

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: September 13, 2024	
Inspection Number: 2024-1404-0002	
Inspection Type: Critical Incident	
Licensee: Yee Hong Centre for Geriatric Care	
Long Term Care Home and City: Yee Hong Centre - Mississauga, Mississauga	
Lead Inspector	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY
<p>The inspection occurred onsite on the following date(s): September 4-6, 2024</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> Intake: #00121585 - [Critical Incident (CI) #2920-000007-24] - related to resident care and support services.

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

- Resident Care and Support Services
- Infection Prevention and Control

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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)

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

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.

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

Rational and Summary

On a specified date in the morning of September, 2024, a resident was observed in their wheelchair in the TV lounge area without hip protectors. Two staff members confirmed the resident was not wearing their hip protectors as indicated in their care plan. All other falls prevention measures were in place.

During an interview, two staff members stated the resident has two hip protector pants, of which both were soiled, therefore none were available in the morning. Both staff acknowledged that it should have been applied as per the resident's care plan. A staff member confirmed there is sufficient supply of hip protectors in the supply room if a resident has none available.

Later on the same date, the resident was observed to be seated in their wheelchair

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in front of the nursing station, wearing their hip protector pants.

Sources: Observation of the resident; Resident's clinical records; and Interviews with staff.

Date Remedy Implemented: September 4, 2024

WRITTEN NOTIFICATION: Skin and wound care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee has failed to use a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

Rational and Summary

On a specified date in July, 2024, a new injury was identified and documented in several progress notes and a clinical assessment for a resident. A skin problem assessment was not completed to document the details of this injury. The resident was then transferred to the hospital for further diagnosis. As per the Skin Care and Wound Management Program (February 2024), a Braden Scale is to be completed upon readmission from the hospital and with significant change to reassess risk of

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pressure ulcer. This was also not completed when the resident was readmitted to the home.

The Director of Resident Care (DRC), acknowledged that the skin and wound care assessment and the Braden scale should have been completed under the assessment tab in PCC, as the resident did have a significant change in status. By not using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment, a detailed and standardized assessment to ensure a comprehensive analysis of the resident's injury was not captured.

Sources: The resident's clinical records; The Skin Care and Wound Management Program (February 2024) policy; and Interviews with staff and DRC.