Ontario

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

Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Telephone: 416-325-9297
1-866-311-8002

Facsimile: 416-327-4486

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8iém étage
Toronto, ON M4V 2Y7

Téléphone: 416-325-9297
1-866-311-8002

Télécopieur: 416-327-4486

☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
December 2,3,6, 2010	2010_174_2967_22Dec162748 2010_174_2967_01Dec150644	Complaint Log #2290 Log #2780

Licensee/Titulaire
The Ontario Mission of the Deaf
2395 Bayview Avenue
Toronto ON M2L1A2

Long-Term Care Home/Foyer de soins de longue durée
Bob Rumble Long Term Care Home
1 Royal Parkside Drive
Barrie ON L4M 0C4

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

Nancy Bailey Inspector # 174

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspector(s) spoke with: Administrator, Director of Care, Nurse Manager, Registered Staff Personal Support Workers, residents

During the course of the inspection, the inspector(s): observed resident care on the units and in the dining rooms.

The following Inspection Protocols were used in part or in whole during this inspection:
Prevention of Abuse and Neglect
Dignity, Choice and Privacy Inspection Protocol
Responsive Behaviour Inspection Protocol

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

4 WN
2 VPC

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with Long term Care Homes Act 2007, c8, s.20 (1) (2)
(1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).
(2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,

(a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;
(d) shall contain an explanation of the duty to report under section 24 to make mandatory reports(f) shall set out the consequences for those who abuse or neglect residents. 2007, c.8, s.20(2)

Findings:

- The internal abuse policy has not been revised to reflect the new requirements under Long Term Care Homes Act 2007 including consequences for those who abuse or neglect residents, support for abused residents, and an explanation of the duty to report under section 24 to make mandatory reports.
- The MOHLTC was not notified, as required when a complaint was brought to the management's attention regarding staff to resident abuse.
- During this investigation a staff member reported that she had witnessed another staff member yelling at a resident and had reported the occurrence, but that to her knowledge it had not been investigated.

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Additional Required Actions:

VPC- Pursuant to Long -Term Care Homes Act 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 home's policy for abuse is revised to meet all legislative requirements, including procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected,; an explanation of the duty to report under section 24, and consequences for those who abuse or neglect residents. This plan is to be implemented voluntarily

WN #2: The Licensee has failed to comply with Long-Term Care Homes Act 2007,c.8, s 24(1)1

A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director: Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

Findings:

- The Director was not informed of an allegation of abuse, after the management of the home was made aware of an incident of rough handling.
- Staff indicated that they have witnessed other staff treating residents in a rough manner, but have not reported this information to the home or the ministry.

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WN #3: The Licensee has failed to comply with Long-Term Care Homes Act 2007,c.8, s3(1)1

Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted: Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

Findings:

- A resident stated that she had been treated roughly by a staff member.
- A resident stated that they had been treated "rudely". When asked to explain the actions that the resident was describing, they stated "that the staff do not always explain the care interventions, before they do the care".
- Staff stated that they have witnessed staff not advising residents what care interventions they are going to do, prior to starting the care.
- Two staff were witnessed during this inspection, approaching residents from behind their wheel chairs and pushed the residents to the dining room tables without using with out using either the American Sign Language or verbal communication skills.

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WN #:4 The Licensee has failed to comply with Ontario Regulation 79, s. 53(4)c
The licensee shall ensure that, for each resident demonstrating responsive behaviours, actions are taken to respond to the needs of the resident including assessments, reassessments and interventions and that the resident's response to interventions are documented.

Findings:

- A resident's clinical record did not include actions taken to respond to the needs of the resident including assessments, review of interventions in place at the time and documentation of the resident's response to interventions put into place when the resident continued to demonstrate the responsive behaviours.

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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 for each resident demonstrating responsive behaviours, actions are taken to respond to the needs of the resident including assessments and reassessments of interventions and that the resident's response to interventions are documented. This plan is to be implemented voluntarily.

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. Henry A Bailey
Title: Date:	Date of Report: (if different from date(s) of inspection). Apr 5, 2011