Ontario

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

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Central East District
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Original Public Report

Report Issue Date: April 11, 2024	
Inspection Number: 2024-1361-0002	
Inspection Type: Complaint	
Licensee: Yee Hong Centre for Geriatric Care	
Long Term Care Home and City: Yee Hong Centre - Markham, Markham	
Lead Inspector Ana Best (741722)	**Inspector Digital Signature**
Additional Inspector(s) Chantal Lafreniere (194) Sabra Abubeker (000774) was present for the inspection.	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 25 - 28, 2024 and April 2, 2024.

The following intake(s) were inspected:
- One intake related to concerns with care prior to death, and neglect.
- One intake related to concerns with neglect, dehydration, assessments, and medication prescribed by the doctor.

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

Food, Nutrition and Hydration

Medication Management
Infection Prevention and Control
Safe and Secure Home
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Medication management system

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)
Medication management system
s. 123 (3) The written policies and protocols must be,
(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

The licensee failed to ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

In accordance with O. Reg 246/22 s. 11. (1) (b) 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, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system, (b) is complied with.
Specifically, the Medication Management Operations Policy, directed that, nurses shall validate the medication transcription in the Electronic Medication Administration Record (eMAR) to ensure that all elements of the transcription reflect

the actual physician's order.

Rationale and Summary

During a complaint inspection related to care concerns involving resident #001, the resident's medication orders were reviewed.

The licensee's Medication Management policy directed registered staff to validate the medication transcription in the eMAR ensuring that all elements of the transcription reflected the actual physician's order.

Physician's order for resident #001 on a specific date was to discontinue a medication and to start another medication, this order was checked and validated days after.

Registered Practical Nurse (RPN)#107 confirmed that they had not validate resident #001's physician's order until days after.

Assistant Director of Resident Care (ADRC) #109 confirmed that the home's practice was to have two registered staff check and validate the physician's order upon receipt.

Failing to ensure that written policies developed for the medication management system to ensure the accurate validation of drugs were complied with, increased the risk of medication errors at the home.

Sources: Resident #001's health records, Medication Management policy, and interviews with staff.
[741722]

WRITTEN NOTIFICATION: Nutrition care and hydration programs

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 74 (2) (d)
Nutritional care and hydration programs
s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,
(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and

The licensee has failed to ensure that the nutrition care and hydration program included a system to monitor and evaluate the food and fluid intake of resident #001 with identified risks related to nutrition and hydration.

Rationale and Summary

A complaint was submitted to the Director related to care provided to resident #001, that resulted in a transfer to the hospital, and leading to their death days after.

The Long-Term Care Home's (LTCH) Hydration policy indicated that continuous failure to meet individual resident fluid requirements as outlined in the plan of care must be documented and managed. In addition, the policy specified that if a resident consumed less than the daily fluid allowance recommended by the Registered Dietitian (RD), to ensure that supportive nursing interventions were implemented to promote fluid intake, monitor for symptoms of dehydration and documentation in the resident's plan of care.

Health records identified resident #001 at a nutritional risk. The estimated daily caloric and fluid requirement amount were identified and recorded.

Resident #001's daily fluid records revealed they were not meeting their daily nutritional intake as per the recorded amount, and were having a consistent decrease in their fluid intake for several days.

ADRC #109 indicated the expectation for supportive nursing interventions for resident #001 related to dehydration when there was an identified decreased in fluid intake, would have included a nursing assessment every shift. Additionally, documentation in progress notes of signs and symptoms of dehydration, how much fluid was consumed, observation of fluid intake, interventions applied such as pushing fluids, and record of output.

Documentation in progress notes revealed there were no supportive nursing interventions to evaluate the fluid intake for resident #001 as indicated by ADRC #109, when there was a recorded decrease in fluid intake days prior to their transfer to hospital.

Failing to evaluate the fluid intake and ensuring supportive nursing interventions were implemented for resident #001, placed the resident to an increased risk of dehydration.

Sources: Resident #001's health records, Hydration policy, and interview with ADRC #109.
[741722]

WRITTEN NOTIFICATION: Dealing with complaints

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108
Dealing with complaints
s. 108.

(1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.
2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.
3. The response provided to a person who made a complaint shall include,
i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,
ii. an explanation of,
A. what the licensee has done to resolve the complaint, or
B. that the licensee believes the complaint to be unfounded, together with the reasons for the belief, and
iii. if the licensee was required to immediately forward the complaint to the Director under clause 26 (1) (c) of the Act, confirmation that the licensee did so.
(2) The licensee shall ensure that a documented record is kept in the home that includes,
(a) the nature of each verbal or written complaint;
(b) the date the complaint was received;
(c) the type of action taken to resolve the complaint, including the date of the

action, time frames for actions to be taken and any follow-up action required;
(d) the final resolution, if any;
(e) every date on which any response was provided to the complainant and a description of the response; and
(f) any response made in turn by the complainant.
(3) The licensee shall ensure that,
(a) the documented record is reviewed and analyzed for trends at least quarterly;
(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and
(c) a written record is kept of each review and of the improvements made in response.
(4) Subsections (2) and (3) do not apply with respect to verbal complaints that the licensee is able to resolve within 24 hours of the complaint being received.
(5) Where a licensee is required to immediately forward a complaint under clause 26 (1) (c) of the Act, it shall forward it in a form and manner acceptable to the Director, and,
(a) during the Ministry's normal business hours, to the Director or the Director's delegate; or
(b) outside normal business hours, using the Ministry's after hours emergency contact method.

The licensee failed to ensure that when the Substitute Decision Maker (SDM) of resident #001 made a verbal complaint regarding the care of the resident, the complaint was dealt with including: immediate investigation; response within 10 business days, Ministry's Toll-Free number and contact information for the Patient Ombudsman, if unable, date that the SDM could expect a resolution. The complaint log shall include documentation of the complaint, including dates, actions taken, and if the manner was resolved, so it could be reviewed and analyzed; a response including what has been done to resolve the complaint and reporting to the

Director.

Rationale and Summary

A complaint was reported to the Director related to the care provided to resident #001, resulting in a hospital admission where the resident passed way days later.

The home's Concerns and Complaints policy contained processes for managing concerns and complaints as outlined in the legislative requirements.

Social Worker (SW) #110 indicated a verbal concern form was completed on an identified date, documenting that resident #001's SDM had raised concerns and worries related to the resident's health condition, the physician and the nurse's working style and communication. Documented actions taken indicated the SW had relayed the concern to the Director of Resident Care (DRC), and ADRCs. In addition, it was documented that ADRC #109 had requested from the registered staff to have the attending physician to contact the resident's SDM. The documented verbal concern was not resolved within 24 hours.

The Executive Director (ED) indicated the verbal form completed for resident #001 related to the documented complaint did not include follow up actions' dates, or closure with the family member. In addition, the ED confirmed currently there was no tracking tool in the home which could indicate if the concerns were managed according to the LTCH's policy.

Failing to ensure that the complaint process in the home was complied with, minimized the home's ability to act and respond in a timely manner.

Sources: Concerns and Complaints from Long Term Care Residents and Families

Policy, verbal complaint form related to resident #001, and interviews with staff.
[741722]

WRITTEN NOTIFICATION: Administration of drugs

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (2)
Administration of drugs
s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee failed to ensure that drugs were administered to resident #001 in accordance with the directions for use specified by the prescriber.

Rationale and Summary

During a complaint inspection related to care concerns involving resident #001, the resident's medication orders were reviewed.

The Physician's order for resident #001 on a specific date, was to discontinue one medication and to start another one.

Review of the resident #001's e-MAR confirmed that the discontinued medication was administered few times more.

RPN #107 confirmed that they had administered the medication on a specific date and time, after the medication had been discontinued.

ADRC #109 confirmed that other newly prescribed medication, documented in the

e-MAR as administered, was not administered to the resident as there had been a medication error submitted.

Failing to ensure that drugs were administered to resident #001 in accordance with directions for use specified by the prescriber, placed the resident at increased health risk.

Sources: Resident #001's health records, and interviews with staff.
[741722]

WRITTEN NOTIFICATION: Construction, renovation, etc., of homes

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 356 (3) 1.
Construction, renovation, etc., of homes
s. 356 (3) A licensee may not commence any of the following work without first receiving the approval of the Director:
1. Alterations, additions or renovations to the home.

The licensee failed to submit a request for approval to the Director, when proceeding with alterations in the home related the resident home space areas, specifically breakrooms in the different Resident Home Areas (RHAs).

Rationale and Summary

During a tour of the LTCH, it was observed that the activity room in a specific home unit and end lounge areas were converted into staff breakrooms.

As per the Long-Term Care design manual 2015, "the program and activity areas

must be able to accommodate a variety of resident-focused activities and support social functions which promote resident quality of life".

Personal Support Worker (PSW) #101 indicated staff was utilizing the small activity room as a breakroom, and for storage of staff's personal belongings.

The ED indicated the staff were currently using the small activity room, and end lounges areas in the different units throughout the home as breakroom areas. In addition, the ED confirmed there was no plan submitted to the Director to reflect the current use of resident home spaces.

Failure to submit plans for alterations related to resident home areas may lead to decreased resident quality of life.

Sources: Observations in the home units, Long-Term Care design manual 2015, and interviews with staff.
[741722]