

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
torontodistrict.mltc@ontario.ca

Original Public Report

Report Issue Date: November 21, 2022	
Inspection Number: 2022_1425_0001	
Inspection Type: Critical Incident System	
Licensee: Hellenic Home for the Aged Inc.	
Long Term Care Home and City: Hellenic Home - Scarborough, Scarborough	
Lead Inspector Reji Sivamangalam (739633)	Inspector Digital Signature
Additional Inspector(s) Inspector #643 (Adam Dickey) was also present as an assessing mentor during this inspection.	

INSPECTION SUMMARY

The Inspection occurred on the following date(s): November 14-17, 2022

The following intake(s) were inspected:

- Intakes #00001221, (Critical Incident System (CIS) #2941-000008-21), #00005931 (CIS #2941-000007-22), #00006322 (CIS #2941-000007-21) were related to fall prevention and management.

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

- Falls Prevention and Management
- Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: PLAN OF CARE

NC #01 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

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The licensee has failed to ensure that the care set out in the plan of care was provided to a resident related to fall prevention interventions.

Rationale and Summary:

The resident was assessed to be at risk of falls and had a history of falls in the home. Staff were to place the resident's mobility device within reach as a fall prevention intervention.

The resident was observed lying on the bed with their mobility device out of reach.

Staff verified that the resident required their mobility device within reach to prevent falls while in bed.

There was an increased risk of falls and injuries when the mobility device was not within the resident's reach.

Sources: Resident's written plan of care, observations, and interviews with staff members.
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WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

NC #02 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that staff performed hand hygiene before and after resident and resident environment contact as required by Routine Practices, specifically 9.1 (b), included in the Infection Prevention and Control (IPAC) standard.

Rational and Summary:

(a) A staff member was observed exiting a resident's room without performing hand hygiene after assisting the resident with feeding. The staff member stated that they did not perform hand hygiene when leaving the resident's room.

(b) Another staff member was observed entering a resident's room to provide care and did not perform hand hygiene. The staff member stated that they did not perform hand hygiene before assisting the resident.

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The home's "Hand Hygiene Program" policy directed staff members to perform hand hygiene as per the four moments of hand hygiene: before and after touching the resident or resident's environment, before aseptic procedures and after an exposure risk to body fluids.

The Infection Prevention and Control (IPAC) Lead acknowledged that staff members were required to perform hand hygiene before and after contact with a resident or resident's environment.

Failure to ensure staff members performed hand hygiene as required by routine practices increased the risk of infection transmission.

Sources: Observations, the home's Hand Hygiene Policy (last revised March 2022) and interview with staff members and the IPAC Lead.

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2. The licensee has failed to ensure that staff and visitors used appropriate personal protective equipment (PPE). Specifically, staff and visitors did not don required PPE when interacting with a resident on contact precautions as required by Additional Requirement 9.1 (d) under the IPAC standard.

Rationale and Summary:

The home's "Routine Practices and Additional Precautions" policy (last revised March 2022) required staff members and visitors to wear gowns and gloves when attending to residents on contact precautions.

A resident was diagnosed with transmissible infection and placed on isolation and contact precautions.

The signage on the resident's room door indicated that the resident was on contact precautions, and gowns, gloves, and masks were required.

A staff member and a visitor were observed inside the resident's room and were not wearing gowns and gloves.

The Infection Prevention and Control (IPAC) Lead, and Director of Care (DOC) verified that staff members and visitors were required to wear gowns and gloves inside the resident's room.

There was an increased risk of infection transmission when staff and visitors were not wearing



**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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appropriate PPE.

Sources: Observation, resident's clinical records, home's policy "Routine Practices and Additional Precautions" last revised on March 2022, Interviews with staff member, IPAC Lead and DOC.

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