



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 prévue
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

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5700 Yonge Street 5th Floor
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Amended Public Copy/Copie modifiée du public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Mar 07, 2019	2018_759502_0016 (A1) (Appeal\Dir#: DR# 112)	004032-18	Other

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

Amended by PHILIP MOORMAN (Director) - (A1)(Appeal\Dir#: DR# 112)

Amended Inspection Summary/Résumé de l'inspection modifié



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**NOTE: This report has been revised to reflect a decision of the Director on a review of the Inspector's order(s): CO#001.
The Director's review was completed on March 07, 2019.
Order(s) was/were rescinded and substituted with a Director Order to reflect the Director's review DR# 112.
A copy of the Director Order is attached.**

Issued on this 7 th day of March, 2019 (A1)(Appeal\Dir#: DR# 112)

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

Original report signed by the inspector.



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2411 Lawrence Avenue East SCARBOROUGH ON M1P 4X1

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

Amended by PHILIP MOORMAN (Director) - (A1)(Appeal/Dir# DR# 112)

Amended Inspection Summary/Résumé de l'inspection



**Ministry of Health and
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The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): September 21, 24, 25, 26, 2018, and off-site on November 1 and December 6, 2018.

This inspection was a follow-up to a Director's Order issued by Wendy Lewis on February 1, 2018, as part of a Director Review, and the licensee has failed to come into compliance.

Intake log #026366-18, related to application for admission to the home was inspected concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Acting Director of Care, Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Administrative Assistant, Central East Local Health Integration Network (CE LHIN) placement coordinators.

During the course of this inspection, the inspector observed staff and resident interactions, review residents' health records, application for admission to the home, behaviour program policy, and relevant policies and procedures.

**The following Inspection Protocols were used during this inspection:
Admission and Discharge**



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

- 1 WN(s)
- 0 VPC(s)
- 2 CO(s)
- 0 DR(s)
- 0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)	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.)
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: 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).

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; 2007, c. 8, s. 44. (9).

(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; 2007, c. 8, s. 44. (9).

(c) an explanation of how the supporting facts justify the decision to withhold approval; and 2007, c. 8, s. 44. (9).

(d) contact information for the Director. 2007, c. 8, s. 44. (9).

Findings/Faits saillants :

1. On an identified date in 2018, a Director Order (DO) #001 from inspection #2017_632502_0018 was issued based on the licensee's non-compliance with LTCHA s. 44(7) and s. 44(9). The Licensee was ordered to:

1. 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 applicants 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. To accept applicant #006, #010, #011 and #012 unless as specified by this legislation.

4. 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). The compliance due date was February 15, 2018.

In this current inspection (2018_759502_0016), it was determined that the licensee failed to complete steps 1- 3 of the Director's Order as it applied to residents #006, #011 and #012 and as such, failed to comply with s. 44(7) of the LTCHA by failing to ensure that the home approved an 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.

During the inspection, a review of the status of the applications for applicants #006, #011 and #012 revealed the following:

A) On an identified date in 2018, the home withheld applicant #006's admission for a short-stay bed in the home. The reasons for withholding approval were outlined in the home's written notice sent on the same day in 2018, by the Administrator to applicant #006. The assessments and information provided by Central East LHIN indicated that the applicant displayed a first set of identified responsive behaviours. Based on this, the home concluded that the home lacked the nursing expertise necessary to meet the applicant's care requirements.



Further, the home indicated that applicant #006 displayed a second set of identified responsive behaviours which required applicant #006 to reside in a specified care area. However, the home indicated that the short stay accommodation could not be located on the specified care area of the home and therefore, the home lacked the physical facilities to meet the applicant's care requirements.

During separate interviews with PSWs #108 and #111, they indicated that if a resident displays the second set of responsive behaviours, they implement specified interventions and call for assistance and inform the charge nurse.

During an interview with RPN #100, they indicated that when a resident exhibits the second set of identified responsive behaviours they implement specified interventions, de-escalate the behaviour, complete identified assessments, and the staff would initiate a behaviour tracking form for an identified period and refer them to the BSO. If a resident displays the first set of responsive behaviours, they apply an identified device, place a yellow band at the door, and close the exit door so the resident does not go outside the unit. The RPN further stated a big sign with the resident's name would be placed outside the resident's room, the resident would be provided specific care frequently, and they would involve the resident's family by calling them to speak to the resident over the phone.

During an interview, RPN #102 indicated that prior to being moved to the identified care area, the respite (short stay) bed was originally on another identified care area, which was secured with a lock mechanism at the door, but was not identified as the home's specified care area.

In an interview, the Administrator stated that the respite (short stay) bed was previously located on the specified care area. The Administrator also indicated that based on an applicant's care needs, the respite bed could be moved anywhere in the home, except the home's specified care area.

Based on the Administrator's comments and observations of inspector, the identified care area, was secured with a locking mechanism that could prevent applicant #006 from exhibiting their identified behaviour if they were admitted to the home. Therefore, Hellenic Home – Scarborough did have the physical facilities necessary to meet applicant #006's care requirements.



In an interview with the Administrator, they indicated to the inspector that 100 per cent of the direct care staff had completed a specified training to manage responsive behaviours. The Administrator described the identified training as basic behaviour management, in response to a clear and defined trigger.

The inspector reviewed the home's evaluation for the behaviour program and noted that the home did not identify any other additional training needs for direct care staff.

From interviews conducted and record reviews completed, the inspector concluded that the behaviour program at Hellenic Home – Scarborough has the appropriate nursing expertise necessary to meet applicant #006's care requirements. Further to this, the home has the physical facilities because all care units are secured with a locking mechanism at the door and a code to prevent a resident from exiting the unit. The home also has the ability to move the short stay respite bed to any vacant room to accommodate the applicant's care requirements.

However, applicant #006 withdrew their name from the waiting list at Hellenic Home - Scarborough, on an identified date as they were admitted to another home.

B) Applicant #011 has been on the wait-list since an identified date in 2017. The applicant was rejected in October 2017. A Director Order was issued following a Director review of the inspector's order, related to this rejection on an identified date in February 2018. On an identified date in August 2018, applicant #011 re-applied for admission to the home and the placement coordinator provided the applicant's most recent assessment completed the same month, to the home. On an identified date in September 2018, the home requested applicant #011's current behavioural assessment from the CE LHIN as they believed that the assessment related to the re-application reflected many inconsistencies. However, the home did not provide any detail of these inconsistencies that it found. A follow-up correspondence with the Administrator on December 6, 2018, indicated the status of applicant #011's application was undecided pending the information requested.

The inspector reviewed applicant #011's assessment completed on an identified date in dated August 2018. The inspector noted from the assessment that the applicant was severely impaired, had short-term and situational memory



problems. Further review of the assessment indicated the applicant exhibits identified responsive behaviours. The assessment provided interventions that included redirecting the applicant and keeping them calm.

In an interview with the inspector, the Administrator stated that 100 per cent of direct care staff had completed a specified training as an intervention to manage responsive behaviours.

From interviews conducted and record reviews completed, the inspector concluded that the behaviour program at Hellenic Home - Scarborough has the nursing staff with the expertise necessary to meet applicant #011's care requirements.

C) Applicant #012 has been on the wait-list since an identified date in February 2016. The applicant was rejected on identified dates in July 2017, August 2017, and September 2017. A Director Order was issued following a Director review of the inspector's order, related to this rejection on an identified date in February 2018. On an identified date in July 2018, applicant #012 re-applied for admission to the home.

On an identified date in September 2018, a complaint was submitted to the Ministry of Health and Long-Term Care (MOHLTC) related to applicant #012's admission being withheld by the home. The complainant reported that applicant #012 was matched with a bed at Hellenic Home - Scarborough. The applicant was not accepted by the Home, despite having been on the waiting list since an identified date in February 2016.

On an identified date in September 2018, the home withheld the application for admission to the home for applicant #012. The reasons for withholding the approval for admission outlined in the written notice sent on an identified date in September 2018, by the Administrator to the applicant, indicated that the assessment and information provided by CE LHIN revealed that the applicant exhibited identified responsive behaviours. The written notice also referenced the assessment that stated that the applicant required intense intervention totaling two hours or more over a 24-hour period related to ineffective coping. Therefore the home cited that staff at the home lacked the nursing expertise necessary to meet the applicant's care requirements.

The inspector reviewed the assessment and information provided by CE LHIN



and noted that applicant #012 exhibited responsive behaviours as mentioned above. The assessment identified interventions to manage the applicant's behaviour.

In separate interviews, PSWs #108, #111 and RPN #100 indicated that they had received the specified training mentioned above, and when a resident exhibits responsive behaviour, they use the strategies from the specified training as per their training.

In an interview, the Administrator (ADOC was present) indicated that the home had recently received additional funding and they intend to use the funding to improve the knowledge of staff in GPA, and completed Physical health, Intellectual capacity and behaviour, Emotional health, Spiritual capability (function), Environment, Social cultural life story (P.I.E.C.E.S).

The Administrator stated that in 2017, 100 per cent of the direct care staff at Hellenic Home - Scarborough had been trained on specified training as an intervention to manage responsive behaviours, and that specified training's methodology and interventions on which the staff are trained are basic and employed to diffuse and de-escalate behavioural expressions in response to a clear and defined trigger.

The Administrator also stated that the safety of the residents and staff at Hellenic Home - Scarborough was their number one priority, and applicant #012's behaviours cannot be managed there. They also stated that they did not feel that their staff can manage the behaviour identified on the above mentioned applications.

The inspector reviewed the home's behaviour management program evaluation for 2016 and 2017 and noted that the home did not identify any other additional training needs for direct care staff to manage residents with responsive behaviours.

From interviews conducted, record reviews completed, and observations made, the inspector identified that applicant #012's responsive behaviours can be managed in the home for the following reasons:

- The applicant exhibits identified responsive behaviours.

These behaviours can be managed at Hellenic Home - Scarborough. The home has a specified care area and other care areas in the home have a locking



mechanism that if applied, they will prevent applicant #012 from displaying their behaviour.

- The applicant also exhibits another set of responsive behaviours. These behaviours can be managed at Hellenic Home - Scarborough. The Administrator indicated that 100 per cent of the staff in the home have been trained on specified training. The staff in the home told the inspector that they used gentle persuasive approach that are being used to address the applicant's behaviours in their current placement.

Although applicant #012 currently resides in another long-term care home, the applicant has expressed their personal preference to reside at Hellenic Home - Scarborough due to the comfort of the cultural background of the facility.

In addition, the evaluation of the home's behaviour program had not identified a lack of nursing expertise. The home recently received additional funding for their behaviour program. Therefore, the inspector has concluded that the home's behaviour management program at Hellenic Home - Scarborough provides the nursing staff with the appropriate nursing expertise necessary to meet the applicant #012's care requirements. [s. 44. (7)]

2. In withholding approval for admission to the home, the Licensee did not provide notice with the particulars required pursuant to s. 44(9) of the LTCHA.

On February 1, 2018, a Director Order (DO) #001 from inspection #2017_632502_0018 was issued based on the licensee's non-compliance with LTCHA s. 44(7) and s. 44(9). The Licensee was ordered to:

1. 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 applicants 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. To accept applicant #006, #010, #011 and #012 unless as specified by this legislation.

4. 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). The compliance due date was February 15, 2018.

In this current inspection (2018_759502_0016), it was determined that the licensee failed to complete step 4 of the Director Order as it applied to residents #015, #016, #017, #018 and #019 and as such, failed to comply with s. 44(9) of the LTCHA by failing to provide notice with the particulars required pursuant to s. 44(9) of the LTCHA when they withheld approval for admission to the home.

A review of the home's records from an identified period in 2018 indicated that, the Licensee withheld approval for admission to eight applicants. The written notices issued to applicants #011, #012, and #020 set out the particulars required pursuant to s. 44. (9) of the LTCHA. Five written notices were sent to the following applicants:

- The written notice sent to applicant #015 on an identified date in February 2018, indicated the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements and the home cannot accept the applicant due to documented unmanaged specified responsive behaviours, even with Behaviour Support Ontario (BSO). The written notice did not provide a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care, and an explanation of how the supporting facts justify the decision to withhold approval.

- The written notice sent to applicant #016 on an identified date in February 2018, indicated the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements as they cannot accept the applicant who displays unmanaged specified responsive behaviours, which will put them and current



home residents' safety at risk. The written notice did not provide a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care, and an explanation of how the supporting facts justify the decision to withhold approval.

- The written notice sent to applicant #017 on an identified date in February 2018, indicated the home lack the physical facilities necessary to meet the applicant's care requirements as the home cannot accept the applicant who display specified responsive behaviours. The written notice did not provide a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care, and an explanation of how the supporting facts justify the decision to withhold approval.

- The written notice sent to applicant #018 on an identified date in May 2018, indicated the home lack the physical facilities necessary to meet the applicant's care requirements as the home cannot accept the applicant who uses identified equipment as a physical restraint. Hellenic Home-Scarborough does not employ physical restraint. The written notice did not provide a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care, and an explanation of how the supporting facts justify the decision to withhold approval.

- The written notice sent to applicant #019 on an identified date in September 2018 indicated that they lack the physical facilities necessary to meet the applicant's care requirements as the home cannot accept the applicant because the applicant's behavioural assessment indicated that the applicant uses the identified equipment to prevent them from displaying their specified responsive behaviour. This type of intervention was not employed at Hellenic Home - Scarborough. The written notice did not provide a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care, and an explanation of how the supporting facts justify the decision to withhold approval.

These five written notices sent to applicants #015, #016, #017, #018, and #019 did not set out the required details contained in s. 44. (9)(b)(c) of the Act .

When asked if the written notices mentioned above set out the required details contained in s. 44. (9)(b)(c) of the Act, the Administrator referred the inspector to the home's legal team. [s. 44. (9)]



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Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A1)(Appeal/Dir# DR# 112)

The following order(s) have been rescinded: CO# 001

Issued on this 7 th day of March, 2019 (A1)(Appeal/Dir# DR# 112)

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

Original report signed by the inspector.



Ministry of Health and
Long-Term Care

Ministère de la Santé et des
Soins de longue durée

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*,
L. O. 2007, chap. 8

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

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**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by PHILIP MOORMAN (Director) - (A1)
(Appeal/Dir# DR# 112)

**Inspection No. /
No de l'inspection :** 2018_759502_0016 (A1)(Appeal/Dir# DR# 112)

**Appeal/Dir# /
Appel/Dir#:** DR# 112 (A1)

**Log No. /
No de registre :** 004032-18 (A1)(Appeal/Dir# DR# 112)

**Type of Inspection /
Genre d'inspection :** Other

**Report Date(s) /
Date(s) du Rapport :** Mar 07, 2019(A1)(Appeal/Dir# DR# 112)

**Licensee /
Titulaire de permis :** Hellenic Home for the Aged Inc.
33 Winona Drive, TORONTO, ON, M6G-3Z7

**LTC Home /
Foyer de SLD :** Hellenic Home - Scarborough
2411 Lawrence Avenue East, SCARBOROUGH,
ON, M1P-4X1

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Poli Pergantis



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Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*,
L. O. 2007, chap. 8

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:



Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*,
L. O. 2007, chap. 8

(A1)(Appeal/Dir# DR# 112)

The following Order(s) have been rescinded:

Order # / 001 **Order Type /** Compliance Orders, s. 153. (1) (a)
Ordre no : **Genre d'ordre :**

**Linked to Existing Order/
Lien vers ordre existant :**

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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).



Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*,
L. O. 2007, chap. 8

Order # /

Ordre no : 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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 / Ordre :

The licensee must be compliant with s. 44. (9).

Specifically should the licensee withhold 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.

Grounds / Motifs :

1. In withholding approval for admission to the home, the Licensee did not provide notice with the particulars required pursuant to s. 44(9) of the LTCHA.

On February 1, 2018, a Director Order (DO) #001 from inspection #2017_632502_0018 was issued based on the licensee's non-compliance with LTCHA s. 44(7) and s. 44(9). The Licensee was ordered to:

1. Cease the practice of withholding an applicant's approval unless:



Order(s) of the Inspector

Ordre(s) de l'inspecteur

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- (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 applicants 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. To accept applicant #006, #010, #011 and #012 unless as specified by this legislation.

4. 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). The compliance due date was February 15, 2018.

In this current inspection (2018_759502_0016), it was determined that the licensee failed to complete step 4 of the Director Order as it applied to residents #015, #016, #017, #018 and #019 and as such, failed to comply with s. 44(9) of the LTCHA by failing to provide notice with the particulars required pursuant to s. 44(9) of the LTCHA when they withheld approval for admission to the home.

A review of the home's records from an identified period in 2018 indicated that, the Licensee withheld approval for admission to eight applicants. The written notices issued to applicants #011, #012, and #020 set out the particulars required pursuant to s. 44. (9) of the LTCHA. Five written notices were sent to the following applicants:

- The written notice sent to applicant #015 on an identified date in February 2018, indicated the staff of the home lack the nursing expertise necessary to meet the



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applicant's care requirements and the home cannot accept the applicant due to documented unmanaged specified responsive behaviours, even with Behaviour Support Ontario (BSO). The written notice did not provide a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care, and an explanation of how the supporting facts justify the decision to withhold approval.

- The written notice sent to applicant #016 on an identified date in February 2018, indicated the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements as they cannot accept the applicant who displays unmanaged specified responsive behaviours, which will put them and current home residents' safety at risk. The written notice did not provide a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care, and an explanation of how the supporting facts justify the decision to withhold approval.

- The written notice sent to applicant #017 on an identified date in February 2018, indicated the home lack the physical facilities necessary to meet the applicant's care requirements as the home cannot accept the applicant who display specified responsive behaviours. The written notice did not provide a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care, and an explanation of how the supporting facts justify the decision to withhold approval.

- The written notice sent to applicant #018 on an identified date in May 2018, indicated the home lack the physical facilities necessary to meet the applicant's care requirements as the home cannot accept the applicant who uses identified equipment as a physical restraint. Hellenic Home-Scarborough does not employ physical restraint. The written notice did not provide a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care, and an explanation of how the supporting facts justify the decision to withhold approval.

- The written notice sent to applicant #019 on an identified date in September 2018 indicated that they lack the physical facilities necessary to meet the applicant's care requirements as the home cannot accept the applicant because the applicant's behavioural assessment indicated that the applicant uses the identified equipment to



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prevent them from displaying their specified responsive behaviour. This type of intervention was not employed at Hellenic Home - Scarborough. The written notice did not provide a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care, and an explanation of how the supporting facts justify the decision to withhold approval.

These five written notices sent to applicants #015, #016, #017, #018, and #019 did not set out the required details contained in s. 44. (9)(b)(c) of the Act .

When asked if the written notices mentioned above set out the required details contained in s. 44. (9)(b)(c) of the Act, the Administrator referred the inspector to the home's legal team.

The severity of this issue was a level 1 as there was minimum risk to the residents. The scope was level 2 as five of eight rejection letters did not set out the required details contained in the sections s. 44. (9) (b)(c) of the Act . Compliance history was a level 4 as there was related non-compliance that included Director Order (#2017_632502_0001) made under s. 44. (9) of the Regulations, on February 1, 2018, with a compliance date of February 15, 2018. Because the home failed to comply with the Director Order and s 44. (9) again, a compliance order requiring the home to be compliant with this section is warranted. (502)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Feb 06, 2019



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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 to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:



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Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
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.



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**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 7 th day of March, 2019 (A1)(Appeal/Dir# DR# 112)

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

Amended by PHILIP MOORMAN (Director) - (A1)
(Appeal/Dir# DR# 112)



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**Service Area Office /
Bureau régional de services :**

Toronto Service Area Office