

**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**North District**  
159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

## Original Public Report

<b>Report Issue Date:</b> February 13, 2023	
<b>Inspection Number:</b> 2023-1450-0002	
<b>Inspection Type:</b> Critical Incident System	
<b>Licensee:</b> The Ontario Mission of the Deaf	
<b>Long Term Care Home and City:</b> Bob Rumball Home for The Deaf, Barrie	
<b>Lead Inspector</b> Amanda Belanger (736)	<b>Inspector Digital Signature</b>

## INSPECTION SUMMARY

The Inspection occurred on the following date(s):  
February 6-9 2023.

The following intake(s) were inspected:

- Two intakes related to an incident of resident to resident emotional abuse, and written complaints received by the home;
- One intake related to a resident injury of unknown cause; and,
- One intake related to an allegation of resident to resident physical abuse resulting in an injury.

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

Infection Prevention and Control  
Responsive Behaviours  
Prevention of Abuse and Neglect  
Falls Prevention and Management

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## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

**NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)**  
FLTCA, 2021, s. 6 (10) (b)

The licensee has failed to ensure that residents plans of care were revised when the care needs changed, and the care set out in the plans were no longer required.

#### Summary and Rationale

The residents had sustained injuries that required additional interventions to be added to their plans of care to support the healing of the injuries. At the time of inspection, the injuries had healed for the residents, however, the plans of care still directed staff to provide the additional interventions to promote injury healing.

The Nurse Manager confirmed that the residents no longer required the use of the interventions , and that the interventions should have been removed from the plans of care.

There was low risk of harm to both residents, as the interventions indicated in the plans of care were not available for staff to utilize with the residents.

**Sources:** Inspector observations; residents' progress notes and care plans; and, interview with Nurse Manager

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**Date Remedy Implemented:** February 9, 2023

### WRITTEN NOTIFICATION: Hand Hygiene

**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**  
Non-compliance with: O.Reg. 246/22, s. 102 (2) (b)

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The licensee has failed to ensure that the Infection Prevention and Control (IPAC) standards that were issued related to resident hand hygiene, were complied with.

### Summary and Rationale

The Inspector observed residents attending meal service, and noted that residents were not offered or assisted with hand hygiene before or during the duration of the meal.

The IPAC lead indicated that staff were to assist the residents with hand hygiene prior to meal service, but it was an identified gap within the home at the time of inspection.

There was low risk of harm to the residents at the time, as the home was not in an outbreak, and visitors and staff continued to be screened on a daily basis.

**Sources:** Inspector observations; licensee policy titled "Hand Hygiene Program", INF-II-27; NUR-II-18; and, interview with IPAC lead.

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