

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 03, 2023	
Inspection Number: 2023-1361-0001	
Inspection Type: Critical Incident System	
Licensee: Yee Hong Centre for Geriatric Care	
Long Term Care Home and City: Yee Hong Centre - Markham, Markham	
Lead Inspector Fatemeh Heydarimoghari (742649)	Inspector Digital Signature
Additional Inspector(s) Lucia Kwok (752) Rita Lajoie (741754)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following dates: July 17, 18, 19, 20, 21, 2023</p> <p>The following intakes were inspected:</p> <ul style="list-style-type: none"> • Intake related to fracture of unknown cause. • Intake related to fall of resident.
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The following **Inspection Protocols** were used during this inspection:

- Resident Care and Support Services
- Food, Nutrition and Hydration
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Safe and Secure Home
- Residents’ Rights and Choices
- Falls Prevention and Management

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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. 3 (1) 17.

The licensee has failed to ensure that resident #003 was told who was responsible for providing direct care to them.

Rationale and summary

During the inspection, on two separate days, at different Resident Home Areas (RHAs), noted that most of the staff were not wearing identification badges (ID).

Resident# 003 indicated that staff did not introduce themselves when providing care to the resident.

The home's policy titled, "Corporate policy for Employee identification" indicated that each employee was required to wear a photo badge or magnetic name tag stating their name and job title.

There was a low risk of harm to the residents when staff were not wearing IDs.

Sources: Observation, interviews with resident #003, and the home's policy Corporate policy for Employee identification. CHR_XIV_03 last reviewed May 2022. [742649]

Date Remedy Implemented: July 21, 2023

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WRITTEN NOTIFICATION: Safe and Secure Home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 2.

The licensee has failed to ensure that the balcony doors on two resident home areas (RHAs) were kept closed and locked when not being supervised by staff.

Rationale and Summary

On two separate observations at different Resident Home Areas (RHAs), the balcony doors were noted to be open with a yellow band placed across, and no staff members were present to supervise the area.

A resident was observed leaving their mobility device and attempting to access the balcony by going under the band. No staff was present to monitor the balcony door at the time. The inspectors informed a nurse on duty to redirect the resident.

Registered Practical Nurse #101, Registered Nurse #103, and the DOC acknowledged that the door should be closed or supervised by staff when left opened.

The home's policy titled, "Corporate policy for building safety and security" indicated that residents who were not capable of leaving the building independently were to be accompanied by staff/family members/volunteers at all times while in the garden.

There was a moderate risk to the residents' safety when the balcony door was left opened unsupervised.

Sources: Observations, Interviews with staff and home's policy titled Building safety and security policy, last revised October 2022. [742649]