

**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**

Sudbury Service Area Office  
159 Cedar Street Suite 403  
SUDBURY ON P3E 6A5  
Telephone: (705) 564-3130  
Facsimile: (705) 564-3133

Bureau régional de services de  
Sudbury  
159, rue Cedar Bureau 403  
SUDBURY ON P3E 6A5  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133

**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 5, 2019	2019_782736_0032	019986-19	Critical Incident System

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**Licensee/Titulaire de permis**

The Ontario Mission of the Deaf  
2395 Bayview Avenue NORTH YORK ON M2L 1A2

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**Long-Term Care Home/Foyer de soins de longue durée**

Bob Rumball Home for The Deaf  
1 Royal Parkside Drive BARRIE ON L4M 0C4

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

AMANDA BELANGER (736)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): November 27-29, and December 2, 2019.**

**The following intake was completed in this critical inspection:**

**-one log related to a report to the Director regarding improper/incompetent care of a resident.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing and Personal Care (DONPC), Associate Director of Nursing and Personal Care (ADONPC), Nurse Manager, Registered Nurse(s)(RNs), Registered Practical Nurse(s)(RPNs), and Personal Support Worker(s)(PSWs).**

**During the course of the inspection, the Inspector reviewed relevant resident health care records, observed the provisions of care, including medication administration, reviewed internal investigation notes, employee files, and education records, as well as reviewed medication incidents.**

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

**Medication**

**Prevention of Abuse, Neglect and Retaliation**

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

**2 WN(s)**

**1 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 75. Screening measures**

**Specifically failed to comply with the following:**

**s. 75. (1) Every licensee of a long-term care home shall ensure that screening measures are conducted in accordance with the regulations before hiring staff and accepting volunteers. 2007, c. 8, s. 75. (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that screening measures were conducted in

accordance with the regulations before hiring staff; specifically, related to police record checks.

Ontario Regulation (O.Reg) 79/10 s. 215 indicates that where a police record check is required before a licensee hires a staff member as set out in subsection 75(2) of the Act, the police record check must be conducted by a police record check provider within the meaning of the Police Record Checks Reform Act, 2015; and, conducted within six months before the staff member is hired. The police record check must be a vulnerable sector check referred to in paragraph 3 of subsection 8 (1) of the Police Record Checks Reform Act, 2015, and be conducted to determine the person's suitability to be a staff member or volunteer in a long-term care home and to protect residents from abuse and neglect

A Critical Incident (CI) report was submitted to the Director related to the allegation of improper/incompetent care of resident #001 by Registered Nurse (RN) #103. The CI report indicated that there was a concern brought forward from Nurse Manager #107 regarding RN #103's conduct. The CI report further indicated that the Director of Nursing and Personal Care (DONPC), Associate Director of Nursing and Personal Care (DONPC) and the Nurse Manager reviewed video footage of the home area, and noted discrepancies between the video footage and the documentation of specified interventions for resident #001 by the RN.

a) Inspector #736 reviewed the employee file of RN #103, and noted that there was no police record check on file for the employee.

In an interview with the DONPC, they indicated to the Inspector, that all staff were to have current police record check on file prior to starting employment with the home. The DONPC confirmed that RN #103 did not have a police record check on file.

b) Inspector #736 reviewed the employee file of Registered Practical Nurse (RPN) #109, and noted that there was a letter indicating that the employee was to begin employment with the home on a specific date. The Inspector also noted a police record check on file, with the date of the search being five days after the employee's start date with the home.

The Inspector requested and reviewed RPN #109's work schedule from the date the employee started to the date after the police record check was completed, and noted that the RPN was scheduled for three orientation shifts within the home.

In an interview with the DONPC, they confirmed that RPN #109 had worked orientation shifts, prior to the police record check being received by the home.

c) Inspector #736 reviewed the employee file of RN #110 and noted that there was a letter indicating that the employee was to start work with the home on a specific date. The Inspector also noted a police record check on file, with the date of the search being 16 days after the employee's start date with the home.

The Inspector requested and reviewed RN #110's work schedule from the date the employee started to the date after the police record check was completed, and noted that the RN was scheduled for four orientation shifts within the home.

In an interview with the DONPC, they confirmed that RN #110 had worked orientation shifts, prior to the police record check being received by the home.

d) Inspector #736 reviewed the employee file of RN #111 and noted that there was a letter indicating that the employee was to start work with the home on a specific date. The Inspector also noted a police record check on file, with the date of the search being 24 days after the employee's start date with the home.

The Inspector requested and reviewed RN #111's work schedule from the date the employee started to the date after the police record check was completed, and noted that the RN was scheduled for four orientation shifts.

In an interview with the DONPC, they confirmed that RN #111 had worked orientation shifts, prior to the police record check being received by the home.

A review of the home's policy titled "Zero Tolerance of Abuse and Neglect of Residents", last reviewed May 27, 2019, policy number 18a, indicated that the home shall request a current criminal reference check (CRC) with a vulnerable sector screen (VSS), conducted by police, prior to retaining staff, except for Medical Directors, physicians, Nurse Practitioners (RN(EC)), Volunteers under 18 years of age, and occasional maintenance who are in the home for repairs.

During the same interview with the DONPC, they indicated to the Inspector that during orientation shifts, although the employee would have had interactions with residents, they were monitored by another employee of the home, in the same job classification. The DONPC explained to the Inspector that the home's practice was to have employees start

in the home, on orientation paired with another employee until the police record check was obtained. The DONPC further explained that the home was given this direction by the home's Consultant, and the home felt that they were in compliance with the Act and Regulations. [s. 75. (1)]

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 99. Evaluation  
Every licensee of a long-term care home shall ensure,**

**(a) that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it;**

**(b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;**

**(c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;**

**(d) that the changes and improvements under clause (b) are promptly implemented; and**

**(e) that a written record of everything provided for in clauses (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared. O. Reg. 79/10, s. 99.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that at least once in every calendar year, an evaluation was made to determine the effectiveness of the licensee's policy to promote zero tolerance of abuse and neglect of residents, and what changes and improvements were required to prevent further occurrences.

Inspector #736 requested that the Administrator provide the last annual evaluation that was completed by the home for the licensee's policy to promote zero tolerance of abuse and neglect of residents. The Administrator indicated to the Inspector that the home had not completed an annual evaluation of that policy, as they were unaware it was a requirement.

In a review of the home's policy titled "Zero Tolerance of Abuse and Neglect of Residents" last reviewed May 27, 2019, policy #ADM-V1-18a, indicated that management staff would evaluate the effectiveness of the policy for prevention of abuse and neglect at least once per year to identify what changes and improvements were required to prevent further occurrences.

In an interview with Inspector #736, the Administrator indicated that they were responsible for the home's zero tolerance of abuse and neglect of a resident policy, and that they personally trained each staff every year. The Administrator further indicated that the home did not annually review the effectiveness of the licensee's policy to promote zero tolerance of abuse and neglect of a resident, however, they did make updates when there was notification of changes from the Ministry, "such as phone numbers and such". [s. 99. (b)]

***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 at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy to promote zero tolerance of abuse and neglect of residents, and improvements that are required to prevent further occurrences, to be implemented voluntarily.***

Issued on this 9th day of December, 2019

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

**Original report signed by the inspector.**



**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

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

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

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** AMANDA BELANGER (736)

**Inspection No. /**

**No de l'inspection :** 2019\_782736\_0032

**Log No. /**

**No de registre :** 019986-19

**Type of Inspection /**

**Genre d'inspection:** Critical Incident System

**Report Date(s) /**

**Date(s) du Rapport :** Dec 5, 2019

**Licensee /**

**Titulaire de permis :** The Ontario Mission of the Deaf  
2395 Bayview Avenue, NORTH YORK, ON, M2L-1A2

**LTC Home /**

**Foyer de SLD :** Bob Rumball Home for The Deaf  
1 Royal Parkside Drive, BARRIE, ON, L4M-0C4

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Shirley Cassel

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To The Ontario Mission of the Deaf, you are hereby required to comply with the following order(s) by the date(s) set out below:

**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les  
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O. 2007, chap. 8

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**Order # /****Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 75. (1) Every licensee of a long-term care home shall ensure that screening measures are conducted in accordance with the regulations before hiring staff and accepting volunteers. 2007, c. 8, s. 75. (1).

**Order / Ordre :**

The licensee shall be compliant with s. 75 of the LTCH Act 2007.

Specifically, the licensee must:

- 1) Ensure that all staff do not begin employment with the home until a current police record check with vulnerable sector screening is received by the home;
- 2) Audit all new hires to ensure that all staff have a current police record check on file prior to commencing employment. The audit is to include the date of the police record check, the date that the police record check is received by the home, the date the employee begins employment with the home, and the name of the person who completed the audit;
- 3) Audit all current employee files to ensure that there is a police record check on file. The audit must include the date of the audit, the name of the employee file audited, and the name of the person completing the audit;
- 4) Re-education of all managers regarding the requirement of police record checks with vulnerable sector screening to be received prior to commencing employment;
- 5) Maintain training records of the re-education of all managers, including the date of the education, who attended, who provided the education, and what was covered.

**Grounds / Motifs :**

1. The licensee has failed to ensure that screening measures were conducted in

**Order(s) of the Inspector**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

accordance with the regulations before hiring staff; specifically, related to police record checks.

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A Critical Incident (CI) report was submitted to the Director related to the allegation of improper/incompetent care of resident #001 by Registered Nurse (RN) #103. The CI report indicated that there was a concern brought forward from Nurse Manager #107 regarding RN #103 orientating a new employee. The CI report further indicated that the Director of Nursing and Personal Care (DONPC), Associate Director of Nursing and Personal Care (DONPC) and the Nurse Manager reviewed video footage of the home area, and noted discrepancies between the video footage and the documentation of specified interventions for resident #001 by the RN.

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**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

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Medical Directors, physicians, Nurse Practitioners (RN(EC)), Volunteers under 18 years of age, and occasional maintenance who are in the home for repairs.

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The severity of the non-compliance was determined to be a level three, as there was actual risk to residents. The scope of the issue was determined to be widespread, as it involved four of four employee files that were reviewed. The home had a compliance history of level two, as there was one or more previous non-compliance, none of which were the same section being cited.

(736)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :**

Jan 31, 2020

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

**REVIEW/APPEAL INFORMATION**

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

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

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Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603



**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

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section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 5th day of December, 2019**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Amanda Belanger

**Service Area Office /**

**Bureau régional de services :** Sudbury Service Area Office