Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Ottawa Service Area Office

347 Preston St., 4th Floor
Ottawa ON K1S 3J4
Telephone: 613-569-5602
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Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité
Bureau régional de services de Ottawa

347, rue Preston, 4iém étage
Ottawa ON K1S 3J4
Téléphone: 613-569-5602
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Ontario

March 10, 2011

Mr. Aldo Di Giovanni
Administrator
Hellenic Home – Scarborough
2411 Lawrence Avenue, East
Scarborough ON M1P 4X1

Dear Mr. Di Giovanni:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on November 24, 2010 under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely

Kathleen Smid

for Judy Macaulay
LTC Home Inspector – Nurse

c President, Resident's Council
President, Family Council

Ontario

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

Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 24, 2010	2010_104_2941_24Nov140641	Complaint: O-002193

Licensee/Titulaire
Hellenic Home for the Aged Inc.
33 Winona Drive, Toronto, ON, M6G 3Z7
Fax: 416-654-0943

Long-Term Care Home/Foyer de soins de longue durée
Hellenic Home – Scarborough
2411 Lawrence Ave East, Scarborough, ON, M1P 4X1
Fax: 416-850-6764

Name of Inspector(s)/Nom de l'inspecteur(s)
Judy Macaulay, Inspector ID #104

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to activation and continence care provided to an identified resident.

During the course of the inspection, the inspector spoke with the Administrator, the Director of Care, a registered nurse, several PSW staff, the Activation manager and an activation aide, and the resident.

During the course of the inspection, the inspector reviewed the identified resident's record, activation attendance and continence product supplies.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Recreation and Social Activities

☒ There are no findings of Non-Compliance as a result of this inspection.

☐ Findings of Non-Compliance were found during this inspection.

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Title: Date:	Date of Report: Dec. 23, 2010