

**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

## Amended Public Report Cover Sheet (A1)

**Amended Report Issue Date:** November 26, 2024

**Original Report Issue Date:** October 23, 2024

**Inspection Number:** 2024-1418-0003 (A1)

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

**Licensee:** Yee Hong Centre for Geriatric Care

**Long Term Care Home and City:** Yee Hong Centre - Scarborough Finch,  
Scarborough

## AMENDED INSPECTION SUMMARY

This report has been amended to:  
Rescind Compliance Order (CO) #001 and related Administrative Monetary  
Penalty (AMP) after a Director's review.

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## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 18 - 20, 23 -  
26, 2024

The following intake(s) were inspected:

- Intake: #00117368 – A complaint related to concerns of food and fluid intake.
- Intake: #00119677 - Follow-up #: 1 - O. Reg. 246/22 - s. 12 (1) 1. i. Compliance Due  
Date (CDD) of August 2, 2024, related to Doors in a home.

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· Intake: #00119679 - Follow-up #: 1 - O. Reg. 246/22 - s. 102 (7) 11. CDD of August 2, 2024, related to IPAC.  
· Intake: #00124346 - Infectious Disease Outbreak

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #002 from Inspection #2024-1418-0002 related to O. Reg. 246/22, s. 12 (1) 3.

Order #003 from Inspection #2024-1418-0002 related to O. Reg. 246/22, s. 102 (7) 11.

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

Infection Prevention and Control  
Safe and Secure Home  
Reporting and Complaints

## AMENDED INSPECTION RESULTS

### WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

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**Non-compliance with: O. Reg. 246/22, s. 102 (4) (e)**

Infection prevention and control program

s. 102 (4) The licensee shall ensure,

(e) that the program is evaluated and updated at least annually in accordance with the standards and protocols issued by the Director under subsection (2);

The Licensee has failed to ensure that the Chemical Usage Policy is updated at least annually in accordance with the standards and protocols issued by the Director under subsection (2).

**Rationale and Summary:**

Additional requirement under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes; 5.2 The licensee shall ensure that the IPAC policies and procedures are reviewed at least annually for completeness, accuracy, and alignment with evidence and with best practice, and are updated based on that review.

A review of the Infection Control Program, specifically Chemical Usage Policy was last revised reviewed March 2022.

An interview with the Executive Director (ED) confirmed that some policies including the Chemical Usage Policy was reviewed every three years. The Facilities Manager (FM) confirmed they are not aware of policy review dates.

There was low risk to residents by not reviewing the Chemical Usage Policy yearly.

**Sources:** Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes - Chemical Usage Policy and interviews with ED and FM.

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## **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 (15) 3.**

Infection prevention and control program

s. 102 (15) Subject to subsection (16), every licensee of a long-term care home shall ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for the following amount of time per week:

3. In a home with a licensed bed capacity of 200 beds or more, at least 35 hours per week. O. Reg. 246/22, s. 102 (15).

The Licensee failed to ensure the Infection Prevention and Control (IPAC) lead worked regularly in that position on site at the home for at least 35 hours per week.

### **Summary and Rationale**

A Critical Incident Report (CIR) was submitted to the director related to a infectious disease outbreak in the Long Term Care Home (LTCH).

A review of the outbreak noted that the Assistant Director of Resident Care (ADRC) was in a dual role also acting as the IPAC Lead.

The LTCH policy for the IPAC Lead roles and responsibilities is all related to IPAC.

The ADRC/IPAC Lead stated that they had been assigned the IPAC Lead role since the IPAC Manager had left in June of 2024, and had a dual role as ADRC. They also stated that they did not spend time working as the IPAC Lead, working the required

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35 hours per week and that they managed the role by prioritizing the urgency of the IPAC needs of the home and fulfilling the ADRC role.

As there was no full time IPAC Lead in the home, this could have reduced the risk of spread of infectious disease outbreaks to resident and staff.

**Sources:** CIR, Yee Hong Centre for Geriatric Care - Policy - Infection Prevention and Control Manager and Lead and interviews with ADRC/IPAC Lead.

## **WRITTEN NOTIFICATION: Infection prevention and control program**

NC #003 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 any standard or protocol issued by the Director with respect to infection prevention and control was complied with.

In accordance with the "Infection Prevention and Control Standard for Long Term Care Homes April 2022" (IPAC Standard), revised September 2023, specifically, at a minimum additional precautions shall include additional Personal Protective Equipment (PPE) requirements including appropriate selection application, removal and disposal, under Routine Practices and Additional Precautions 9.1, under the IPAC standard.

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**Rationale and Summary**

Observations on a resident home area found residents rooms on additional precautions for different infectious diseases, and there were no garbage receptacles for PPE disposal. It was observed that one shared garbage receptacle was used for PPE disposal for all the rooms.

The LTCH's policy states that all staff, service providers, caregiver/private duty personnel and volunteers will remove gloves, gown and eye protection at doorway, before leaving resident room.

The Registered Nurse (RN) confirmed that staff were doffing PPE in the hallway and sharing one garbage receptacle between resident rooms on additional precautions. The ADRC/IPAC lead stated that PPE is to be removed prior to leaving the room and disposed of in garbage receptacles in each resident room.

By not having dedicated PPE disposal receptacles in each residents rooms increased the risk of spread of infectious diseases to other resident and staff.

**Sources:** Observations, Yee Hong Centre for Geriatric Care – Safe Donning and Doffing Personal Protective Equipment, and interviews with RN and ADRC/IPAC Lead.

**(A1)**

**The following order(s) has been rescinded: CO #001**

**COMPLIANCE ORDER CO #001 Doors in a home**

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NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.**

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

**An Administrative Monetary Penalty (AMP) is being rescinded on this compliance order AMP #001**

**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001**

**Related to Compliance Order CO #001**

**COMPLIANCE ORDER CO #002 Compliance with manufacturers' instructions**

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 26**

Compliance with manufacturers' instructions

s. 26. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.



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**The inspector is ordering the licensee to comply with a Compliance Order  
[FLTCA, 2021, s. 155 (1) (a)].**

**Grounds**

During an Infection Control Inspection, a Diversey disinfectant wall unit was observed in a housekeeping closet which was being used by the home to dilute and dispense Disinfectant and Cleaner used for cleaning and disinfection of contact surfaces in resident home areas. An adjacent closet contained a hopper with connected a low level disinfectant for bedpans and urinals.

The homes' policy for Chemical Usage indicated: to ensure the dispensers are dispensing the disinfectant with the correct concentration, the strength of the diluted solution is tested weekly according to manufacturer's guideline. The result must be documented. The log sheet "Weekly Disinfectant Concentration Tracking Record" is attached.

A record review of the Weekly Disinfectant Concentration Tracking Record which began on specified date was incomplete and not tested weekly as per the home's policy.

During an interview with Housekeeper, they were unaware that there was an expectation to test the concentration of the Disinfectant and Cleaner weekly and record the readings on the Weekly Disinfectant Concentration Tracking Record.

An interview with the Facilities Manager (FM), indicated that it is the role of the Facilities Aide (FA) to test the chemicals on every unit in the home. The FA confirmed they began to test the cleaning chemicals on a specified date, bi weekly and inconsistently, as they had many jobs to complete daily. The FM and FA

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confirmed they were aware of the homes' policy on chemical testing, and there was no testing of the Disinfectant and Cleaner in the home for three or more years. The FM confirmed that they were unaware of the incomplete Weekly Disinfectant Concentration Tracking Record and did not ensure that chemical testing was completed as per policy throughout the home. An interview with the IPAC Lead, confirmed that they were unaware of the homes' policy on chemical testing, and were unaware that no testing of the Disinfectant and Cleaner in the home for three or more years.

By failing to ensure that staff used all equipment, supplies, and devices in the home, in accordance with manufacturers' instructions, the licensee increased the risk for health care associated infections.

**Sources:** Observations, Diversey Plus Information Sheets, and interviews with FM, FA, and Housekeeper.

**This order must be complied with by** January 20, 2024

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## **REVIEW/APPEAL INFORMATION**

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).