

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: September 12, 2024
Inspection Number: 2024-1450-0005
Inspection Type: Proactive Compliance Inspection
Licensee: The Ontario Mission of the Deaf
Long Term Care Home and City: Bob Rumball Home for The Deaf, Barrie

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 19-22, 26-30, 2024 and September 3, 2024

The following intake(s) were inspected:

- Intake: #00124147 - Proactive Compliance Inspection

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Medication Management
- Residents' and Family Councils
- Safe and Secure Home
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Quality Improvement

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Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Retraining

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 82 (4)

Training

s. 82 (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

The licensee has failed to ensure that a staff member completed their yearly Infection Prevention and Control (IPAC) training.

Rationale and Summary

The Director of Care (DOC) stated that staff are to complete yearly training on Surge Learning related to IPAC.

Review of a staff member's Surge Learning IPAC training records showed that 2023 training was not completed.

Failing to ensure a staff member completed annual IPAC retraining may have increased the chance for infection to be spread in the home.

Sources: Interview with DOC, Surge Learning training record

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WRITTEN NOTIFICATION: Air temperature

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (1)

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius.

Rationale and Summary

A review of the home's air temperature records for August 2024, indicated the temperature was not maintained at a minimum temperature of 22 degrees Celsius in the Chalet on August 19-22, 2024, in the D4 dining room on August 25, 2024, and in one resident bedroom on August 25, 2024. The recorded temperatures ranged from 19.3 degrees to 21.8 degrees Celsius.

There was risk for resident discomfort when the air temperatures were not maintained at a minimum temperature of 22 degrees Celsius.

Sources: Air Temperature Records August 2024; Interview with the Nutrition and Environmental Services Manager.

WRITTEN NOTIFICATION: Air temperature

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (3)

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Air temperature

s. 24 (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.

The licensee has failed to ensure the temperatures required to be measured under subsection (2) were documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

Rationale and Summary

A review of the home's air temperature records for August 2024, indicated there were multiple occasions when air temperatures in the home were not recorded three times a day as required.

Failing to record and monitor air temperatures as required put the residents at risk for discomfort if the air temperatures were not maintained at a minimum temperature of 22 degrees Celsius.

Sources: Air Temperature Records August 2024; Interview with the Nutrition and Environmental Services Manager.

WRITTEN NOTIFICATION: General requirements

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.

General requirements

s. 34 (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 11 to 20 of the Act and each of the interdisciplinary programs required under section

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53 of this Regulation:

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.

The licensee has failed to ensure that the 2023 evaluation of the skin and wound care program included the names of the persons who participated in the evaluation, a summary of the changes made and the date those changes were implemented.

Rationale and Summary

Review of the document titled "Annual Evaluation of Skin and Wound Care Program" dated January 31, 2024 displayed that the document did not contain the persons in attendance of the meeting, did not contain the changes that were made, and did not contain the date those changes were implemented.

The DOC stated that the document did not contain the persons in attendance of the meeting, did not contain the changes that were made, and did not contain the date those changes were implemented.

The home's failure to ensure the annual evaluation of the skin and wound program included the required information, may have impacted the home's ability to assess the effectiveness of changes to the program.

Sources: Document titled "Annual Evaluation of Skin and Wound Care Program",
Interview with DOC

WRITTEN NOTIFICATION: Skin and wound care

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NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

1) The licensee has failed to ensure that a resident's altered skin integrity was reassessed at least weekly.

Rationale and Summary

A resident had altered skin integrity that was not reassessed during a period of time.

A Registered Practical Nurse (RPN) stated that wounds are to be reassessed weekly and was unable to find a reassessment during the period of time.

Failure to reassess an altered skin integrity put the resident at risk for further alteration in skin integrity.

Sources: Resident's clinical records, Interview with staff

2) The licensee has failed to ensure that a resident's altered skin integrity was reassessed at least weekly.

Rationale and Summary

A resident had altered skin integrity that was not reassessed during a period of time.

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A Registered Practical Nurse (RPN) stated that wounds are to be reassessed weekly and was unable to find a reassessment during the period of time.

Failure to reassess an altered skin integrity put the resident at risk for further alteration in skin integrity.

Sources: Resident's clinical records, Interview with staff

WRITTEN NOTIFICATION: Dining and snack service

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

Dining and snack service

s. 79 (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:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee has failed to ensure the home had a dining service that included foods being served at a temperature that is both safe and palatable to the residents.

Rationale and Summary

During observation, a Dietary Aide did not take the temperatures of the cold foods at point of service.

The Dietary Aide indicated that the purpose of taking food temperatures was to ensure the food was safe and palatable for residents, and this included taking the temperatures of cold foods.

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Sources: Observations; interviews with staff

WRITTEN NOTIFICATION: Dining and snack service

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (2) (b)

Dining and snack service

s. 79 (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.

The licensee has failed to ensure that 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.

Rationale and Summary

A resident was deemed to be high nutritional risk and was to receive a specific textured diet and specific thickened fluids. They were to receive assistance in feeding from staff.

During observations, a staff member was assisting the resident with eating and serving others residents their meals at the same time. It was observed that the resident was left with their meal in front of them, with no eating assistance for almost 10 minutes.

Another resident was deemed to be high nutritional risk and was to receive constant encouragement/assistance/feeding at mealtimes. Their care plan stated to remain with the resident during meals.

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During meal time observation, their meal was in front of them with no assistance.

The Nutrition and Environmental Manager indicated that a meal should only be provided to a resident who needs eating assistance when a staff member is available to sit and assist them for the entire duration of eating their meal. They stated that if food was left on the table for a period of time, it may no longer be a palatable temperature for the resident.

Sources: Dining observations, interview with the Nutrition and Environmental Manager.

WRITTEN NOTIFICATION: Quarterly evaluation

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 124 (1)

Quarterly evaluation

s. 124 (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. O. Reg. 246/22, s. 124 (1).

The licensee has failed to ensure that an interdisciplinary team that included the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, met at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

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Rationale and Summary

On August 21, 2024, there was an interdisciplinary meeting to evaluate the effectiveness of the medication management system in the home. The meetings attendance included the Director of Care and the Administrator. The Medical Director and the Pharmacy Service Provider did not attend this meeting.

When all the required members were not included in the quarterly evaluation, suggestions for improvement from all required persons could not be considered.

Sources: Quarterly Evaluation Attendance Sheet; Discussion with the Administrator.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) 6. i.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

- 6. A written record of,
 - i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,

The licensee has failed to ensure that the Continuous Quality Improvement (CQI) initiative report included the outcomes of the actions taken to improve the long-term care home based on the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act.

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Rationale and Summary

The report titled "Continuous Quality Improvement Plan for the Bob Rumball Home for the Deaf 2024-2025" did not include the outcomes of the actions taken to improve the long-term care home based on the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act.

The DOC confirmed that the report did not include the outcomes of the actions taken by the home to improve the long-term care home.

Failure to include the outcomes of the actions taken by the home based on the results of the survey, was a missed opportunity to track and share the home's progress.

Sources: Interview with DOC, report titled "Continuous Quality Improvement Plan for the Bob Rumball Home for the Deaf 2024-2025"

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (3)

Continuous quality improvement initiative report

s. 168 (3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.

The licensee has failed to ensure that the Continuous Quality Improvement (CQI) initiative report was shared with the Residents' Council.

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Rationale and Summary

The Residents' Council (RC) meeting minutes reviewed did not indicate that the CQI report was shared with the RC.

The DOC stated that the CQI report was not shared with the RC.

Failure to share the CQI report with the RC was a missed opportunity for the RC to provide comments and feedback.

Sources: Interview with DOC, review of RC meeting minutes