



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

Long-Term Care Homes Division  
 Long-Term Care Inspections Branch

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

Division des foyers de soins de longue durée  
 Inspection de soins de longue durée

# Order(s) of the Director

under the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
<b>Name of Director:</b>	Wendy Lewis
<b>Order Type:</b>	<input type="checkbox"/> Amend or Impose Conditions on Licence Order, section 104 <input type="checkbox"/> Renovation of Municipal Home Order, section 135 <input checked="" type="checkbox"/> Compliance Order, section 153 <input type="checkbox"/> Work and Activity Order, section 154 <input type="checkbox"/> Return of Funding Order, section 155 <input type="checkbox"/> Mandatory Management Order, section 156 <input type="checkbox"/> Revocation of Licence Order, section 157 <input type="checkbox"/> Interim Manager Order, section 157
<b>Intake Log # of original inspection (if applicable):</b>	023174-17
<b>Original Inspection #:</b>	2017_632502_0018
<b>Licensee:</b>	Hellenic Home for the Aged Inc. 33 Winona Drive, Toronto, ON, M6G 3Z7
<b>LTC Home:</b>	Hellenic Homes – Scarborough 2411 Lawrence Avenue East, Scarborough, ON, M1P 4X1
<b>Name of Administrator:</b>	Poli Pergantis

<b>Background:</b>	
<p>Ministry of Health and Long-term Care (MOHLTC) Inspectors #502 and #535 conducted an inspection of Hellenic Home – Scarborough on November 3, 6, 7,8, 9 and 10, 2017 (2017_632502_0018). The inspection was a Resident Quality Inspection (RQI) at which time two intake logs were also inspected concurrently. (Complaint # 024793-15, #026458-17)</p> <p>During the inspection, Inspectors #502 and #535 found that the Licensee, <b>Hellenic Home for the Aged Inc. (Hellenic Home – Scarborough or the Licensee)</b> failed to comply with certain provisions (as identified below) of the <i>Long-Term Care Homes Act, 2007 (LTCHA)</i> and issued Compliance Order #001.</p> <p>The licensee submitted a request for a Director’s Review of the Inspector’s Order in accordance with s. 163(1) of the LTCHA. As a result of that review, this Order is substituted by the Director for the Order originally issued by the Inspector.</p>	



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

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

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

Division des foyers de soins de longue durée  
Inspection de soins de longue durée

**Order: #001**

#001 – Hellenic Home for the Aged Inc.

To Hellenic Home for the Aged Inc. you are hereby required to comply with the following order(s) by the date(s) set out below:

**Pursuant to:**

LTCHA*t*, 2007:

**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;
- (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or
- (c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44 (7).

**s. 44(9)** If the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out,

- (a) the ground or grounds on which the licensee is withholding approval;
- (b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care;
- (c) an explanation of how the supporting facts justify the decision to withhold approval; and
- (d) contact information for the Director. 2007, c. 8, s. 44 (9).

**Order:**

1. The licensee shall cease the practice of withholding an applicant's approval unless:
  - (a) the home lacks the physical facilities necessary to meet the applicant's care requirements;
  - (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or
  - (c) circumstances exist which are provided for in the regulations as being a ground for withholding

approval. 2007, c. 8, s. 44 (7).

2. The licensee shall immediately contact the placement coordinator at the appropriate LHIN to request the most recent assessments for applicants #006, #010, #011 and #012 if they are still choosing Hellenic Home - Scarborough.
3. The licensee shall accept applicant #006, #010, #011 and #012 unless as specified by this legislation.
4. Should the licensee withhold approval, the licensee must meet the requirements of s.44(9) of the *LTCHA* and provide:
  - (a) the ground or grounds on which the licensee is withholding approval;
  - (b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care;
  - (c) an explanation of how the supporting facts justify the decision to withhold approval; and,
  - (d) contact information for the Director. 2007, c. 8, s. 44 (9).

**The Order must be complied with by:** February 15, 2018.

#### **Grounds:**

The licensee has failed to comply with s. 44(7) of the *LTCHA* whereby the licensee refused the applications for Applicants #006, #010, #011 and #012 for reasons other than provided for in the *LTCHA*. In addition, the licensee's response to the applicants failed to contain all of the required elements of s. 44(9).

1. This inspection was initiated related to complaints received by the Ministry of Health and Long Term Care (MOHLTC) relating to intakes #024793-15 and # 026458-17 as they related to applications for admission to the home being refused by the licensee.

Record review of the involved applicants' files indicated:

Applicant #006 applied for admission to the home. In March 2017, the home responded in writing to the substitute decision maker and stated "*the home lacks the physical facilities to meet the applicant's care requirements and that our staff lacks the nursing expertise necessary to meet the applicant's care requirements.*" It also states, "*This application has been reviewed. We cannot accept this applicant because they refuse treatments and interventions as evidenced by their refusal to use walking aids, even though their gait is unsteady and they are at high risk for falls.*"

In October 2017, the home responded in writing to the substitute decision maker regarding an application received for respite care and stated "*the home lacks the physical facilities to meet the applicant's care requirements and that our staff lacks the nursing expertise necessary to meet the applicant's care*

*requirements.” It also states, “Applicant requires a secure unit due to the documented wandering and inability to recognize when he/she leaves the environment. We do not have a respite bed in the secure unit. Tier 1 rejection Lack of Facilities Necessary for care.”*

The Personal Health Profile for the applicant dated October 19, 2017. Under the section titled Behaviour Patterns it states that the applicant wanders daily through the home but not actively exit seeking and does not go to the front door and therefore does not attempt to open the door. There is a potential for physical aggression related to hitting out during care because of comprehension issues and may hit out at PSWs or push their hands away during personal care however frequency has decreased. Interventions are to assess mood prior to care, use a slow approach and re-approach as needed. During an interview, placement coordinator for the LHIN for Applicant #006 stated that the applicant did not require a secured unit, as they had not been identified as an exit seeker. The placement coordinator further stated that applicant #006 had been attending a day program at another long-term care home and there had not been a concern related to exit seeking. She confirmed that both applications for admission for the short and long-term care bed had been rejected by Hellenic Home.

During an interview with the Social Worker (BSO Co-Lead) on November 10, 2017 they indicated that they had a Wanderguard System in place in the Home.

During an interview with the DOC, ADOC, Social Worker and Administrator on November 30, 2017 the Inspector asked them what the Home would require to have the expertise need to accept these types of Applicants. The response was *“It is difficult to say, but our team is unanimous that we cannot care for him/her.”*

Review of the letter of rejection from Hellenic Home dated October 2017, to Applicant #010 identified that the home rejected Applicant #010's application for admission to a long-term care bed. The letter stated, *“the home lacks the physical facilities to meet the applicant’s care requirements and that our staff lacks the nursing expertise necessary to meet the applicant’s care requirements.”* It further states, *“We cannot accept this applicant due to history of physically aggressive behaviours such as grabbing, attempting to throw things and pushing their spouse down to the floor.”*

The Behavioural Assessment Tool and Minimum Data Set (MDS) assessment dated October 2017, identified that Applicant #010 had moderate cognitive impairment with consistently poor or unsafe daily decision making; that Applicant #010 exhibited verbally abusive behaviour, in that they had one to two episodes of swearing and cursing in their native language when confused and disoriented in 2016. Family members were able to calm the applicant down at that time and the applicant listened to their son/daughter. The assessment indicated that this behaviour had not been present since 2016 when medication was initiated. Furthermore, the assessment indicated that the applicant did not display behaviours related to wandering, hoarding or rummaging, or agitated behaviour.

Review of the letter of rejection from Hellenic Home dated October 2017, to Applicant #011 revealed that the home rejected Applicant #011's application for admission to a long-term care bed. The letter stated *“the home lacks the physical facilities to meet the applicant’s care requirements and that our staff lacks the nursing expertise necessary to meet the applicant’s care requirements.”* It further states *“We cannot accept this applicant due to behaviours of physically intrusive, inappropriate sexual behaviour such as*

*tapping younger people on the buttocks, hugging and kissing visitors which put the applicant at risk for safety. We cannot ensure the safety of this applicant whose behaviours will trigger aggressive responsive behaviours in the other residents.”*

The Behavioural Assessment Tool dated August 2017 for Applicant #011 indicated that the applicant has some hoarding/rummaging behaviour, but does not go through other resident's belongings. The applicant can become agitated if not able to direct personal care, and interventions include approach/re-approach, and including them in decision making regarding care. There is no evidence of wandering, verbal or physical aggression, or suspicious behaviour. In fact, the applicant is described as pleasant and sociable. They are described as affectionate and like joking however due to advanced dementia and disinhibition they may joke with those they don't know. The assessment indicates that they are easily redirected and others are encouraged not to laugh with the applicant when are joking inappropriately.

In November 2017, a complaint was submitted to the Ministry of Health and Long-Term care (MOHLTC) related to a letter of rejection for admission in the home. The complainant reported that in July 2017 Applicant #012 was matched with a bed at Hellenic Home – Scarborough. The resident was not accepted by the Home, despite having been on the waiting list since January 2016.

Review of the letters of rejection for admission identified that the application was rejected on three occasions and each letter contained the following statement, *“the home lacks the physical facilities to meet the applicant's care requirements and that our staff lacks the nursing expertise necessary to meet the applicant's care requirements.”*

- July 2017, the home rejected the application for admission stating that the home lacks the physical facilities and the nursing expertise due to applicant's behaviour of verbal and physical aggression, hitting and slapping other applicants, which will trigger responsive behaviour from other applicants,
- August 2017, the home rejected the application for admission stating that the home lacks nursing expertise and physical facilities due to applicant's physical aggressive behaviour of slapping other applicants and staff, verbally aggressive behaviour, resisting care, agitation with staff and other applicants, and
- September 2017, the home rejected the application for admission due to the applicant's aggressive behaviours when provoked by others and when prevented from exiting.

In July 2017, a behavioural assessment tool was completed by the Local Health Integration Network (LHIN). Review of the assessment revealed that Applicant #012 exhibited responsive behaviours that included exit seeking, and that they became agitated and attempted to hit and slap other applicants when they were prevented from exiting. Further review of the behavioural assessment tool revealed in July 2017 a note was added to indicate that redirecting Applicant #012 was challenging due to language barrier, as Greek was Applicant #012's language of communication, and staff inability to thoroughly address the applicant's concerns in their native language.

The MDS assessment completed in February 2016 states that the applicant is minimally cognitively impaired. Applicant #012 does not have any wandering behaviours and is independent with activities of daily living. There is a risk of falls and they have shown signs of sadness since their spouse passed away.

During an interview the Social Worker they stated that that there is a behavioural support program in place that has an interdisciplinary approach and includes nursing staff, MD, social worker, activities staff, POP (Psychiatric Outreach Program) team from Scarborough Grace Hospital, as well as nurse and a Psychiatrist who come once a month. Furthermore, the Social Worker, who is also the BSO Co-Lead indicated that the Home has four behaviour training coaches in the home that provide support and training to direct care staff as needed. They also have additional resources available to the Home include a Psychogeriatric Resource Consultant (PRC). He also confirmed that the staff had all received training in behaviour management. Specifically, that some registered nursing staff had completed physical health, intellectual capacity and behaviour, emotional health, spiritual, capability (function), environment, social cultural life story (PIECES), that every direct care staff had completed GPA, (Gentle Persuasive Approaches in Dementia Care), that there are four staff who have been trained as coaches to train other staff, some staff have completed U-first, Montessori training, and Validation Techniques.

During an interview with the DOC she told the Inspector that the main reason the home had rejected Applicant #012's application due to his/her unpredictable behaviour, hitting slapping, other applicants. The DOC further stated that the home's program was designed for responsive behaviours that are triggered, with a mandate to protect other applicants in the home and stated that the home lacks expertise to prevent Applicant #012 from hitting or slapping other residents.

2. The letters sent to the applicants identified in the inspection report, whose admissions were refused noted the following:

- Each letter identified that the home lacked the necessary nursing expertise and lacked the physical facilities necessary to meet the applicants' care requirements.
- The letter to Applicants #010, #011 and #012 did not identify how the physical facilities of the Home could not meet the care requirements of these applicants as required by the LTCHA.
- None of the letters contained an explanation of how the supporting facts justify the decision to withhold approval, or contact information for the Director as required by the LTCHA.

The application of factors taken into account under section 299(1) of Ontario Regulation 79/10, requires a Compliance Order to be issued. The severity of the issues related to the refusal of applicants could pose a risk of potential harm and have a negative impact on the applicants' quality of care and quality of life; scope is widespread in that there are multiple applicants whose applications to Hellenic Home - Scarborough were refused for reasons other than those which are provided for in the LTCHA. The Licensee has a previous compliance history relating to this specific provision.



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

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

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

Division des foyers de soins de longue durée  
Inspection de soins de longue durée

<b>This order must be complied with by:</b>	February 15, 2018
---	-------------------

**REVIEW/APEAL INFORMATION**

TAKE NOTICE:

The Licensee has the right to appeal this Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with this Order, mail or deliver a written notice of appeal to both:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON  
M5S 2T5

and the

**Director**

c/o Appeals Clerk  
Long-Term Care Inspections Branch  
347 Preston Street, 4<sup>th</sup> Floor, Suite 420  
Ottawa ON K1S 3J4  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca)

Issued on this 1st day of February, 2018	
Signature of Director:	
Name of Director:	<b>Wendy Lewis</b>



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

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

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

Division des foyers de soins de longue durée  
Inspection de soins de longue durée

Version date: July 27, 2016