Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Toronto Service Area Office

55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Telephone: 416-325-9297
1-866-311-8002

Facsimile: 416-327-4486

Ministère de la Santé et des Soins de longue durée

Ontario

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité
Bureau régional de services de Toronto

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JAN 0 6 2011

Mr. Fernando A. Scopa
Executive Director
Villa Colombo
40 Playfair Avenue
Toronto ON M6B 2P9

Dear Mr. Scopa:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted **November 15, 16, 2010** under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Toronto Service Area Office, Performance Improvement and Compliance Branch.

Sincerely,

a. Marcello

for Susan Squires
LTC Homes Inspector

Ontario

Inspection Report under the *Long-Term Care Homes Act, 2007*

Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 15, 16, 2010	2010_109_8577_15Nov12 1956	Critical Incident Log # T1146

Licensee/Titulaire
Villa Colombo Homes for the Aged Inc.
40 Playfair Avenue,
Toronto, ON
M6B 2P9

Long-Term Care Home/Foyer de soins de longue durée

Villa Colombo Homes for the Aged Inc.
40 Playfair Avenue,
Toronto, ON
M6B 2P9

Name of Inspector(s)/Nom de l'inspecteur(s)

Susan Squires - 109

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector spoke with: Director of Resident Services, Assistant Executive Director, Social Worker, Unit Manager, Charge Nurse, Resident.

During the course of the inspection, the inspector: Reviewed the health record, observed activities on the unit.

The following Inspection Protocols were used in part or in whole during this inspection:
Falls Prevention Inspection Protocol

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

2 - WN

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)	Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN # 1: The Licensee has failed to comply with; Charitable Institutions Act R.S.0. 1990, CHAPTER 9 s. 9.15 (a), (c) - An approved corporation maintaining and operating an approved charitable home for the aged shall ensure that,

(a) the requirements of each resident of the home are assessed on an ongoing basis;

(c) the plan of care is revised as necessary when the resident's requirements change;

Findings:

1. A resident was not monitored for pain after a fall for pain for 12 days.
2. The home did not conduct a post fall assessment on a resident who had fallen and sustained fractures according to the homes policy
3. The home did not conduct a fall risk assessment on a resident who returned from hospital with complex fractures for 3 weeks after returning to the home.

Inspector ID #:	109

WN # 2: The Licensee has failed to comply with; **Charitable Institutions Act R.S.0. 1990, CHAPTER 9 s. 9.15(e) - An approved corporation maintaining and operating an approved charitable home for the aged shall ensure that,**

(e) the care outlined in the plan of care is provided to the resident. 1993, c. 2, s. 6; 1996, c. 2, s. 61 (2).

Findings:

1. A resident at risk of falls was not provided with safety interventions as outlined in the plan of care.

Inspector ID #:	109

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	**Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.**
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection).