

**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  
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

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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>
Mar 17, 2022	2022_908642_0002	003785-22	Proactive Compliance Inspection

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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**

AMY GEAUVREAU (642), 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 Proactive Compliance Inspection.**

**This inspection was conducted on the following date(s): February 28, March 1-4, 7-9, 2022.**

**The Inspectors conducted daily tours of the resident care areas, reviewed relevant resident records and policies, Infection Prevention and Control (IPAC) practices, interview with the Resident Council, observed resident rooms, resident common areas, dining areas, and the delivery of resident care and services, including staff to resident interactions.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Nurse Managers, Pastor, Environmental Service Manager (ESM), Manager of Dietary Services (MDS), Cook, Dietary Aide, the Infection Prevention and Control (IPAC) Lead, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), family members, and residents.**

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

**Dignity, Choice and Privacy  
Dining Observation  
Falls Prevention  
Family Council  
Infection Prevention and Control  
Medication  
Nutrition and Hydration  
Pain  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Quality Improvement  
Residents' Council  
Skin and Wound Care**

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

**5 WN(s)  
1 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<b>Legend</b>	<b>Légende</b>
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).  The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.  Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8.  
Nursing and personal support services****Specifically failed to comply with the following:**

- s. 8. (1) (a) (b) Every licensee of a long-term care home shall ensure that there is,**  
**(a) an organized program of nursing services for the home to meet the assessed**  
**needs of the residents; and 2007, c. 8, s. 8 (1).**  
**(b) an organized program of personal support services for the home to meet the**  
**assessed needs of the residents. 2007, c. 8, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that there was an organized program of nutrition care and dietary services for the home to meet the daily nutrition needs of the residents, and that the program was complied with for two residents.

O. Reg. 79/10 section (s.) 68 required the home to have a nutrition care and hydration program to monitor the residents nutritional intake.

Specifically, staff did not comply with the home's policies, "Menu Planning and Therapeutic Diets", which indicated that the therapeutic menu listed standard portion sizes and standard serving sizes that were to be followed unless otherwise specified by the Registered Dietitian or resident choice. The therapeutic diet sheets indicated that residents were to receive a full meal. The inspector observed two residents not receiving their full meal portions. A Personal Support Worker (PSW) confirmed that neither residents were on a reducing diet, and both were to receive full portions of their meals.

The Manager of Dietary Services (MDS) indicated that staff were to comply with the polices within the nutrition care and dietary services, which included providing the correct portion sizes based on the therapeutic menu.

The failure of staff not providing the correct portion sizes during meal services presented an actual risk of harm to the residents not meeting their daily nutritional needs.

Sources: Inspector observations; two residents care plans; the licensee policies titled, Menu Planning, and Therapeutic Diets; interviews with a PSW, Dietary Aide, MDS, and other staff. [s. 8. (1) (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 there is an organized program of nutrition care and dietary services for the home to meet the daily nutrition needs of the residents, and that the program is complied with, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

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

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the care set out for a specific resident, was provided as per the plan of care.

The resident's care plan and progress notes indicated that staff were to provide a specific assistive device.

The Inspector observed the resident in the dining room on two occasions without their specific assistive device.

The failure of staff not providing the resident with their assistive device presented a minimal risk of harm to the resident.

Sources: Inspector observations; resident's progress notes and care plan; and an interview with a Registered Practical Nurse (RPN). [s. 6. (7)]

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

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

**s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:**

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).**
- 3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).**
- 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the program for resident nutrition and hydration was evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

A review of the program policies for nutrition and hydration indicated that the policies had not been reviewed annually, depending on the policy.

The Director of Care (DOC) and the MDS both indicated that the program had not been evaluated and updated at least annually.

The failure of staff not evaluating and updating the program annually presented a minimal risk of harm to the residents.

Sources: Policies titled, "Food Temperatures"; "Therapeutic Diets"; "Menu Planning"; review of Annual Program evaluations; and interviews with the DOC and the MDS. [s. 30. (1) 3.]

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#### **WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**

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

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:**  
**1. Communication of the seven-day and daily menus to residents. O. Reg. 79/10, s. 73 (1).**

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:**  
**10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance. O. Reg. 79/10, s. 73 (1).**

**s. 73. (2) The licensee shall ensure that,**  
**(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the daily menu was communicated to residents.

On a specific home area, on a specific date, there was no daily menu posted for the residents.

On another home area, on a different date, the daily posted menu was still posted from the previous evening dinner.

Sources: Inspector observations; licensee policy titled "Menu Posting"; interview with the MDS, and other staff. [s. 73. (1) 1.]

2. The licensee has failed to ensure proper feeding techniques were used when assisting residents.

The Inspector observed a staff member standing at the table, feeding a resident. The RPN and the MDS stated that when assisting a resident to eat, the staff should be sitting beside them.

Sources: Inspector observations; licensee policy titled "Eating Assistance- Assistive or Complete"; interview's with the MDS, and the RPN, and other staff. [s. 73. (1) 10.]

3. The licensee has failed to ensure that two residents, who required assistance with eating and drinking were not served a meal until someone was available to provide the assistance they required.

In an interview with the MDS, they indicated that the food should not be placed in front of the resident until staff were able to assist.

The failure of staff not posting the daily menu's, providing a proper feeding technique, and serving the meals before staff were available to assist presented a minimal risk of harm to the residents.

Sources: Inspector observations; licensee policy titled "Eating Assistance- Assistance or Complete"; interview with the MDS, and other staff. [s. 73. (2) (b)]



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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program****Specifically failed to comply with the following:****s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).****Findings/Faits saillants :**

1. The licensee has failed to ensure that staff participated in the Infection Prevention and Control (IPAC) program, related to staff and resident hand hygiene.

a) On a specific date, a resident entered the dining room and after touching different surfaces, was not offered hand hygiene prior to being served their food.

b) On another day, multiple residents entered the dining room for the lunch service. The residents were not offered hand hygiene prior to being offered their meals.

c) The Inspector observed a staff member in the dining room not performing hand hygiene in between resident care.

d) Another staff member was handling dirty dishes from the dining room, and they were not observed performing hand hygiene after they placed the dishes in the bin.

The IPAC lead for the home indicated that part of the IPAC program in the home included residents being offered hand hygiene prior to meal service; and that staff were to perform hand hygiene before moving on to a new task.

The failure of staff not performing hand hygiene and not providing hand hygiene before and after meals presented a minimal risk to residents.

Sources: Inspector observations; policy titled "Hand Hygiene"; and interviews with the IPAC lead and other staff. [s. 229. (4)]

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**Issued on this 1st day of April, 2022**

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

**Original report signed by the inspector.**