

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Toronto Service Area Office
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002
torontosao.moh@ontario.ca

Original Public Report

Report Issue Date: October 5, 2022	
Inspection Number: 2022-1288-0001	
Inspection Type: Critical Incident System	
Licensee: Hellenic Care for Seniors (Toronto) Inc.	
Long Term Care Home and City: Hellenic Care for Seniors (Toronto), Toronto	
Lead Inspector Adelfa Robles (723)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The Inspection occurred on the following date(s): September 27, 28, 29 and 30, 2022

The following intake(s) were inspected:

- Intake: #00003825 - [CI: 2798-000002-21] related to fall with injury
- Intake: #00005756 - [CI: 2798-000002-22] related to fall with injury

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

Infection Prevention and Control (IPAC)
Falls Prevention and Management

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.

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NC #01 remedied pursuant to FLTCA, 2021, s. 154 (2)

FLTCA, 2021, s. 184 (3)

The licensee failed to comply with Minister's Directive: COVID-19 response measures for long-term care homes, published April 27, 2022, requiring the licensee that all people were actively screened for symptoms and exposure history for COVID-19 before they were allowed to enter the home.

Rational and Summary

Inspector #723 and staff entering the home were asked to read the COVID-19 Screening Tool questionnaires to self and complete the form upon entry.

The screener stated that they do not ask about the COVID-19 screening questionnaires upon entry to regular individuals coming into the home and instead told these individuals to read through the questionnaires themselves. The screener further stated that they were not tasked to review the signed document.

The IPAC lead stated that all individuals coming into the home should be actively screened for COVID-19 with the screener asking the COVID-19 screening questions directly to the individuals entering the home.

On September 28, 2022, the screener assigned to complete the COVID-19 Screening Tool were actively asking the COVID-19 screening questionnaires to all individuals entering the home.

Date Remedy Implemented: September 28, 2022

Sources:

September 27, 2022, observations, Minister's Directive: COVID-19 response measures for long term care homes, published April 27, 2022, homes' COVID-19 Active Screening Policy September 2022, COVID-19 Screening Tool for LTC Homes- Updated August 31, 2022, and staff interviews.

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NC #02 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 102 (2) (a)

The licensee has failed to ensure that surveillance testing protocols related to Rapid Antigen Test (RAT) issued by the Director for a particular communicable disease of public health significance were complied with.

Rationale and Summary

The staff completed a RAT for a staff entering the home. Inspector #723 observed that the staff did not follow the manufacturer's instructions on the Rapid Response COVID-19 testing device when they failed to keep the swab standing in the extraction tube for two minutes prior to dispensing into the testing device.

The staff stated that they did not let the swab stand in the solution for two minutes prior to dispensing it into the testing device. The Director of Care (DOC) stated that the solution with the swab should stand for two minutes prior to dispensing it into the testing device if the Rapid Response Test Kit were used as per the manufacturer's instructions.

On September 28, 2022, the home removed all of the Rapid Response COVID-19 test kits in the screening area and started using the SARS-CoV-2 Rapid Antigen Test kit and followed the manufacturer's instructions.

Date Remedy Implemented: September 28, 2022

Sources:

September 27 & 28, 2022, observations, Rapid Response COVID-19 Antigen Rapid Test Device manufacturer's instructions and staff interviews.

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