



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
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Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 13, 2015	2015_235507_0022	028419-15	Resident Quality Inspection

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 - SCARBOROUGH McNICOLL
2311 McNICOLL AVENUE SCARBOROUGH ON M1V 5L3

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

STELLA NG (507), JOANNE ZAHUR (589), JULIENNE NGONLOGA (502)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): October 27, 28, 29 and 30, November 2 and 3, 2015.

The following Follow up Intake was inspected concurrently with this Resident Quality Inspection: 013081-15.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Resident Care (DORC), Assistant Directors of Resident Cares (ADORCs), Food Service Manager (FSM), Food Service Supervisor (FSS), Cooks, Dietary Aide (DA), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), residents, substitute decision makers (SDMs) and family members of residents.

The inspectors conducted a tour of the resident home areas, observations of medication administration, staff and resident interactions, provision of care, dining and snack services, record review of resident and home records, meeting minutes for Residents' Council and Family Council, menus, staff training records, staffing schedules and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Maintenance
Contenance Care and Bowel Management
Dining Observation
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Residents' Council
Safe and Secure Home**



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

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

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 10. (1)	CO #002	2014_328571_0027		502
LTCHA, 2007 S.O. 2007, c.8 s. 31. (1)	CO #003	2014_328571_0027		507
O.Reg 79/10 s. 9. (1)	CO #001	2014_328571_0027		502



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
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 O.Reg 79/10, s. 51. Continence care and bowel management



Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(h) residents are provided with a range of continence care products that,
(i) are based on their individual assessed needs,
(ii) properly fit the residents,
(iii) promote resident comfort, ease of use, dignity and good skin integrity,
(iv) promote continued independence wherever possible, and
(v) are appropriate for the time of day, and for the individual resident's type of
incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

The licensee failed to ensure that residents are provided with a range of continence care products that promote resident comfort, ease of use, dignity and good skin integrity.

a) Review of the Resident Assessment Instrument - Minimum Data Set (RAI-MDS) assessment on an identified date revealed an identified resident was usually continent of bowel and frequently incontinent of bladder. Review of the resident's plan of care revealed the resident used pull-ups and brief as needed on admission.

On an identified date, the inspector observed a package of pull-ups in the resident's room. Interviews with identified PSW and RN revealed the resident wore pull-up pants. Both staff stated the pull-up pants were provided by the family.

Interview with an identified ADORC indicated the identified resident was occasionally incontinent and wore pull-up pants provided by the family. The identified ADORC further revealed the home does not provide the pull-ups, because of the higher cost.

b) Review of the RAI-MDS assessment on an identified date, revealed a second identified resident was continent of bowel and frequently incontinent of bladder. Review of the resident's plan of care revealed the resident used pull-ups and brief as needed on admission.

Interview with the resident's SDM revealed the resident was very clean and recognized when he/she had the need to use the washroom, but the resident was very slow and sometimes had accident prior to reaching the washroom. The SDM further stated that the resident wore pull-ups and confirmed the family has been providing the pull-ups since the



resident's admission.

Interviews with identified PSW and RN revealed the resident wore pull-ups when he/she went out for appointments and used briefs when in the home. Both staff stated the family has been providing the pull-ups. Interview with an identified ADORC revealed the resident was occasionally incontinent. The identified ADORC indicated that the resident prefers to have pull-ups for protection to prevent accidents when he/she goes out. The identified ADORC further stated the home does not provide pull-ups, because of the higher cost.

Interview with the DORC revealed it had not been the home's practice to offer residents pull-ups due to the higher cost. Interview with the ED confirmed the home does not provide pull-ups to residents. [s. 51. (2) (h) (iii)]

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 residents are provided with a range of continence care products that promote resident comfort, ease of use, dignity and good skin integrity, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
19. Every resident has the right to have his or her lifestyle and choices respected.
2007, c. 8, s. 3 (1).**

Findings/Faits saillants :



The licensee failed to ensure that the rights of residents to have his or her lifestyle and choices are fully respected and promoted.

Review of the Resident Diet Sheet revealed an identified resident required a specified type of meal on identified days throughout the year.

On an identified date, during lunch meal service, the inspector observed the resident was served a menu item contrary to the specified type of meal.

Interview with an identified DA indicated the specified type of meal was not available and confirmed he/she served the resident the menu item contrary to the specified type of meal. Interview with the FSS confirmed the identified resident was to be served the specified type of meal on identified days throughout the year. The FSS further confirmed that the identified resident should be served the specified type of meal on the above mentioned identified date as indicated in the written plan of care. [s. 3. (1) 19.]

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning
Specifically failed to comply with the following:**

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :



The licensee failed to ensure that planned menu items are offered and available at each meal.

Review of the week-2 Summer Chinese menu for an identified date, revealed soft rice for residents on minced diet, pureed rice for residents on puree diet and baby Pak Choy with tofu for residents on vegetarian diet were planned for lunch. Review of the standardized recipe indicated three pounds of long grain white rice and six litres of tap water are required to produce 30 portions of 8.6 ounces soft rice, and three pounds of long grain white rice and 4.5 litres of tap water are required to produce 30 portions of 8.6 ounces pureed rice.

Observation on the same day, during lunch meal service revealed soft rice was not served to 15 residents on minced diet and baby Pak Choy with tofu was not served to one resident on vegetarian diet.

Interview with an identified DA indicated he/she served pureed rice to residents on minced and pureed diet, and chicken to the resident on vegetarian diet. Interview with an identified cook confirmed he/she did not prepare soft rice or tofu for lunch on that day. Interview with the FSS confirmed that the home has not been providing soft rice for residents on minced diet, and residents on minced diet were provided with pureed rice instead. [s. 71. (4)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,
(a) preserve taste, nutritive value, appearance and food quality; and O. Reg. 79/10, s. 72 (3).

Findings/Faits saillants :



The licensee failed to ensure that all food in the food production system are prepared using methods to preserve taste, nutritive value, appearance and food quality.

On an identified date, the inspector observed the lunch meal service revealed residents on regular diet were offered one vegetable choice, zucchini, at lunch while residents on minced and pureed diet were offered zucchini as first choice and squash as alternate.

Review of the week-2 summer menu and the production sheet for the same day revealed diced squash was planned as alternate choice of vegetable.

Review of the standardized recipe for diced squash revealed staff were directed to place the frozen diced squash in a full size deep perforated steam pan and steam for 10 minutes.

Interview the an identified cook revealed that he/she retrieved the diced squash from the freezer, panned and steamed for 30 to 40 minutes. At the end of the process the squash was mashed and was only offered to residents on minced diet. Interview with the FSM confirmed the identified cook did not follow the method described in the standardized recipe. [s. 72. (3) (a)]

Issued on this 22nd day of November, 2015

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

Original report signed by the inspector.