



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Oct 11, 12, 13, 17, 18, 19, 28, Nov 2, 8, 10, 15, 22, 28, 2011; Feb 8, 2012; 2011_101174_0011; Complaint

Licensee/Titulaire de permis

THE 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

NANCY A. BAILEY (174)

Inspection Summary/Résumé de l'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, Registered Staff, Personal Support Workers(PSW), Identified Resident

During the course of the inspection, the inspector(s) Conducted a clinical record review
Reviewed appropriate policy and procedures
Observed Resident Care

The following Inspection Protocols were used during this inspection:

- Dignity, Choice and Privacy
Pain
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records Specifically failed to comply with the following subsections:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. O. Reg 79/10 s. 48(1) requires the licensee to develop and implement a Pain management program. The licensee failed to ensure that the policies and protocols instituted within the Pain management program are complied with for an identified resident in following instances:

The home's policy "Pain Management Program", NUR-IV-01, revised on June 2010, requires registered staff to:

(#10) Document the effectiveness of interventions

(#11) A pain monitoring flow sheet (Appendix D. Pain Monitoring Flow Sheet) can be used to monitor pain and determine the effectiveness of the pain management strategies over time.

(#12) Monitor and evaluate the care plan at least quarterly and more frequently as required based on the resident's condition in collaboration with the interdisciplinary team. If interventions have not been effective in managing pain, initiate alternative approaches and update as necessary.

• The identified resident has chronic pain for which the registered staff are not using a pain monitoring process to monitor her pain and determine the effectiveness of the current pain management strategies and registered staff are not monitoring and evaluating the plan of care quarterly and when the interventions are not managing her pain, initiating alternative approaches.

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 with ensuring that the policy and protocols outlined in the Pain Management Program are instituted to ensure monitoring of the resident's pain on a regular basis along with quarterly assessments and more frequently as required to determine the effectiveness of the resident's individual pain management strategies, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following subsections:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.

3. A response shall be made to the person who made the complaint, indicating,

i. what the licensee has done to resolve the complaint, or

ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :

1. The administrator, **Shirley Cassa** has met with an identified resident on several occasions regarding complaints the resident has with the care being provided to her in the home. A response has not been provided to the the resident in response to her complaints.

2. The licensee has not ensured that a response was provided to the identified resident indicating what the licensee has done to resolve the complaint or if the licensee believes the complaint to be unfounded and the reasons for the belief.

WN #3: 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 subsections:

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Findings/Faits saillants :

1. The identified resident has identified personal care routine, but these routines have not been documented in the plan of care for all staff to follow.

Issued on this 8th day of February, 2012

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

