



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 29, 2016	2016_449619_0011	030544-15	Complaint

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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 - MISSISSAUGA  
5510 Mavis Road MISSISSAUGA ON L5V 2X5

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

SAMANTHA DIPIERO (619)

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**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): March 23 - 24, 2016**

**The following complaint inspection were completed: #0030544-15 related to the prevention of abuse and neglect.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Resident Care (DRC), Assistant Director of Resident Care (ADRC), registered nurses, registered practical nurses, personal support workers, the complainant and the resident. The inspector also toured the facility, observed the provision of care, reviewed the residents health records, and the homes policies and procedures.**

**The following Inspection Protocols were used during this inspection:  
Prevention of Abuse, Neglect and Retaliation**

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

**1 WN(s)**

**0 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 O.Reg 79/10, s. 101. Dealing with complaints**

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

**s. 101. (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 to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that every written or verbal complaint made to the licensee or a staff member received a response provided within 10 business days of the receipt of the complaint.

On an identified date in December 2015, a verbal complaint was received by the home's Assistant Director of Resident Care (ADRC) in relation to a negative interaction between the complainant and PSW #100. A verbal report was made by the complainant on an identified date in December 2015, and recorded by the homes administration staff. On review of the written complaint, it was determined that the home did not respond to the family member's complaint for a period of 21 business days. An interview with the ADRC indicated that the home's response to the complainant was delayed because they were unable to interview PSW #100 due to scheduling conflicts. A review of the homes policy titled, "Privacy – Complaint Process" policy # CAD-VI-03, last revised August 2015, stated "Complaints... will be addressed promptly within 10 working days after the complaint is received". The ADRC confirmed that the home did not respond to the complaint within 10 business days. [s. 101. (1) 1.]



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**Issued on this 29th day of April, 2016**

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

**Original report signed by the inspector.**