

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

Public Report

Report Issue Date: December 22, 2025

Inspection Number: 2025-1418-0009

Inspection Type:

Complaint
Critical Incident

Licensee: Yee Hong Centre for Geriatric Care

Long Term Care Home and City: Yee Hong Centre - Scarborough Finch,
Scarborough

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 8 - 12, 15 - 19, and 22, 2025.

The inspection occurred off-site on the following date(s): December 10, 2025.

The following intake(s) were inspected in this complaint inspection:

A complaint intake related to a complaint related to Skin and Wound care, resident care and services, falls, and medication services.

The following intake(s) were inspected in this Critical Incident (CI) inspection:

An intake related to fall prevention and management.

An intake related to resident care and services.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Medication Management
Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Integration of assessments, care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (4) (b)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

The resident was assessed to have an altered skin integrity on an identified date. A clinical assessment stated that a member of the Interprofessional Skin and Wound Care Team would be notified of the condition, but the information had not reached the team. The registered staff did not collaborate with the Interprofessional Skin and Wound Care Team to develop and implement the plan of care as required by the home's policy.

Source: Resident's clinical records and interviews with staff.

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) (e)

Skin and wound care

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

(e) a resident exhibiting a skin condition that is likely to require or respond to nutrition intervention, such as pressure injuries, foot ulcers, surgical wounds, burns or a worsening skin condition, is assessed by a registered dietitian who is a member of the staff of the home, and that any changes the registered dietitian recommends to the resident's plan of care relating to nutrition and hydration are implemented. O. Reg. 246/22, s. 55 (2); O. Reg. 66/23, s. 12.

The resident was identified to have an altered skin condition by the registered staff but an appropriate clinical referral was not completed as required.

Source: Clinical records of the resident, and interview with staff.

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WRITTEN NOTIFICATION: Pain management

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

Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

In accordance with O. Reg. 246/22 s. 11(1)(b), the licensee is required to ensure that written policies developed for the pain management program were complied with. Specifically, the home's pain management program policy directed staff to complete the Pain Intervention Effectiveness Flow Record in the resident's electronic health record system after the use of non-pharmacological intervention for pain. An instance was identified where a non-pharmacological intervention was used but the Flow Record was not completed as required by policy.

Sources: Complaint and the Critical Incident Report, home's policy on Pain Management Program, the resident's electronic health record, and interview with staff.

WRITTEN NOTIFICATION: Administrations of drugs.

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

Non-compliance with: O. Reg. 246/22, s. 140 (1)

Administration of drugs

s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246/22, s. 140 (1).

On an identified date, the resident had received a dose of unprescribed medication.

Sources: complaint information, home's internal investigation notes, the resident's electronic health records, and interviews with staff.



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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