



**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
prévus le Loi de 2007 les
foyers de soins de longue**

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 performance et de la
conformité

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jul 30, Aug 9, 15, 16, 2012	2012_021111_0018	Complaint

Licensee/Titulaire de permis

HELLENIC HOME FOR THE AGED INC.
33 WINONA DRIVE, TORONTO, ON, M6G-3Z7

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

HELLENIC HOME - SCARBOROUGH
2411 LAWRENCE AVENUE EAST, SCARBOROUGH, ON, M1P-4X1

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

LYNDA BROWN (111)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, six Personal Support Workers (PSW), one Registered Practical Nurse (RPN), and the Specialized Care Coordinator (SCC)

During the course of the inspection, the inspector(s) observed supplies on each home area on first, second and third floors, reviewed resident health records for a deceased resident and reviewed staff schedules

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Skin and Wound Care

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following subsections:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

1. A complaint was received for an identified resident that there was a lack of (Registered Nurse)RN staffing in the home in December 2011.

Review of the registered nursing staffing schedule for December 2011 indicated there was no RN on at least one eight hour shift on Dec. 1, 4, 8, 9, 11, 15, 16, 21, 22, 23, 24, 29, 30, 2011.

Interview of the Administrator indicated that when they have an RN call in sick and they are unable to replace with the existing RN's, then they would replace with a highly skilled RPN or the DOC would be on site or on call for a back up.

The shifts not being covered are not a result of an emergency or a planned or extended leave of absence by a registered nurse. Therefore, the exceptions to the requirement that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff are not applicable as per Ontario Regulations 79/10 s. 45 (1)(2).

The licensee failed to ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times. [s.8(3)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following subsections:

s. 51. (2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

(h) residents are provided with a range of continence care products that,

(i) are based on their individual assessed needs,

(ii) properly fit the residents,

(iii) promote resident comfort, ease of use, dignity and good skin integrity,

(iv) promote continued independence wherever possible, and

(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. A complaint was received for an identified resident regarding lack of incontinence supplies available on the home area for staff and residents to use.

Observation of resident care carts indicated:

-the first floor had no extra incontinence products available

-the second floor had no extra incontinence products available

-the third floor had 1 large, 1 medium and 2 small extra incontinence products available.

Interview of nursing staff on each floor indicated that most of the residents are allotted one brief per shift and if they require another brief they have to go ask the registered staff or from SCC on the third floor. The nursing staff indicated they have to sign which resident needs another incontinence product and why. The nursing staff confirmed this process is time consuming.

Interview of SCC confirmed that staff are required to call or come to the third floor if they need another brief for any residents and must sign a sheet to indicate which resident requires another brief and why.

The licensee failed to ensure that there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes. [s.51(2)(f)]

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 the licensee has a range of incontinence care products that are available and accessible to residents and staff at all times and in sufficient quantities for all required changes, to be implemented voluntarily.



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Issued on this 16th day of August, 2012

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

G. Brown