. The resident's written plan of care indicated that staff were to use a specific technique when turning and repositioning them and the PSWs did not use this technique.

Sources: Resident's clinical record, video footage from the resident's cameras, interviews with the PSWs, a RPN, a Physiotherapist (PT), and the Director of Care (DOC).

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WRITTEN NOTIFICATION: Communication Methods

NC #004 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.

A resident requested assistance and a RPN did not attempt to use the communication means (language cards or staff who spoke the resident's primary language) in order to understand what the resident requested, as indicated in their plan of care.

On another day, PSWs were with the resident, and they did not attempt to use the available communication means to understand what the resident was asking for.

Sources: Resident's clinical record, video footage from resident's cameras, interviews with PSWs, an RPN, and the DOC.

WRITTEN NOTIFICATION: Required Programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

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:

4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

The home's "Pain Management, LTC" policy required that a comprehensive pain assessment tool be completed when a resident exhibits a change in health status.

A resident had a fall, and sustained injuries. After the fall, a pain assessment was ordered. A RPN and the DOC acknowledged that the resident exhibited a change in health status post-fall and the required pain assessment was not completed as per the home's policy.

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Sources: Review of resident's clinical records; the home's policy titled "Pain Management, LTC", 17440600, revised July 2025; interviews with a RPN, and the DOC.

WRITTEN NOTIFICATION: Skin and Wound Program

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

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

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,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The home's Skin Integrity Program Overview policy indicated that the staff are required to document size in centimeters including the length, width and depth of skin integrity in their assessments.

A resident had an untreated skin condition that increased in size. The weekly skin and wound assessments were completed over a specific time period, however the size of the resident's skin condition was not measured and documented consistently.

Sources: A resident's skin and wound assessments and progress notes, Skin Integrity Program Overview (LTC Policy #18964653, last approved September 2025), and interview with ADOC (Skin and Wound Program Lead).

WRITTEN NOTIFICATION: Administration of Drugs

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

Non-compliance with: O. Reg. 246/22, s. 140 (1)

Administration of drugs

s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246/22, s. 140 (1).

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A RPN administered an unprescribed medication to a resident on a specified date.

Sources: Resident's clinical record, the home's investigation notes, and interview with the DOC.

WRITTEN NOTIFICATION: Training and Orientation

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

Non-compliance with: O. Reg. 246/22, s. 261 (2) 1.

Additional training — direct care staff

s. 261 (2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 82 (7) of the Act based on the following:

1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 82 (7) of the Act.

A review of the education records indicated that two RPNs did not receive the annual education of the home's skin and wound program in 2025.

Sources: Education records (2025) and interview with the ADOC (Skin and Wound Program Lead).