

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: October 26, 2023	
Inspection Number: 2023-1361-0003	
Inspection Type: Complaint Critical Incident	
Licensee: Yee Hong Centre for Geriatric Care	
Long Term Care Home and City: Yee Hong Centre - Markham, Markham	
Lead Inspector Eric Tang (529)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 11-13, 2023.
The inspection occurred offsite on the following date(s): October 17-19, 2023.

The following intakes were completed in this complaint inspection:
An intake related to housekeeping, laundry, and maintenance services, staffing, training, and care standards, safe and secure home, and resident care and support services.

An intake related to falls prevention and management, pain management, and skin and wound prevention and management.

The following intake was completed in this Critical Incident (CI) inspection:
An intake related to falls prevention and management, pain management, and skin and wound prevention and management.

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

- Falls Prevention and Management
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control

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Pain Management
Resident Care and Support Services
Safe and Secure Home
Skin and Wound Prevention and Management
Staffing, Training and Care Standards

INSPECTION RESULTS

WRITTEN NOTIFICATION: Pain management

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

Non-compliance with: O. Reg. 246/22, s. 57 (1) 2.

The licensee has failed to ensure the pain management program, must, at a minimum provide strategies to manage pain, including non-pharmacological interventions, equipment, supplies, devices and assistive aids.

In accordance to O. Reg. 246/22 s. 11 (1) (b), the licensee was required to ensure that there are policies developed for pain management and must be complied with. Specifically, the Nursing Student did not comply with the home's pain management policy, as it required the individual to assess the pain upon becoming aware of it and informing staff nurses of the resident's condition.

Rationale and summary

A Critical Incident (CI) report was submitted to the Ministry of Long-Term Care (MLTC) stating the resident had experienced an injury of unknown cause.

A review of the home's internal investigation notes indicated an interaction between the resident and a Nursing Student on an identified date. At the time of the interaction, the resident had reported pain to the Nursing Student, but no further action was taken by the Nursing Student once they had acknowledged the information. The resident was later sent to a local medical care facility for further treatment.

The home's pain management policy, CIP-I-02, last revised in December 2022, indicated that the individual was to assess the resident and to notify the staff nurses once they become aware of the resident's pain.

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The Nursing Student confirmed their interaction with the resident and assumed the pain was related to the resident's existing health condition. The Assistant Director of Resident Care (ADRC) asserted that the Nursing Student should have reported the matter to the Charge Nurse right away for further assessment and action.

There was a risk and impact to the resident as the presence of pain might have impacted their quality of life.

Sources: home's internal investigation notes, home's policy on pain management, and interviews with the Nursing Student and the ADRC. [529]

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

The licensee has failed to ensure that the resident's plan of care was reviewed and revised when the care set out in the plan was no longer necessary.

Rationale and summary

A CI report was submitted to the MLTC stating the resident had experienced an injury of unknown cause.

A review of the resident's electronic care plan indicated that an equipment was to be applied with the purpose of minimize the risk of developing a pressure injury.

Two observations were made on the resident in which the resident did not have the equipment applied on them.

As per the Registered Practice Nurse (RPN), it was clarified that the identified intervention was no longer required by the resident. The ADRC asserted that the nursing staff was to update the resident's care plan in order to remove the identified intervention that was no longer required.

There was a potential risk to the resident as the staff might have applied the intervention that was no longer required.

Sources: the resident's electronic care plan, and interview with the ADRC. [529]

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WRITTEN NOTIFICATION: Skin and wound care**NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

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

The licensee has failed to ensure the resident with altered skin integrity received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

Rationale and summary

A CI report was submitted to the MLTC stating the resident had experienced an injury of unknown cause.

A review of the resident's electronic health records indicated the resident had to be sent to an external care facility for additional care and support. The resident later returned to the Long-Term Care Home (LTCH) with a new skin condition requiring care.

As per the home's skin care and wound management policy, the identified skin condition was a type of altered skin integrity. The registered nursing staff was required to complete a Skin and Wound Evaluation in PointClickCare (PCC) upon identification of the wound.

The resident's electronic health records were reviewed but the identified skin and wound evaluation could not be located. The ADRC confirmed the same and asserted that a skin and wound evaluation assessment tool should have been completed for the resident upon returning to the LTCH.

There was a potential risk and impact to the resident as the interprofessional might not have been fully informed of the resident's identified skin condition upon returning to the LTCH.

Sources: the resident's electronic health records, home's skin care and wound management policy, and interview with the ADRC. [529]

WRITTEN NOTIFICATION: Emergency plans**NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 268 (8) (a)

The licensee has failed to ensure the home's fire emergency plan was evaluated and updated at least annually, including the updating of all emergency contact information of the entities

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referred to in paragraph 4 of subsection 268 (4).

Rationale and summary

The MLTC had received a complaint in relation to a fire drill practice that was held in the present year.

The home's fire safety plan was reviewed and it was approved by City of Markham on December 5, 2013. The document also had a last revision date of 2013.

As per the Facility Manager (FM), the fire safety plan was prepared by a private consulting company and it was the only version that the FM could produce at the time of inspection. The FM further asserted that the plan would only be evaluated and updated annually if the home had major changes such as structural changes or critical changes.

There was a potential risk and impact to the residents as the home might not have utilized current practices to support residents during a fire.

Sources: the home's fire safety plan, and interview with the FM. [529]