



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

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**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 3, 2014	2014_287548_0031	O-001106-14	Resident Quality Inspection

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 - SCARBOROUGH FINCH
60 Scottfield Drive SCARBOROUGH ON M1S 5T7

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

RUZICA SUBOTIC-HOWELL (548), AMBER MOASE (541), ANANDRAJ NATARAJAN (573), LISA KLUKE (547)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): November 17-21, 2014 and November 24-28, 2014

Two Critical Incident Inspections for Logs#:O-007431-14 and O-003060-14 were conducted and incorporated within the RQI. One Complaint inspection was conducted concurrently for Log#:O-003277-14.

During the course of the inspection, the inspector(s) spoke with with the Acting-Executive Director, Acting-Director of Resident Care (DRC), Assistant Director(s) of Resident Care, Senior Facility Manager, Maintenance worker, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Social Worker, Personal Support Workers (PSWs), Physiotherapist, Residents, Past President of the Family Council, Family Members and President of the Resident's Council.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Laundry
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Safe and Secure Home
Training and Orientation**

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

**3 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that Resident equipment is kept clean and sanitary in the home.

On November 19, 2014 Inspector #573 made the following observations on the 2nd floor: Resident #024 wheelchair was soiled with dried food stains and white substance on the frame and wheels. It was observed that there were food debris stains on the resident's seat cushion and head rest.

Resident#044 wheelchair was soiled with dried food matter, debris on the seat, metal bars and wheels of their chair.

Resident #45 wheelchair was soiled with food debris on the seat cushion, metal bars and wheel wells of the resident's chair.

On November 19, 2014 Inspector #548 observed the following on the 6th floor: Resident #007 wheelchair wheels, metal bars and brake handles to be soiled with food debris.

On November 19, 2014 Inspector #547 observed the following on the 5th floor: Resident # 31 wheelchair to be dusty and debris noted on the metal base of the resident's chair.

On November 26, 2014 during an interview with staff member #S124 on the 2nd floor

unit indicated that there is a monthly cleaning schedule that identifies which wheelchairs are to be cleaned on specified days. #S124 indicated that it is expected that Personal Support Workers (PSWs) spot clean wheelchairs as required. #S124 indicated that a request for Maintenance is made by registered nursing staff when a deep clean is needed for a particular wheelchair.

On November 26, 2014 #S124 PSW and #S125 Registered Nurse alongside Inspector #548 observed the wheelchairs on the 2nd floor for Resident's #024, #044 and #045. Both staff members agreed that the wheelchairs were soiled with food debris and required a deep clean.

On November 26, 2014 DRC indicated that the expectation is that spot cleaning and scheduled monthly cleaning be completed by the PSWs on each unit. In addition, if deep cleaning is required for those wheelchairs that are heavily soiled a request is sent to Maintenance.

On November 26, 2014 #S126 Maintenance worker confirmed when notified that wheelchair requires deep cleaning maintenance provides this service.

On November 26, 2014 #S125 provided to inspector the monthly cleaning schedule dated November 2014 for the wheelchairs on the 2nd floor. It is noted that all three wheelchairs were scheduled to be cleaned on specified days. It is noted that there is an initial in the column beside each resident's room number. #S125 indicated that an initial in the column indicates that the wheelchairs were cleaned on evenings by the PSWs. It is noted from the documentation on the monthly cleaning sheet there is an initial beside each resident's room number during the month of November 2014. It is documented on November 1, 2014 that Resident's #24 wheelchair was cleaned, for Resident #44 it is documented that the resident's wheelchair was cleaned on November 23, 2014 and for Resident #45 it is documented that the resident's wheelchair was cleaned on November 4, 2014.

On November 26, 2014 Inspector #548 observed Resident's #007, #024, #031, #044 and #045 wheelchairs to remain heavily soiled.

On November 26, 2014 during an interview the Acting- Executive Director indicated that she is aware that the cleaning of wheelchairs needs to be improved. [s. 15. (2) (a)]

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22.
Licensee to forward complaints**

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA 2007, c.8, s. 22 (1) , whereby the licensee did not ensure that every Licensee of a long term care home who receives a written complaint concerning the care of a resident or the operation of the long term care home shall immediately forward it to the Director.

The home received a written complaint on 7 July, 2014 concerning the care of a resident.

The written complaint was forwarded to the Director on 21 July, 2014.

On 27 November 2014 the Acting-Executive Director confirmed that the home received the written complaint concerning the care of the resident from the family member on July 7th, 2014. The Acting-Executive Director confirmed that the written complaint was not immediately forwarded to the Director as required. [s. 22. (1)]

**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79.
Posting of information**

Specifically failed to comply with the following:

- s. 79. (3) The required information for the purposes of subsections (1) and (2) is,**
- (a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)**
 - (b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)**
 - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)**
 - (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)**
 - (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)**
 - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)**
 - (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)**
 - (h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)**
 - (i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)**
 - (j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)**
 - (k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)**
 - (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)**
 - (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)**
 - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)**
 - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)**
 - (p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)**
 - (q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)**

Findings/Faits saillants :

1. The Licensee failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. (3) (k) in that the licensee failed to ensure that the required information is posted in the home. In accordance with the LTCHA 2007 s. 79. (1) the licensee shall ensure that required information shall be posted in the home in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations. S. 79. (3) outlines the specific required information to be posted and includes s. 79. (3) (k) which refers to copies of the inspection reports from the past two years for the long-term care home.

Upon entry of the home on November 17, 2014, LTCH Inspectors #548, #547, and #573 completed an initial tour of the entire building. It is noted that that copies of the inspection reports from the past two years for the long-term care home were not posted in the home.

On November 20, 2014 during an interview the Acting- Executive Director indicated that the copies of inspection reports are kept in a binder at the first floor reception desk. The Acting- Executive Director indicated that she is not aware if residents knew the location of these inspection reports. The Acting- Executive Director indicated that she is not aware that this required information was to be posted in the home in a conspicuous and easily accessible manner. [s. 79. (3) (k)]

Issued on this 4th day of December, 2014

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

Ruzica Subotic-Howell

Original report signed by the inspector.