

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

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 16, 2024

Inspection Number: 2024-1361-0005

Inspection Type:Critical Incident

Licensee: Yee Hong Centre for Geriatric Care

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

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 11-13, and 16, 2024.

The following intake(s) were inspected:

• An intake related to Infection Prevention and control program.

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

Food, Nutrition and Hydration Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Dining and snack service

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.



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Dining and snack service

- s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
- 9. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

The licensee has failed to ensure that staff used proper technique to assist a resident with eating including safe positioning of the resident who required assistance. The resident was not in an upright position in their mobility device after they had some fluid intake. According to the resident's written care plan, they were required to remain in upright position for a specific timespan after all oral intake, to reduce risk of aspiration. Personal Support Worker (PSW) #102 stated they tilted the resident's mobility device after the resident stopped drinking the rest of the fluid and acknowledged that this was not a proper technique due to resident's risk of aspiration.

Sources: Observation, the resident's written care plan, interview with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

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

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

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.



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In accordance with Routine Practices under section 9.1 (d) under the IPAC Standard for Long-Term Care Homes, revised September 2023, the licensee has failed to ensure that PSWs #104, #106, and #110 had applied their surgical mask appropriately. During different observations and interviews, PSWs #104 and #110 were observed to have their mask below their nose and PSW #106 was observed to repeatedly touching their mask.

Sources: Observations, interviews with staff, the home's policy titled "routine practices", revised in March 2024, the home's memo to staff related to reintroducing mandatory masking in all resident home areas dated September 16, 2024.