

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: August 30, 2023	
Inspection Number: 2023-1404-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: Yee Hong Centre for Geriatric Care	
Long Term Care Home and City: Yee Hong Centre - Mississauga, Mississauga	
Lead Inspector Klarizze Rozal (740765)	Inspector Digital Signature
Additional Inspector(s) Parminder Ghuman (706988)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): August 15-18, 2023, August 21-25, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> Intake: #00093837 - Proactive Compliance Inspection (PCI)

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Residents’ and Family Councils
- Food, Nutrition and Hydration
- Medication Management
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Quality Improvement

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Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 168 (2) 5. i.

The licensee failed to ensure that their continuous quality improvement (CQI) initiative report contained the written record of the date their resident and family/caregiver experience surveys were taken during the fiscal year.

Rationale and Summary

The home's CQI initiative report did not include the date in which their resident and family/caregiver experience surveys were taken during the fiscal year. The Executive Director (ED) acknowledged that the survey dates were not written in the report. During the course of inspection, the CQI initiative report was amended to include the dates of the surveys.

Sources: Initial and amended versions of the home's CQI initiative report, website, and interview with the ED.

Date Remedy Implemented: August 24, 2023 [740765]

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 168 (2) 5. iii.

The licensee failed to ensure that their CQI initiative report contained the written record of the

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dates and how the results of their resident and family/caregiver experience surveys taken during the fiscal year were communicated to the residents and their families, Residents' Council, Family Council, and members of the staff of the home.

Rationale and Summary

The home's CQI initiative report did not include the dates and how the results of their resident and family/caregiver experience surveys taken during the fiscal year were communicated to the residents and their families, Residents' Council, Family Council, and members of the staff of the home. The ED acknowledged that the report did not include how and when the results were communicated. During the course of inspection, the CQI initiative report was amended to include the dates and how the results of the surveys were communicated.

Sources: Initial and amended versions of the home's CQI initiative report, website, and interview with the ED.

Date Remedy Implemented: August 24, 2023 [740765]

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 168 (3)

The licensee has failed to ensure that a copy of the CQI initiative report was provided to the Residents' Council and Family Council.

Rationale and Summary

The ED acknowledged that a copy of the CQI initiative report was not provided to the home's Residents' Council and Family Council. During the course of inspection, the ED provided a record of an email to the home's Residents' and Family Councils that included evidence that a copy of the amended CQI initiative report was provided.

Sources: ED email and interview with the ED.

Date Remedy Implemented: August 25, 2023 [740765]

WRITTEN NOTIFICATION: Cooling Requirements

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NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 23 (2) (e)

The licensee has failed to ensure that the heat related illness prevention and management plan must, at a minimum, include a protocol for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate.

Rationale and Summary

During the course of inspection, the home was observed to have no formal communication of the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home. The Director of Resident Care (DRC) acknowledged that there is no formal communication of heat related illness prevention and management plan to the Residents' Council and the Family Council of the home but residents, staff, volunteers, substitute decision-makers, visitors are informed when they come to visit their loved ones.

Failure to ensure communication of the heat related illness prevention and management plan, put the resident's comfort at risk.

Sources: Review of Preventing and Managing Heat-Related Illness Plan, Resident Council meeting minutes, Family Council meeting minutes and interview with DRC. [706988]

WRITTEN NOTIFICATION: Medication Management System

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 123 (1)

The licensee has failed to ensure that their medication management system provided safe medication management.

In accordance with O. Reg 246/22, s. 11 (1)(b) the licensee was required to ensure that the home's Security and Storage of Narcotics and Controlled Substances Policy was fully

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implemented and complied with. Specifically, to ensure the entries of narcotics and controlled substances were recorded at the time drugs were removed from storage.

Rationale and Summary

A Registered staff was observed conducting a medication administration for a resident who received a prescribed controlled substance. The staff was observed not counting or recording an entry on the "Narcotic and Controlled Substance Record" when the drug was removed from storage and administered.

The Registered staff acknowledged they did not count or record any narcotic and controlled substance entries at the time of administration and kept their narcotic and controlled substance record binder in the medication room during medication administration. The DRC acknowledged that any narcotic or controlled substances administered, the expectation for counting and recording an entry into the narcotic and controlled substance record was to be completed right after the administration.

Failure to ensure controlled substances were recorded and counted at the time the drug was removed from storage increased the risks for discrepancies of storage, potential harm to residents, and theft.

Sources: Observations, Security and Storage of Narcotics and Controlled Substances Policy, and interview with staff and DRC. [740765]

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 9.

The licensee has failed to ensure that the CQI committee was composed of at least one member of the home's Residents' Council.

Rationale and Summary

The home's August 2023 Divisional Quality Committee meeting minutes indicated members of their CQI committee. The ED acknowledged they did not have one member of Residents' Council as part of the CQI committee.

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Failure to include at least one member of Residents' Council in the CQI committee posed a potential risk to the quality improvements for the home.

Sources: Divisional Quality Committee August 2023 meeting minutes and interview with the ED. [740765]

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 10.

The licensee has failed to ensure that the CQI committee was composed of at least one member of the home's Family Council.

Rationale and Summary

The home's August 2023 Divisional Quality Committee meeting minutes indicated members of their CQI committee. The ED acknowledged they did not have a member of Family Council to be a part of the CQI committee however stated they had invited the co-Chairs to their next quarterly meeting.

Failure to include at least one member of Family Council in the CQI committee posed a potential risk to the quality improvements for the home.

Sources: Divisional Quality Committee August 2023 meeting minutes and interview with the ED. [740765]