

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

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: August 16, 2023	
Inspection Number: 2023-1291-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: Yee Hong Centre for Geriatric Care	
Long Term Care Home and City: Yee Hong Centre - Scarborough McNicoll, Scarborough	
Lead Inspector Nicole Lemieux (721709)	Inspector Digital Signature
Additional Inspector(s) Moses Neelam (762)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 18, to 21, 24, to 27, 2023.

The following intake(s) were inspected:

- Intake related to a 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
- Safe and Secure Home
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Quality Improvement
- Pain Management

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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. 265 (1) 10.

The licensee failed to ensure that the most current version of the visitor policy was posted in the home.

Rationale and Summary

An initial tour of the Long-Term Care Home (LTCH) was conducted as part of a Proactive Compliance Inspection (PCI) on July 18, 2023. Observations showed that the required information to be posted was posted on a bulletin board on the main floor outside of the elevators as well as bulletin boards on each floor of the LTCH. The visitor's policy was not posted on any of the bulletin boards throughout the LTCH. During an observation and interview with the Executive Director (ED), it was confirmed that the visitor's policy was not posted in the designated areas for posting information. During the interview, the ED stated that the visitor's policy and information document for visitors would be posted. The visitor policy and additional document was observed by Inspector #721709 to be posted the same day following the interview.

Failing to post the visitor's policy posed no risks to the residents of the home

Sources: Observations, the home's "Visiting Hours" policy, # CAD-V-16, dated April 2022, Yee Hong Family and Visitor Information, June 2023 document, interview with the ED. [721709]

Date Remedy Implemented: July 19, 2023

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WRITTEN NOTIFICATION: POSTING OF INFORMATION

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that the infection prevention and control (IPAC) standard issued by the Director was followed related to additional precautions specifically the application of personal protective equipment (PPE).

In accordance with the IPAC Standard for Long-Term Care Homes issued by the Director, dated April 2022, under section 9.1, the licensee shall ensure additional precautions shall include the application of the appropriate PPE when needed.

Rationale and Summary

A resident required additional precautions as per signage on their bedroom door. Both the resident's clinical records and a list provided by the Infection Prevention and Control (IPAC) lead indicated that the resident was on additional precautions. Inspector #721709 observed a Personal Support Worker (PSW) entered the resident's room to provide nourishment without appropriate PPE. Additionally, on a separate date a housekeeper was observed to enter the resident's room without appropriate PPE when they were within a close distance to the resident. The home's policy indicated that appropriate PPE are to be worn when a staff may come in contact with a resident or a resident's bed space. Additionally, the policy indicated that appropriate PPE must be worn when working within a certain distance of the resident on additional precautions.

Both the PSW and housekeeper confirmed they did not don the appropriate PPE prior to entering the resident's room. The IPAC Lead also confirmed that the expectation for staff to complete a point of care risk assessment and to don the appropriate PPE prior to entering a resident's room who requires additional precautions.

Failing to wear appropriate PPE when the resident was on additional precautions may result in further spread of illnesses.

Sources: Observations, resident clinical records, current list of residents on isolation -document, Additional Precautions – Introduction, IPAC Standards (April 2022), and interviews with PSW, Housekeeper and the IPAC lead. [721709]

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WRITTEN NOTIFICATION: CONTINUOUS QUALITY IMPROVEMENT COMMITTEE

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.

The licensee failed to ensure that a PSW was a member of their Divisional Quality Committee (DQC) – which is the Long-Term Care homes (LTCH) their continuous quality improvement (CQI) committee.

Summary and Rationale

A review of the meeting minutes for the DQC meeting minutes, for May 2023, indicated that a PSW was not in attendance. The Administrator indicated that a PSW was not a member of the DQC committee.

By failing to include a PSW on the DQC team, the opportunity for input from an employee who spends more time with the resident than any other staff was lost.

Sources: DQC committee meeting minutes, interview with the Administrator. [762]