

**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:** June 4, 2025

**Inspection Number:** 2025-1288-0003

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Hellenic Care for Seniors (Toronto) Inc.

**Long Term Care Home and City:** Hellenic Care for Seniors (Toronto), Toronto

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 26 - 30, 2025 and June 2 - 4, 2025

The following intake(s) were inspected:

- Intake: #00146509 - Proactive Compliance Inspection (PCI)

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

Resident Care and Support Services  
Skin and Wound Prevention and Management  
Medication Management  
Food, Nutrition and Hydration  
Residents' and Family Councils  
Safe and Secure Home  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Staffing, Training and Care Standards  
Quality Improvement  
Residents' Rights and Choices  
Pain Management

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## 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 (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.

The licensee failed to ensure that a resident was provided with meal courses as required by their written plan of care.

**Sources:** Observations, resident's health records, and interview with a staff member.

### WRITTEN NOTIFICATION: Communication and response system

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 20 (b)**

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,  
(b) is on at all times;

The licensee has failed to ensure that the home's resident to staff communication and response system was on during an observation. The inspector observed that a

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resident's call bell cord was not working.

**Sources:** Observation inside a resident room Interview with staff members.

**COMPLIANCE ORDER CO #001 Safe storage of drugs**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)**

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,  
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

**The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 138 (1) (b) [FLTCA, 2021, s. 155 (1) (b)]:**

The plan must include but is not limited to:

- a). Educate all registered staff who administer medications to residents on commonly prescribed narcotic/controlled medications that are required to be stored in a separate locked area within the medication cart.
- b). A process in which registered staff are to undertake if they notice a narcotic/controlled medication delivered to the home from the pharmacy cannot be stored in a separate locked area within the medication cart and to educate all the registered staff on this process.
- c). A system to conduct regular audits to ensure narcotic/controlled medications delivered to the home from the pharmacy are stored in a separate locked area within the locked medication cart.

The plan should include identified staff roles and responsibilities and target dates for the implementation of the above process.

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Please submit the written plan for achieving compliance for inspection #2025-1288-0003 by email to [torontodistrict.mlhc@ontario.ca](mailto:torontodistrict.mlhc@ontario.ca) by June 18, 2025.

Please ensure that the submitted written plan does not contain any PI/PHI.

**Grounds**

The licensee has failed to ensure that controlled substances were stored in a separate locked area within the locked medication cart.

The inspector observed a resident's medication which was a controlled medication was packaged with other non-controlled medications and not stored in a separate, locked area within the locked medication cart. The home's policy indicated a controlled/narcotic medication should be counted and stored in the narcotic drug bin inside the medication cart. The home's pharmacy policy indicates that the observed drug types should be handled the same way as standard narcotic and controlled drugs.

The Pharmacist stated that the observed type of drugs were regularly scheduled for residents in the home were not sent to be stored separately in the home's narcotic bin inside the medication cart. A staff member stated they had identified two other residents received same type of drugs and had it stored outside of the separate narcotic bin and acknowledged that these medications should have been stored in the separate locked area within the locked medication cart.

Failure to ensure that the controlled substances were stored in a separate locked area within the locked medication cart may result in diversion of these drugs.

**Sources:** The home's policies; Observations and Interviews with staff members.

**This order must be complied with by** July 16, 2025

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## 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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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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, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

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**Director**

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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](http://www.hsarb.on.ca).