



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

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

**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**

**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  
Telephone: (416) 325-9660  
Facsimile: (416) 327-4486

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 rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 29, 2016	2016_420643_0010	031889-16	Resident Quality Inspection

---

**Licensee/Titulaire de permis**

HELLENIC HOME FOR THE AGED INC.  
33 WINONA DRIVE TORONTO ON M6G 3Z7

---

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

HELLENIC HOME - SCARBOROUGH  
2411 LAWRENCE AVENUE EAST SCARBOROUGH ON M1P 4X1

---

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

ADAM DICKEY (643), STELLA NG (507)

---

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

---



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

**Ministère de la Santé et des  
Soins de longue durée**

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

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

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

**This inspection was conducted on the following date(s): November 14, 15, 16, 17, 18, 21, and 22, 2016.**

**The following complaint was inspected concurrently with the Resident Quality Inspection: #003683-15 related to bed refusal.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Nurse (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Clinical Care Coordinator, Programs Coordinator, Programs Manager, Environmental Services Manager (ESM), District Manager of Support Services Provider, Residents, Substitute Decision Makers, and Resident Council Representative.**

**The following Inspection Protocols were used during this inspection:**  
**Contenance Care and Bowel Management**  
**Dignity, Choice and Privacy**  
**Infection Prevention and Control**  
**Medication**  
**Minimizing of Restraining**  
**Prevention of Abuse, Neglect and Retaliation**  
**Residents' Council**

**During the course of this inspection, Non-Compliances were issued.**

**3 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
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**



**Findings/Faits saillants :**

The licensee has failed to ensure that the home's policy required by O.Reg. 79/10, s.114. (2) is complied with.

On an identified date, the inspector and RPN #115 observed three bottles of identified medications which were past the labeled expiry date in the medication cart on an identified unit.

Review of the home's "Audit-Medication Storage and Insulin" policy (index #:3.3, last reviewed 2015) indicated that one of the audit criteria of the medication storage policy was to ensure that no expired medications were in the medication cart.

Review of the Monthly Treatment and Medication Audit record for the identified unit for the prior month revealed the medication cart on the identified unit was audited according to the audit criteria. The audit for the above mentioned month also revealed there were no expired medications identified in the medication cart.

Interviews with RPN #115 and and RN #110 revealed registered staff are required to audit the medication cart according to the audit criteria every month and submitted the completed audit form to the DOC. Interviews with RN #110 and DOC confirmed that expired medications should be removed from the medication cart.

---

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**

**Specifically failed to comply with the following:**

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
  - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
  - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

**Findings/Faits saillants :**

The licensee has failed to ensure that the home is maintained in a safe condition and in a good state of repair.

On an identified date, during the initial tour of the home, the inspector observed seven areas with missing tiles from the dining room floor on an identified unit. Among the seven areas, three of them had an uneven surface.

Observations by the inspector eight days later on the same identified unit revealed the above mentioned areas with missing floor tiles remained in the same condition.

Interviews with the District Manager of a Support Services Provider and the Environmental Services Manager (ESM) revealed that the home was aware of the missing floor tiles in the dining room on the identified unit and was planning to replace the whole floor. They further revealed that the home had not done any permanent or temporary repair to the uneven surfaces caused by the missing floor tiles. The District Manager confirmed that the home has failed to ensure that the dining room floor on the identified unit was maintained in a safe condition and in a good state of repair.

---

**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home**

**Specifically failed to comply with the following:**

- s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,**
- (a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).**
  - (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).**
  - (c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).**



**Findings/Faits saillants :**

The licensee has failed to approve an applicant's admission to the home under LCTHA, 2007, S.O., c. 8, s. 44. (7). of the Long-Term Care Homes Act, 2007.

As outlined in LCTHA, 2007, S.O., c. 8, s. 44. (7), the licensee shall approve the applicant's admission to the home unless the home lacks the physical facilities necessary to meet the applicant's care requirements; the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or circumstances exist which are provided for in the regulations as being a ground for withholding approval.

Ministry of Health and Long-Term Care (MOHLTC) received a complaint from an identified placement agency regarding rejection of an application for admission to Long-Term Care for an identified applicant. The rejection letter submitted by the home failed to meet the requirements of this provision.

Record review of three rejection letters sent to the identified placement agency over a four-month period, revealed the identified applicant's application for admission to long-term care was denied by the home. The applicant was noted to have identified responsive behaviours, and was at risk for falls. The letters stated that the applicant's care needs exceeded the care resources and capacities of the home.

An Interview with the Director of Care (DOC) of the home on an identified date, revealed that the home had a falls prevention program in place at the time of the rejection of the identified applicant's application. The DOC further stated the home had a responsive behaviours program and a secure unit of the home for residents with exit seeking behaviours. DOC stated that the staff of the home were trained in the areas of falls prevention and management as well as responsive behaviours of residents. DOC stated he/she was aware of the availability of one to one supervision through the High Intensity Needs Fund provided by the MOHLTC and had utilized this resource in the past.

In an interview with the DOC on the following day, he/she stated that the nursing staff of the home possessed the expertise to care for residents at risk for falls, as well as residents exhibiting responsive behaviours such as wandering, and resistance to care. The DOC stated that the quality of the expertise of the nursing staff of the home was sufficient to provide care to the applicant. The DOC stated the quantity of nursing staff resources to supervise the applicant was insufficient to ensure the safety of the resident.



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

**Ministère de la Santé et des  
Soins de longue durée**

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

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

Based on this information the home has failed to demonstrate that the home had a valid reason to reject this application due to lack of nursing expertise.

---

**Issued on this 16th day of December, 2016**

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

**Original report signed by the inspector.**