



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

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 2, 2016	2016_382596_0001	36398-15	Resident Quality Inspection

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### **Licensee/Titulaire de permis**

HELLENIC CARE FOR SENIORS (TORONTO) INC  
33 WINONA DRIVE TORONTO ON M6G 3Z7

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### **Long-Term Care Home/Foyer de soins de longue durée**

HELLENIC CARE FOR SENIORS (TORONTO) INC.  
215 TYRREL AVENUE TORONTO ON M6G 4A9

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

THERESA BERDOE-YOUNG (596), NICOLE RANGER (189), SARAN DANIEL-DODD  
(116)

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## **Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): January 5, 6, 7, 8, 11, 12, 13, 2016.**

**The following Critical Incident and Complaint inspections were conducted concurrently with this RQI: 028005-15, 00622-15.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Nurse Manager (NM), registered nurse (RN), registered practical nurse (RPN), activity director (AD), food services supervisor (FSS), support care coordinator (SCC), registered dietitian (RD), volunteer, personal support worker (PSW), Residents' Council president, residents and family members.**

**During the course of the inspection, the inspectors conducted a tour of the home, conducted a dining observation, medication administration observation, observed resident and staff interactions, reviewed clinical health records, Residents' Council minutes and relevant home policies and procedures.**

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

**Dining Observation  
Falls Prevention  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Residents' Council**

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

**3 WN(s)  
1 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

Legendé

WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**



**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**  
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, is complied with.

The home's policy entitled Medications- Expiry Date- Drug Surplus Destruction Policy# 145 Reg.79/10 114 M3-1230 section 2.10 states the following:

- surplus drugs which include the following categories should be recorded and removed from the home:

all expired drugs, all drugs with illegible labels, all drugs that are in containers that do not meet the requirements for marking containers specified under subsection 156 93) of the Drug & Pharmacies Regulation Act.

On January 11, 2016, the inspector observed a bottle of Novogesic acetaminophen tablets contained in the top drawer of the medication cart on the first floor unit. The date of expiry was visible for the month (12- December) however, the year was illegible. An interview held with an identified RPN revealed that all drugs with illegible labels are to be discarded. An interview with the DOC confirmed that all areas where medications are stored are reviewed on a weekly basis and all illegible labels are to be removed from current inventory, and that the drug surplus destruction policy was not complied with. [s. 8. (1) (b)]



***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, is complied with, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

**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. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Review of the written plan of care for an identified resident, revealed that the resident requires one quarter bed rail on the right side for repositioning and mobility, as per resident's preference.

On a specified date in January 2016, the inspector observed two quarter bed rails in the up position, on right and left sides of the bed. Interview with an identified PSW confirmed that the resident usually uses the right quarter bed rail for positioning in bed, but the bed rails were recently changed and possibly the reason why the left side rail was in the up position. Interview and observation with an identified NM confirmed that the resident requires one quarter side rail up and he/she placed the left quarter side rail downwards. [s. 6. (7)]

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (5) The licensee shall ensure that on every shift, (a) symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 229 (5).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that staff monitored symptoms of infection in residents on every shift in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

Record review of an identified resident's progress notes indicated that on a specified date in September 2015, the resident was being monitored and started to receive antibiotic therapy for a medical condition. Progress notes the following day revealed no recorded temperature or monitoring of symptoms on the evening shift.

Interview with an identified RPN who worked on the evening shift indicated above, revealed that he/she couldn't remember if he/she monitored the resident's symptoms or took the temperature, and did not document it in the resident's plan of care.

An interview held with an identified NM revealed that the identified resident's temperature was not monitored on the evening shift on a specified date in September 2015, when the resident was receiving antibiotic therapy for a medical condition. The NM confirmed that the home's expectation is that registered staff monitor residents' symptoms when they exhibit signs of infection. [s. 229. (5) (a)]

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**Issued on this 9th day of February, 2016**

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

**Original report signed by the inspector.**