

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

Public Report

Report Issue Date: January 22, 2026

Inspection Number: 2026-1425-0001

Inspection Type:
Critical Incident

Licensee: Hellenic Home for the Aged Inc.

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

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 16, 19, 20, 22, 2026
The inspection occurred offsite on the following date(s): January 21, 2026

The following Critical Incident (CI) intakes were inspected:

Intake: #00163901 [CI #2941-000014-25]- related to fall of a resident with injury

Intake: #00165349 [CI #2941-000015-25], #00167075 [CI #2941-000001-26] - related to disease outbreaks

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

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

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A resident's plan of care specified that the resident was to be provided with an intervention when in wheelchair. An observation on a specified date, revealed that the resident's intervention was not applied when the resident was in the wheelchair.

Sources: Observation on a specified date, resident's clinical records, interviews with two Personal Support Workers (PSWs), a Registered Nurse (RN) and an Associate Director of Care (ADOC).

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #002 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).

i) A staff's minimum routine practices did not include appropriate removal of Personal Protective Equipment (PPE) on a specified date.

Sources: Observations on a specified date, interviews with a PSW and the IPAC Lead.

ii) The licensee did not have policies and procedures in place to determine the frequency of surface cleaning and disinfecting based on a risk stratification approach.

Sources: Review of various policies and procedures from the home, and interviews with the Quality Improvement and Education Manager.