

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

Public Report

Report Issue Date: March 14, 2025

Inspection Number: 2025-1450-0002

Inspection Type:

Critical Incident

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): March 10 - 14, 2025.

The following intake(s) were inspected:

- Intake: #00133941, #00137511, and #00139080, related in allegations of resident abuse .
- Intake: #00140560, related to a disease outbreak.
- Intake: #00140675, Related to a medication incident.

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

- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Policy to promote zero tolerance

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

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to comply with the home's Zero Tolerance of Abuse and Neglect of Residents Policy when they did not follow their checklists for internal reporting and investigating abuse when a witnessed incident of resident abuse was reported.

In accordance with O. Reg 246/22, s. 11(1)(b), the licensee is required to ensure that written policies developed for the home's prevention of abuse program were complied with.

Specifically, the home's on-call manager, or the Registered Nurse (RN) did not call the Physician or the Police immediately when they were made aware of an incident of abuse. They did not complete the checklists for internal reporting or the checklist for investigating resident abuse which directs them to call the Physician and the Police.

Sources: Policy: Zero Tolerance of Abuse and Neglect of Residents, policy #ADM-VI-18, appendix C: i - iv revised January 2025, progress notes, interview with the home's Administrator and an RN.

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The License failed to ensure that when a RN and the home's on-call manager, had reasonable grounds to suspect that abuse had occurred, they reported their suspicion to the Director immediately.

Sources: Critical Incident Report, Process for reporting certain matters and CI's form, Interview with a RN, and the Administrator.

WRITTEN NOTIFICATION: Responsive Behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee failed to ensure when a resident was demonstrating responsive behaviours towards co-residents and staff that the home took action after the

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incidents to respond to the needs of the resident. The home did not complete any reassessments, re-evaluation of current interventions, explore alternative therapies, or external resources when the resident had ongoing incidents of behaviours towards co-residents and staff.

Sources: review of progress notes and plan of care review, interview with a RPN and the home's Administrator.

COMPLIANCE ORDER CO #001 Duty to protect

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The inspector is ordering the licensee to comply with a Compliance Order

[FLTCA, 2021, s. 155 (1) (a)]:

The licensee must:

1. Educate the on-call RN on what constitutes sexual abuse as per O. Reg 246/55 s. 2(1).
2. Educate specified RN's on the home's Zero Tolerance of Abuse and Neglect of Residents, that includes appendices for Mandatory Reporting, Witness Reports and Internal Reporting.
 - a) The education must include case studies and examples that outlines the home's Zero Tolerance of Abuse Policy, Mandatory Reporting, Completing Witness Reports, and Internal Reporting Checklist.
 - b) The education must include a written knowledge test completed by the RN's on part 1) and part 2 a) of this compliance order.

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3. The education record must be documented to include the written education, knowledge test, signatures of the RN's, the title of the person providing the education, and the date the education was completed. A copy of the education and supporting documents must be kept in the home.
4. Re-evaluate both specified resident's plan of care to determine if current behavioural interventions are relevant and successful. The re-evaluation of the plans of care must involve the multidisciplinary team that includes Personal Support Workers, Registered Practical Nurses, Registered Nurses, Chaplin, Recreation Therapists, Director of Care, Administrator, Program Leads, and Physician(s). Document who was involved from the interdisciplinary team meeting, the outcome of the re-evaluation, dates actions were taken, and what other interventions or options were explored for the residents.
5. The multidisciplinary team should consider external resources, to assist in the reassessment of the resident's expressions and involvement of community partners to assist the resident with understanding the severity of their responsive actions. Document which external resources were explored, the community partners that were engaged, and what actions were taken to assist the resident.

Grounds

The licensee failed to ensure that residents were protected from abuse from their co-residents.

Ontario Regulation 246/22, 2 (1) (c) defines physical abuse as the use of physical force by a resident that causes physical injury to another resident; (mauvais traitements d'ordre physique)

Ontario Regulation 246/22, 2(1) (a) defines sexual abuse as any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member.

Rationale and Summary

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A) A resident with known physical responsive behaviours was observed to be physically aggressive towards co-residents causing injury.

Failure to protect the residents from abuse resulted in physical harm and injury that required additional treatment and monitoring.

Sources: Review of progress notes, Critical Incident Reports, plan of care for specified residents, interview with a Registered Practical Nurse (RPN).

B) A resident was observed by staff displaying responsive behaviors towards a co-resident.

The resident had a history of inappropriate behaviours towards residents and staff in the home. Within a five month period, the resident had inappropriate expressions on six occasions towards staff and co-residents.

The home did not re-evaluate interventions that were in place or implement additional interventions to keep residents safe.

A resident was negatively impacted, and other residents were at risk of harm when the home did not follow up after each inappropriate incident, re-evaluate interventions or implement new interventions to ensure the safety of all residents.

Sources: review of residents progress notes, home's investigation notes, plan of care for a resident, interview with the home's Administrator, and a RN.

This order must be complied with by April 28, 2025.

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

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NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$11000.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

CO #001 - Duty to Protect, inspection #2023_1450_0004, Report date January 9, 2024.

CO #001- Duty to Protect #2024_1450_0001(A2), Report date April 4, 2024.

This is the second AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services

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(PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor

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Director

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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.