



**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 prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 15, 2018	2018_769646_0016	023678-17, 029764-17	Complaint

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 - Mississauga
5510 Mavis Road MISSISSAUGA ON L5V 2X5

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

IVY LAM (646), PRAVEENA SITTAMPALAM (699)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): October 5, 9, 10, 11, 15, 16, 17, and 18, 2018.

**The following inspection was completed concurrently during this inspection:
Critical Incident Inspection (Log # 014040-18) related to a resident taken to the
hospital and which resulted in a significant change in the resident's health status.**

Complaint Inspections:

**Log #023678-17 related to alleged staff to resident abuse and altered skin integrity,
and**

**Log #029764-17 related to alleged staff to resident abuse, multiple care issues, and
the home's reporting and complaints process.**

**During the course of the inspection, the inspector(s) spoke with the Director of
Resident Care (DRC), Assistant Directors of Resident Care (ADRC),
Physiotherapist (PT), Occupational Therapist (OT), Registered Nurses (RN),
Registered Practical Nurse (RPN), Personal Support Workers (PSW), Residents,
Family Members, Substitute Decision Makers (SDM), and Power of Attorneys
(POA).**

**During the course of this inspection, the inspector conducted a tour of the home,
observed dining room services, residents' care, staff to resident interaction,
resident to resident interactions, reviewed resident health care records and the
home's records.**

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Dignity, Choice and Privacy

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

Reporting and Complaints

Skin and Wound Care



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

- 1 WN(s)
- 1 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
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. 6.
Plan of care**

Specifically failed to comply with the following:

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,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(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. 2007, c. 8, s. 6 (4).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to ensure that the staff and others involved in the different aspects of care of the resident collaborated with each other, in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other.

The Ministry of Health and Long term Care (MOHLTC) received a complaint regarding concerns related to alleged staff to resident abuse. Review of the complaint indicated that an identified alteration to skin integrity was found on an identified area of the resident #003 on a specified day.

Record review of resident #003's progress notes indicated that the identified alteration to skin integrity was discovered during morning care by personal support workers (PSW) on an identified date and reported to registered practical nurse (RPN) #108. RPN #108 completed an incident report, skin and pain assessments and notified the substitute decision maker (SDM).

Record review of the home's investigation notes completed by the Assistant Director of Resident Care (ADRC) #110 indicated that PSW #107 discovered the alteration to skin integrity of resident #003 two days prior to the day RPN #108 reported the above-mentioned alteration, and failed to report it to the registered staff.



In an interview with PSW #107, they stated that if a resident is noted to have a new alteration to skin integrity, they must report it to the nurse. PSW #107 stated that they discovered the altered skin integrity on an identified part of resident #003's body while providing care during the identified shift two days prior to the day RPN #108 reported the altered skin integrity. PSW #107 stated they forgot to mention it to the registered staff.

In an interview with RPN #108, they stated that when a PSW identifies altered skin integrity, they must report it immediately to registered staff. RPN #108 stated that resident #003's altered skin integrity was reported to them on an identified day, by the staff providing care. However, when PSW #107 returned to work, they stated they found the altered skin integrity two days prior to the identified date. RPN #108 stated that the altered skin integrity should have been reported two days prior, when it was first discovered by PSW #107.

Record review of the home's policy titled Skin Care and Wound Management Program CIP-I-04 last revised December 2017, states that PSWs are to note resident's skin condition during bath or other routine care opportunities and report new changes or concerns to the Registered Nurse (RN)/RPNs.

In an interview with ADRC #110, they stated that PSWs should report any new altered skin integrity to registered staff when it is found. ADRC #110 acknowledged that resident #003's altered skin integrity was not reported when it was initially discovered. [s. 6. (4) (a)]

2. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

This inspection was initiated related to multiple care concerns reported to the MOHLTC for resident #002, including concerns with the resident's continence and bowel care, staff not following resident's toileting schedule for toileting and changing of resident's incontinence products.

Review of the resident's current written plan of care on pointclickcare (PCC) indicated the resident was at an identified level of incontinence for bladder and bowel, and identified interventions were to be provided, including to check the resident for wetness at a specified schedule, and to change the resident's incontinence product if needed.



Interview with PSW #120, who worked with the resident on an identified shift, indicated that the staff on the evening shift would check resident #002 after shift report. The PSW further indicated that the resident would be checked and changed again about three and a half hours after that. PSW #120 indicated that the care plan may specify to check the resident at the specified period of time, but there is not be enough time to do so as the PSWs are busy at an identified mealtime and cannot check.

Interview with PSW #119 also indicated that during an identified shift, staff would change the resident at an identified time, and check and change the resident again after an identified mealtime about four hours after the first change on the identified shift.

Interview with PSW #111 indicated the resident is checked every three to four hours. The PSW stated resident #002's incontinence product is changed during an identified shift at an identified time, and the PSW does not check or change the resident again until after the identified shift about four hours after.

Interviews with PSWs #109 and #115 and RN #114, indicated that they do check the resident for continence at the identified time intervals as per resident #002's care plan.

Interview with ADRC #110 and the Director of Resident Care (DRC) indicated that staff are expected to check resident #002's incontinence product and to provide the care at the identified time intervals as per resident #002's care plan. [s. 6. (7)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other, and the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.



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Issued on this 28th day of November, 2018

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

Original report signed by the inspector.