

**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

## Amended Public Report Cover Sheet (A1)

**Amended Report Issue Date:** February 19, 2025

**Original Report Issue Date:** January 31, 2025

**Inspection Number:** 2025-1425-0001 (A1)

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Hellenic Home for the Aged Inc.

**Long Term Care Home and City:** Hellenic Home - Scarborough, Scarborough

## AMENDED INSPECTION SUMMARY

This report has been amended to:

Written Notification (WN) #002 was amended to be rescinded after review of additional information and discussion with the District Management team.

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## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 22-24, 27-31, 2025

The following intake(s) were inspected:

- Intake: #00137702 - Proactive Compliance Inspection

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

Skin and Wound Prevention and Management  
Resident Care and Support Services

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

## AMENDED INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

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

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the Infection Prevention and Control (IPAC)

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Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with Additional Requirement 11.6 under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that signage was posted throughout the home that lists the signs and symptoms of infectious diseases for self-monitoring as well as steps that must be taken if an infectious disease is suspected or confirmed in any individual.

The signage was posted throughout the home on January 23, 2025.

**Sources:** Observations in the home; and interview with IPAC lead.

Date Remedy Implemented: January 23, 2025

**(A1)**

**The following non-compliance(s) has been rescinded: NC #002**

**WRITTEN NOTIFICATION: Family council**

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

**Non-compliance with: FLTCA, 2021, s. 65 (5)**

Family Council

s. 65 (5) Subject to subsection (6), a family member of a resident or a person of importance to a resident is entitled to be a member of the Family Council of a long-term care home.

**WRITTEN NOTIFICATION: Infection prevention and control  
program**

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NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with Additional Requirement 9.1 (b) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that a Registered Practical Nurse (RPN) performed hand hygiene after administering medications to a resident. The RPN did not follow the four moments of hand hygiene.

**Sources:** Interviews with a RPN and IPAC Lead; and observations.

**WRITTEN NOTIFICATION: Continuous quality improvement initiative report**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. i.**

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

5. A written record of,

i. the date the survey required under section 43 of the Act was taken during the fiscal year,

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The licensee has failed to ensure that the home's Continuous Quality Improvement (CQI) initiative report contained a written record of the date the Resident and Family/Caregiver Experience survey was taken during the fiscal year.

**Sources:** CQI initiative report; and interview with Quality Improvement and Education Manager.

## **WRITTEN NOTIFICATION: Continuous quality improvement initiative report**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. iii.**

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

5. A written record of,

iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure that the home's CQI initiative report contained a written record of how, and the dates when, the results the Resident and Family/Caregiver Experience survey were communicated to the residents and their families, Residents' Council, Family Council and members of the staff of the home.

**Sources:** CQI initiative report; and interview with Quality Improvement and Education Manager.

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## **WRITTEN NOTIFICATION: Continuous quality improvement initiative report**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 168 (2) 6. i.**

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

6. A written record of,
  - i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,

The licensee has failed to ensure that the home's CQI initiative report contained the dates the actions were taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the Resident and Family/Caregiver Experience survey were implemented and the outcomes of the actions.

**Sources:** CQI initiative report; and interview with Quality Improvement and Education Manager.

## **WRITTEN NOTIFICATION: Continuous quality improvement initiative report**

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 168 (2) 6. v.**

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Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

6. A written record of,
  - v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure that the home's CQI initiative report included a written record of how, and the dates when, the actions of the CQI initiative report were communicated to residents and their families, Residents' Council, Family Council, and members of the staff of the home.

**Sources:** CQI initiative report; and interview with Quality Improvement and Education Manager.