

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**Sudbury Service Area Office
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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
Jun 29, 2021	2021_853692_0014	006634-21	Complaint

Licensee/Titulaire de permisThe Ontario Mission of the Deaf
2395 Bayview Avenue North York ON M2L 1A2**Long-Term Care Home/Foyer de soins de longue durée**Bob Rumball Home for The Deaf
1 Royal Parkside Drive Barrie ON L4M 0C4**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

SHANNON RUSSELL (692)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): June 21-24, 2021.

The following intake was inspected upon during this Complaint inspection:

-One log, which was the result of a complaint that had been submitted to the Director regarding essential visitors.

A Critical Incident System Inspection #2021_853692_0015 was conducted concurrently with this inspection.

Inspector Karen Hill (704609) attended this inspection during orientation.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Associate Director of Care (ADOC), Nurse Managers (NMs), Public Health Nurse with the Simcoe Muskoka District Health Unit (SMDHU), Housekeepers, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), families and residents.

The Inspector(s) also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident and resident to resident interactions, observed infection control practices, reviewed relevant health care records, internal investigation notes, the homes complaint log, heat related illness and cooling requirements, as well as licensee policies, procedures and programs.

**The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy
Infection Prevention and Control
Safe and Secure Home**

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

<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 O.Reg 79/10, s. 21. Air temperature

Specifically failed to comply with the following:

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home. O. Reg. 79/10, s. 21 (2).

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

3. Every designated cooling area, if there are any in the home. O. Reg. 79/10, s. 21 (2).

s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the air temperature was measured and documented in writing, in at least two resident bedrooms in different parts of the home and in every designated cooling area (DCA) of the home.

On April 1, 2021, the Assistant Deputy Minister (ADM) informed licensees via a memo related to enhanced cooling requirements to the Ontario Regulations (O. Reg) 79/10 of the Long-Term Care Homes Act (LTCHA), 2007. The memo highlighted a summary of the recent amendments to the regulations and that the changes would come into effect on May 15, 2021.

A review of the home's "Daily Air Temperature" logs for a 38 day period, identified the air temperature had been checked once daily in four resident common areas.

During an interview with the Environmental Supervisor (EVS), they indicated that they were not aware of the new requirement for taking air temperatures in the specified areas and documenting. They indicated the home was currently only taking the air temperature once daily, in the morning, in four of the resident common areas, and that had not included resident bedrooms or the DCA's.

The Administrator identified in an interview with the Inspector that they had received the memo from the ADM related to the amendments for cooling requirements, as well they had viewed it in the LTCH portal. They indicated that they thought they had reviewed the regulations at the time; however, they had not recalled being given the direction for taking and documenting the air temperatures. The Administrator indicated that they had missed that and were not currently in compliance with the new regulations.

Sources: Memo from the ADM, related to enhanced cooling requirements, dated April 1, 2021; the home's "Daily Air Temperature" logs; the home's policy titled, "Heat-Related Illness Prevention and Management Plan"; Interviews with the EVS, and the Administrator. [s. 21. (2) 1.]

2. The licensee has failed to ensure that the air temperature was measured and documented in writing, at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

A review of the home's "Daily Air Temperature" logs for a 38 day period, identified the air temperature had been checked once daily.

During separate interviews with the EVS and the Administrator, they both indicated the home was currently only taking the air temperature once daily, in the morning, in four of the resident common areas, and that they were not currently in compliance with the new regulations.

Sources: Memo from the ADM, related to enhanced cooling requirements, dated April 1, 2021; the home's "Daily Air Temperature" logs; the home's policy titled, "Heat-Related Illness Prevention and Management Plan"; Interviews with the EVS, and the Administrator. [s. 21. (3)]

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 ensuring that the air temperatures are taken and documented in writing, in at least two resident bedrooms in different parts of the home, in one common resident area of each floor, and in every designated cooling area of the home, and that the air temperature are documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night, to be implemented voluntarily.

Issued on this 30th day of June, 2021

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

Original report signed by the inspector.