Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Central West District
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Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: July 11, 2024

Inspection Number: 2024-1450-0004

Inspection Type:
Complaint
Follow-up

Licensee: The Ontario Mission of the Deaf

Long Term Care Home and City: Bob Rumball Home for The Deaf, Barrie

Lead Inspector	**Inspector Digital Signature**
Kim Byberg (729)	Kimberly Byberg Digitally signed by Kimberly Byberg Date: 2024.07.11 13:35:41 -04'00'

Additional Inspector(s)
Eunice Dapaah (000861)
Jasneet Ahuja (000865)

INSPECTION SUMMARY

The inspection occurred on the following date(s): June 28, and July 2-5, 2024.

The following intake(s) were inspected in this Complaint inspection:

- Intake #00118564 - related to the home's processes for end-of-life care.

The following intake(s) were inspected in this Follow-Up inspection:

- Intake: #00111313 - Follow-up #: 1 - FLTCA, 2021 - High Priority CO #001 / 2024_1450_0001, FLTCA, 2021 - s. 24 (1) Duty to Protect.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1450-0001 related to FLTCA, 2021, s. 24 (1) inspected by Jasneet Ahuja (000865)

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

Resident Care and Support Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Emergency plans

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. vi.
Emergency plans
s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:
1. Dealing with emergencies, including, without being limited to,
vi. medical emergencies,

The licensee has failed to ensure staff responded to the home's code blue - medical emergency policy during a medical emergency as required.

As per O. Reg. 246/22, s. 11 (1) (b), the licensee shall ensure that where the Act or Regulations required the licensee of a long-term care home to have, institute, or otherwise put in place any policy, the licensee was required to ensure that the policy was complied with.

The home's medical emergency policy #EMERG-I-04 appendix A, stated level three advanced care directive was to transfer the resident to an acute care facility with cardiopulmonary resuscitation (CPR) and if there was a change to the Power of Attorney (POA)'s or resident's wishes, the change was required in the form of a written consent.

Rationale and Summary
A resident experienced a medical emergency and passed away as a result.

At the time of the medical emergency the staff failed to implement the resident's advanced level three health care directive. Instead, the staff explained the resident's declining condition and asked the POA what they wished to do. They did not review the residents' advanced health care directive level three status with the POA, did not elaborate on the implication of changing level three status to level one status, did not verify that the POA understood the implication of the changes, and failed to have the changes in an expressed written format.

Sources: Advanced health care directives, code blue – medical emergency plan policy #: EMERG-I-04 last revised on Mar/23, interviews with RPN and RN. [000861]