

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 18, 2021	2021_631210_0008	001619-21	Complaint

Licensee/Titulaire de permis

Yee Hong Centre for Geriatric Care
2311 McNicoll Avenue Scarborough ON M1V 5L3

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

Yee Hong Centre - Mississauga
5510 Mavis Road Mississauga ON L5V 2X5

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

SLAVICA VUCKO (210)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): January 28, 29, February 1, 11 and 16, 2021

**During the course of the inspection the following complaint was inspected:
-Log #001619-21, related to Infection Prevention and Control (IPAC) program.**

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nurses (RN) and Personal Support Workers (PSW).

During the course of the inspection, the inspector conducted a tour of the resident home areas, observed resident and staff interactions, and reviewed clinical health records, relevant policies and procedures, and other documents.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Personal Support Services**

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

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: 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:

4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).

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

14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the right of residents to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs, was fully respected and promoted.

Resident #002's Substitute Decision Maker (SDM) requested to take the resident for a medical appointment on a specified date. The resident was not allowed to go by the home, on the day of the appointment. The home was not in COVID-19 outbreak during this time.

A written communication from the home to residents' family members prior to resident #002's medical appointment, indicated that residents who go for short stay and temporary absences will be isolated for 14 days upon return from their absence, regardless of the duration of the absence. All visitors must provide proof of a negative COVID-19 test within 14 days of their scheduled visit.

According to Staff #100 and #101 the home responded to resident #002's SDM that after the medical appointment the resident should be in a private room for 14 days for close observation. They were not able to explain if close observation was considered the same as isolation. As per the DOC the private room was intended for visitation with the SDM only, and at night the resident would go back into their semi-private room with their roommate. The home did not have documentation about the communication between the home and resident #002's SDM regarding the visitation direction provided for after the medical appointment.

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

As per Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007 Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7, a Medical absence is defined as leaving the home's property for medical reasons (i.e., outpatient visits, single night emergency room visit). Homes cannot deny a resident's request to leave the home for medical visits. Residents do not require testing or self-isolation upon their return. If the home denies an absence request, the home must communicate this to the resident/substitute decision maker in writing, including the rationale for this decision.

All non-medical absences need to be approved by the home. In the event of an outbreak in the home, all non-essential absences should be discontinued.

As per the ED the requirement for resident #002's appointment was evaluated by the home's Physician, and it was determined that it was not urgent and essential for the resident to go out.

The DOC communicated with inspector #600 few days before resident #002's that the resident would be permitted to go to the medical appointment with the SDM, and the SDM's visitation schedule would remain the same after the resident's dental appointment. The SDM was advised to follow the Infection Prevention and Control (IPAC) practices. The resident resided in a shared accommodation room. The DOC indicated there was a risk for the resident's roommate, such as inability to maintain social distancing between the two residents. The home indicated to inspector #600 that after the dental appointment the resident's visitation with SDM would be in the designated area on the main floor. Staff would closely monitor the resident for signs and symptoms of COVID-19. This was different from the DOC's statement to inspector #210 that the resident would receive visitation in a private room instead.

The home's Visitor policy does not address resident visitation related to accommodation and care after same day medical appointment absences.

Written communication between the home's paralegal and Advocacy Centre for the Elderly (ACE) on behalf of resident #002's SDM, on the day of their medical appointment, indicated the home refused to allow resident #002 to go to their medical appointment the same day, in the morning. Resident #002's SDM communicated with staff the day before the appointment that the resident should be ready for the appointment. The NM and DOC were not aware of why resident #002's SDM did not take the resident to their medical appointment.

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

The NM and DOC were not informed about the communication between the home's paralegal and Advocacy Centre for the Elderly (ACE), and the Vice President of Operations (VPO) for the home with resident #002's SDM, that the resident would not be allowed to go for their medical appointment.

The home's paralegal communicated with ACE on the day of resident #002's medical appointment, that as a result of the SDM's actions, they would not permit the resident to leave the home, until the legal matters were resolved. Further, the home's legal correspondence to ACE stated that the resident's family member had a long history of complaints and not wanting to abide by the rules and protocols set out by the home and the Ministry. The home's legal department responded to ACE that the family member's ongoing actions have made it more and more difficult for the home, such as the involvement of the MLTC with respect to their ongoing and often changing demands. The more people being involved complicated the efforts to resolve the complaints. The response from the home's legal department mentioned in the letter that there were other demands from the SDM for access to particular areas of the home. The home's legal department responded that resident #002's SDM did not understand the situation with the pandemic. The home stated that the home will act in the best interests of all residents and staff.

The home's legal department written communication with ACE indicated that they have the authority to put in place more strict protocols than are mandated in the Ministry Directives and the MLTC's contact phone number and email were provided. ACE communicated verbally with the home's legal department on the day of the medical appointment, and received an explanation that the home did not consider the appointment as 'medical' under Directive #3, and so the home could 'refuse to allow' resident #002 to go. As per ACE communication, a separate email from the licensee's VPO was sent to resident #002's SDM on the same day of their medical appointment, indicating that because of the SDM's complaint letter from a few days earlier, the home was to deny the resident's request to leave the home on the day of the medical appointment, until the legal matters were resolved. The home did not recognize resident #002's medical appointment on the specified date, as a medical absence and did not approve it.

In the months of September, October and November 2020, the home was not in COVID-19 outbreak. According to Directive #3, for homes located in public health unit jurisdictions where there is evidence of widespread community transmission as per

provincial direction, absences are not permitted except for medical or compassionate reasons. Resident #002's medical appointment on the specified date was a medical appointment.

The home was not able to demonstrate to inspector #210 if the home's IPAC precautions were not followed by resident #002's SDM, and the reason for not allowing the resident to attend the medical appointment, other than that it was not considered as an urgent and essential medical visit. It appeared that the home treated resident #002's request for the medical appointment as a non-medical absence. The decision/rationale provided in the written communication to resident's #002's SDM regarding the home's denial of the resident #002's medical visit request, was not substantiated.

Sources: written communication from ACE, inspector #600, resident #002's SDM, interview with ED, DOC, NM and other staff, Directive #3 for Long Term Care Homes under the Long-Term Care Homes Act. [s. 3. (1) 4.]

2. The licensee has failed to ensure that the right of every resident to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference, was fully respected and promoted.

Resident #002 was a resident in the home for several years. The resident's SDM, visited every day, and designated themselves on behalf of the resident, as a caregiver. The resident required total care for activities of daily living (ADL) and the resident's SDM assisted the resident with the ADLs.

During a specified period, the home was not experiencing any COVID-19 outbreak. The home is located in high community transmission region (grey lock-down level). During this period, resident #002's SDM was not allowed to visit the resident in their room; arrangements were made by the home for the SDM to assist the resident with feeding and walking in a designated area on the main floor of the home for four hours a day, five days a week.

Subsequently, the home experienced two COVID-19 outbreaks, each lasting one month, and resident #002's SDM was not allowed to visit and provide care for the resident.

Under Directive #3 long term care homes are required to implement their own visitor policy.

The MLTC COVID-19 Visiting Policy is provided to support homes in implementing the

requirements in Directive #3 to safely receive visitors while protecting residents, staff and visitors from the risk of COVID-19.

Sec 5.1 of the MLTC COVID-19 Visiting Policy indicates:

Visits for essential visitors are permitted as follows, subject to direction from the local public health unit:

- Any number of support workers may visit a home.
- If the local public health unit is in the Green-Prevent or Yellow-Protect level and the home is not in an outbreak, a maximum of 2 caregivers per resident may visit at a time.
- If the local public health unit is in the Orange-Restrict, Red-Control or Grey- Lockdown level, or the home is in an outbreak, a maximum of 1 caregiver per resident may visit at a time.
- If a resident is self-isolating or symptomatic, a maximum of 1 caregiver may visit that resident at a time.

During the first COVID-19 outbreak, the home communicated with all residents' family members by email that Peel Public Health (PPH) had declared fourth floor south unit on COVID-19 outbreak. The home stated in the email that the home had implemented outbreak measures as directed by PPH, including suspending all essential visits except visits for residents who are palliative/end of life.

As per the home's COVID-19 outbreak management meeting notes, and the phone conversation with PPH the following control measures for visitors were documented: only allow essential visitors (i.e. a resident who is dying or very ill, end of life) whereby essential visitors are limited to one person at a time with the resident. Essential visitors must not visit any other resident and must be screened upon entry and wear a mask, face shield and gown when visiting. No caregiver visiting.

The inspector reviewed the origin of this statement in the communication between the home and residents' families.

The inspector confirmed with PPH they had not issued this recommendation that only essential caregivers for residents who were dying or very ill were permitted to visit the home during the outbreak period.

As per the written communication between the home and PPH during the second COVID-19 outbreak, all residents should stay in their rooms until the risk of transmission was controlled. Infection prevention and control precautions were assessed daily and adjusted as the outbreak evolved.

The home allowed visits only to essential visitors/care givers of palliative and end-of-life residents during the two COVID-19 outbreaks. There were two family members classified/designated as essential caregivers who were allowed to visit and provide care to their loved ones at all times. They would stay in residents' rooms while visiting and providing care.

The Ministry of Long Term Care COVID-19 Visiting Policy was intended to supplement Directive #3.

This visiting policy is guided by the following principles: safety . Any approach to visiting must balance the health and safety needs of residents, staff, and visitors, and ensure risks are mitigated. Emotional Well-Being – Allowing visitors is intended to support the emotional well-being of residents by reducing any potential negative impacts related to social isolation. Equitable Access – All residents must be given equitable access to receive visitors, consistent with their preferences and within reasonable restrictions that safeguard residents. Flexibility – The physical/infrastructure characteristics of the home, its staffing availability, whether the home is in an outbreak and the current status of the home with respect to personal protective equipment (PPE) are all variables to take into account when setting home-specific policies. Equality – Residents have the right to choose their visitors. In addition, residents and/or their substitute decision-makers have the right to designate caregivers.

The policy indicates that a caregiver is a type of essential visitor who is designated by the resident and/or their substitute decision-maker and is visiting to provide direct care to the resident (e.g. supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making). Caregivers must be at least 18 years of age. A maximum of two caregivers may be designated per resident at a time. The designation should be made in writing to the home. Homes should have a procedure for documenting caregiver designations. The decision to designate an individual as a caregiver is entirely the remit of the resident and/or their substitute decision-maker and not the home. A resident and/or their substitute decision-maker may change a designation in response to a change in the: Resident's care needs that is reflected in the plan of care. Availability of a designated caregiver, either temporary (e.g. illness) or permanent. Examples of caregivers include family members who provide meaningful connection, a privately hired caregiver, paid companions and translators.

During the periods when the home was not in outbreak, resident #002's SDM was not allowed to visit during weekends, because according to the home they did not have

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

enough staff to bring the resident and the meals to the main floor area designated for visitors. When visiting, resident #002's SDM was not allowed to visit the resident on the unit and in their room, because the resident was in a shared room with another resident and there were wandering residents on the unit. The home was not able to demonstrate if they evaluated the level of risk (for instance if they could prevent other residents from wandering into resident #002's room, or that the roommate was not compliant with outbreak measures).

The home was not able to demonstrate a procedure for documenting caregiver designations.

During observation the inspector noticed that the two beds in resident #002's room were placed with the head of each bed on opposite sides of the room. In the middle of the room, at the foot of the beds, there was a blind as a divider of the room. If resident #002's SDM would stay on the right side of the bed, near the chair beside the window when visiting, the two meters distance could be maintained. The home did not present to the inspector that this option was explored and discussed with resident #002's SDM.

The home's rationale for not allowing resident #002's SDM to visit during outbreaks or limiting the visitation time to four hours during non-outbreak periods, was that the home was able to provide the care that the family member wanted to provide.

Resident #002's SDM was self-designated as an essential caregiver to resident #002 and the home did not acknowledge that. The home did not permit resident #002's SDM and essential caregiver to visit in accordance with Directive #3 and the MLTC COVID-19 Visiting Policy, to provide assistance to the resident with feeding, mouth care and walking.

Directive #3 requires homes to have a visitor policy that states that non-compliance with the home's policies could result in a discontinuation of visits for the non-compliant visitor.

The home indicated that because resident #002's SDM refused the offered COVID-19 vaccination and because they did not believe in the accuracy of the COVID-19 testing, they assumed they were not compliant with the visitor policy.

The home was not able to demonstrate that resident #002's caregiver was a non-compliant visitor, as per Directive #3 that outlines that non-compliance with the home's policies could result in a discontinuation of visits for the non-compliant visitor.

Sources: written communication from ACE, inspector #600, resident #002's SDM, Public Health, home's meeting notes, resident's family members; interview with ED, DOC, NM and other staff; the Ministry of Long Term care COVID-19 Visiting Policy, Directive #3 for Long Term Care Homes under the Long-Term Care Homes Act. [s. 3. (1) 14.]

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 rights of residents to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs, and to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference, were fully respected and promoted, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff participated in the implementation of the program.

Inspector observation on a specified date and time indicated PSW #103 entered a room without sanitizing their hands and not applying Personal Protective Equipment (PPE). The staff was adjusting the resident's clothes and pushing their wheelchair. Registered Nurse #104 was in the proximity and witnessed with the inspector that the staff was not using the PPE, when providing care to the resident.

During the observation, the home was in COVID-19 outbreak, and the home had implemented droplet/contact precautions, with appropriate PPE to be applied.

Sources: observation, interview with registered staff and others. [s. 229. (4)]

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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

Issued on this 1st day of April, 2021

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

Original report signed by the inspector.