



**Ministry of Health and  
Long-Term Care**

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

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**  
**Division des foyers de soins de  
longue durée**  
**Inspection de soins de longue durée**

Toronto Service Area Office  
5700 Yonge Street 5th Floor  
TORONTO ON M2M 4K5  
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**Ministère de la Santé et des  
Soins de longue durée**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

Bureau régional de services de  
Toronto  
5700 rue Yonge 5e étage  
TORONTO ON M2M 4K5  
Téléphone: (416) 325-9660  
Télécopieur: (416) 327-4486

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 20, 2017	2017_687607_0018	023445-17	Resident Quality Inspection

**Licensee/Titulaire de permis**

HELLENIC CARE FOR SENIORS (TORONTO) INC  
33 WINONA DRIVE TORONTO ON M6G 3Z7

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

HELLENIC CARE FOR SENIORS (TORONTO) INC.  
215 TYRREL AVENUE TORONTO ON M6G 4A9

**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

JULIET MANDERSON-GRAY (607), PATRICIA MATA (571)

**Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Resident Quality Inspection.**

**This inspection was conducted on the following date(s): October 16, 17, 18, 19 and 20, 2017**

**During this Resident Quality Inspection, the following intakes were reviewed and inspected: Log's # 024045-16 and 025931-16.**

**Summary of the Intakes:**

- 1) #024045-16: Complaint related to end of life care.**
- 2) #025931-16: Critical Incident Report, regarding an incident that caused an injury to a resident for which the resident was taken to hospital.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Program Manager, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), families, President of the Resident Council and residents.**

**During the course of the inspection a tour of the home was conducted. The following items were reviewed: clinical health records, medication incident reports and home specific policies. The inspectors also observed staff to resident interactions, medication administration and infection control practices.**

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

**Continence Care and Bowel Management**

**Dignity, Choice and Privacy**

**Falls Prevention**

**Family Council**

**Hospitalization and Change in Condition**

**Infection Prevention and Control**

**Medication**

**Residents' Council**



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**During the course of this inspection, Non-Compliances were not issued.**

**0 WN(s)  
0 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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).  The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD).  Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.



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**Issued on this 20th day of October, 2017**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**