



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

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

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

**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  
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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 5, 2016	2015_353589_0025	033185-15	Resident Quality Inspection

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

YEE HONG CENTRE FOR GERIATRIC CARE  
2311 MCNICOLL AVENUE SCARBOROUGH ON M1V 5L3

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

YEE HONG CENTRE - MARKHAM  
2780 BUR OAK AVENUE MARKHAM ON L6B 1C9

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

JOANNE ZAHUR (589), JULIENNE NGONLOGA (502), STELLA NG (507)

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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): December 3, 4, 7, 8, 9, 10, 11 and 15, 2015.**

**The following log numbers #004085-15 and #004899-15 were inspected concurrently with this resident quality inspection.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Resident Care (DORC), Assistant Directors of Resident Care (ADORCs), Registered Staff, Personal Support Workers (PSW), Facility Manager (FM), Food Services Supervisor (FSS), Food Services Manager (FSM), Registered Dietitians (RD), Occupational Therapist (OT), Maintenance Aid (MA), Housekeeping Aid (HA), Dietary Aid (DA), Cook and Substitute Decision Maker (SDM), Family Council Chair and Residents' Council Chair.**

**During the course of the inspection, the inspector(s) reviewed clinical records, observed resident care areas, resident care, staff and resident interactions and meal service, reviewed education records, Family Council and Residents' Council meeting minutes and, relevant policies and procedures related to this inspection.**

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

**Continance Care and Bowel Management**

**Dining Observation**

**Falls Prevention**

**Family Council**

**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**

**Nutrition and Hydration**

**Personal Support Services**

**Residents' Council**



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

7 WN(s)  
2 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.

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**WN #1: 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).**

**s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**

**(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**

**(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**

**(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**

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

Record review of the Resident Diet List on an identified date in December 2015, revealed staff are directed to offer all choices at meals to an identified resident, and use an adaptive aid. Further review of the same document revealed a second identified resident also required the use of adaptive aids at all meals.

On an identified date in December 2015, the inspector observed at a meal service two identified residents were served food on non-adaptive aids.

Interview with registered dietitian (RD) #118 revealed identified adaptive aids were used to enhance two identified resident's self-feeding and independence.

Interview with Executive Director (ED) #117 confirmed staff should have provided adaptive aids at all meals as indicated in the plan of care. [s. 6. (7)]

2. Record review of the Resident Diet List on an identified date in December 2015, revealed that all food choices are to be offered at meal times to an identified resident. Record review of the Summer South Asian lunch menu on an identified date in December 2015, revealed the following planned menu items:



First choice

-tomato soup

-roti/brown rice

-chicken nihari, substitute with beans for vegetarian choice

-mixed bean dessert soup

Alternative choice

-bhaji paon

-tossed salad with french dressing

-fresh papaya

-two percent milk

-tea or coffee

Record review of the above mentioned diet list revealed that an identified resident is on an alternate special diet and, also identified food preferences, likes and dislikes. All food choices were to be offered at meal times.

On an identified date in December 2015, the inspector observed an identified resident was not offered all food choices at an identified meal.

Interview with dietary aide (DA) #119 revealed that he/she has worked at the home for over eight years and knew what the identified resident liked to eat and therefore other available food choices were not offered.

Interview with the ED confirmed that not all food choices were provided as per the identified resident's plan of care. [s. 6. (7)]

3. The licensee failed to ensure that the resident is reassessed and the plan of care reviewed and revised when the resident's care needs change or care set out in the plan is no longer necessary.

Record review of an identified resident's most recent plan of care on an identified date in October 2015, revealed that an adaptive aid is to be provided at meal times to facilitate eating.

On an identified date in December 2015, the inspector observed an identified resident's meal was served on a non-adaptive aid. The identified resident was observed feeding her/himself with a spoon and not experiencing any difficulties. Further meal observations conducted at two identified meals on an identified date in December 2015, revealed a



non-adaptive aid was used.

Interview with assistant director of resident care (ADORC) #109 revealed and confirmed that the identified resident's care plan had not been reviewed and revised to indicate the use of an adaptive aid at mealtimes was no longer necessary. [s. 6. (10) (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 the care set out in the plan of care is provided to the resident as specified in the plan, 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. 15. Accommodation services**

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

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
  - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
  - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that the home, furnishings and equipment are kept clean and sanitary.

On December 3, 2015, observations by inspectors #589 and #507 revealed unsanitary, dirty floors throughout all of the home's tub rooms.

On December 11, 2015, further observations by inspector #589 revealed the tub room floors remained unsanitary and dirty throughout the home.

Interview with housekeeping aide (HA) #125 revealed the spa room floors including the tub area floors are washed daily with "Fastdraw 20" a green earth daily floor cleaner that contains water, nonionic surfactant, disodium citrate, propylene glycol and anionic surfactant.

Interview with facility manager (FM) #107 revealed that the tub room floors are made of a non-slip product that is difficult to clean. The spa rooms are deep cleaned yearly. The last deep cleaning was completed on November 18, 2015.

FM #107 confirmed that the tub room floors looked unsanitary and dirty and that the current deep cleaning process needs to be reviewed. [s. 15. (2)]

2. On December 3 and 10, 2015, observations by the inspector revealed six dining room chairs located in the fourth floor dining room were stained and soiled with food debris.

Interview with maintenance aide #123 and registered staff #124 confirmed the dining room chairs and table were not clean. Registered staff #124 tagged the chair that had the largest stain and sent a maintenance requisition for cleaning.

Interview with FM #107 revealed that the chairs are scheduled for cleaning twice a year in May and October, in addition nursing staff are required to send a requisition to maintenance if any chair gets dirty or stained. After review of the cleaning schedule the FM revealed the dining room chairs on second and fourth floors were last cleaned in October 2015, and confirmed the above mentioned dining chairs were stained. [s. 15. (2) (a)]



***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 the home, furnishings and equipment are kept clean and sanitary, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**

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

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**11. Every resident has the right to,**

**i. participate fully in the development, implementation, review and revision of his or her plan of care,**

**ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,**

**iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and**

**iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**





1. The licensee failed to ensure resident's personal health information is kept confidential within the meaning of the Personal Health Information Protection Act, 2004 is kept confidential in accordance with the Act.

On December 9, 2015, observations by the inspector revealed a medication cart left unattended with the electronic medication administration record (e-MAR) open to an identified resident's 1200 hours required medications exposing his/her personal health information (PHI).

Registered staff #110 was observed in the dining room and did not have the medication cart within his/her eyesight.

Interview with registered staff #110 revealed that he/she had left the e-MAR screen open exposing an identified resident's PHI and did not have the medication cart within his/her eyesight. He/She further revealed that it is the home's expectation that when a medication cart is left unattended the e-MAR screen is to be locked.

Interview with Director of Resident Care (DORC) #116 confirmed it is the home's expectation that when a medication cart is left unattended the e-MAR screen is to be locked ensuring resident PHI is kept confidential in accordance with the Act. [s. 3. (1) 11. iv.]

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**WN #4: 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 failed to ensure that the Skin and Wound Management Program has a policy that is in compliance with and is implemented in accordance with all applicable requirements under the Act.

Regulation section 50(2)(b)(iii) states that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds is assessed by a registered dietitian (RD) who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented.

The home's policy titled "Skin Care and Wound Management Program", policy number CIP-I-04, dated June 2015, indicates that residents who have stage II pressure ulcers are to be referred to the registered dietitian (RD) for nutritional assessment. This policy is not in accordance with the regulation that states the RD is to make an assessment of any resident with "altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds" and does not refer to any specific staging of skin breakdown.

Interview with DORC #116 confirmed that the Skin Care and Wound Management policy is not in compliance with and implemented in accordance with all applicable requirements under the Act. [s. 8. (1) (a)]

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

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

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
- (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
  - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
  - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
  - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is assessed by a registered dietitian who is a member of the home.

On an identified date in November 2015, an identified resident experienced an incident where he/she sustained impaired skin integrity to an identified area on his/her head.

Interview with registered staff #113 identified the identified area as altered skin integrity that required a referral to the RD. Registered staff #113 revealed that a referral to the RD was not completed.

Interview with RD #118 revealed that he/she considered the identified area as altered skin integrity and confirmed that a referral for the identified resident was not received. [s. 50. (2) (b) (iii)]

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning**



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

**s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that planned menu items are offered and available at each meal.

1. On an identified date in December 2015, the inspector observed that identified planned menu items were not available or offered to residents at an identified meal service in the fourth floor dining room. Residents that required mechanically altered diet textures of the above identified planned menu items were served alternate food.

Interview with DA #128 revealed she/he served an identified resident, mechanically altered diet texture fish and curry chicken instead of mechanically altered diet texture Moong Curry and resident #011 was served a mix of vegetables instead of mechanically altered diet texture okra curry.

Interview with the food services supervisor (FSS) #133 confirmed that the above two curry dishes were not prepared and indicated staff should follow the "Menu Substitution List" posted in the servery for service. This list directed staff to serve a mix of vegetables to residents that required two specific mechanically altered diet textures.

2. On an identified date in December 2015, the inspector observed that scrambled eggs were not available or offered to residents during breakfast service. All the residents were served steamed eggs.

Review of the week-three South Asian Summer Chinese menu for Thursday, December 10, 2015, revealed scrambled eggs was the planned breakfast protein for residents on regular texture diets and steamed egg was the planned breakfast protein for residents on pureed and minced diets.

Interview with DA #130 revealed she/he served steamed eggs to all residents. Interview with cook #131 confirmed that he did not prepare scrambled eggs for breakfast that morning as the residents routinely do not eat all of them. Cook #131 decided not to prepare the scrambled eggs without consulting with the food services supervisor #133 (FSS) or food services manager #115 (FSM).

Interviews with the FSS #133 and FSM #115 confirmed that scrambled eggs were not prepared and offered as per the planned menu. [s. 71. (4)]

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs**

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

**s. 129. (1) Every licensee of a long-term care home shall ensure that,**

**(a) drugs are stored in an area or a medication cart,**

**(i) that is used exclusively for drugs and drug-related supplies,**

**(ii) that is secure and locked,**

**(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**

**(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).**

**(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that drugs are stored in an area or a medication cart that is secure and locked.

On December 11, 2015, observations by the inspector revealed a medication cart was left unattended and unlocked in the hallway where two resident were seated. Registered staff #122 was observed coming out of the medication room where he/she did not have the medication cart within eyesight.

Interview with registered staff #122 revealed that he/she did not have the medication cart within eyesight and it is the home's expectation that the medication cart is to be locked when left unattended.

Interview with DORC #116 confirmed that it is the home's expectation that when a medication cart is left unattended it is to be secure and locked. [s. 129. (1) (a)]

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**Issued on this 11th day of February, 2016**

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

**Original report signed by the inspector.**