

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: August 18, 2025

Inspection Number: 2025-1450-0004

Inspection Type:

Complaint
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 dates: August 6-8, and 11-15, 2025.

The following intakes were inspected:

- Intake #00149574, concerns related to resident care and operations of the home
- Intake #00149744, related to allegations of improper care of a resident
- Intake #00152063, related to falls prevention and management

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

Resident Care and Support Services
Food, Nutrition and Hydration
Pain Management
Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care.

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident was reassessed, and their plan of care was reviewed and revised when their needs changed.

A resident had a change in their condition which it increased their risk for injury. The information related to the resident's change in condition was not included in their plan of care, as required.

Sources: a resident's clinical records, and interviews with staff.

WRITTEN NOTIFICATION: Falls prevention and management.

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the

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review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to comply with the home's falls prevention and management program when staff did not complete the required assessment after a resident's falls.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the falls prevention and management program were complied with. Specifically, the home's falls policy indicated a Falls Risk Assessment Tool (FRAT) was to be completed after a resident had a fall.

On separate occasions when a resident sustained a fall, staff did not complete the assessments as specified in the home's falls policy.

Sources: a resident's clinical records, the home's falls prevention and management policy, and interviews with staff.

WRITTEN NOTIFICATION: Pain management

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

Non-compliance with: O. Reg. 246/22, s. 57 (1) 1.

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.

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The licensee has failed to ensure that a resident's pain was assessed as specified in the home's pain management policy.

In accordance with O. Reg 246/22 s.11 (1) (b), the licensee is required to implement communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired. Specifically, the home's pain management policy directed registered nursing staff to rate each of the five items of the Pain Assessment in Advanced Dementia (PAINAD) tool on a scale of zero to two to obtain a total pain score.

On two separate occasions, a resident's pain was not assessed as specified in the home's pain management policy, resulting in an incorrect total pain score.

Sources: a resident's clinical records, the home's pain management policy and interviews with staff.

COMPLIANCE ORDER CO #001 Nutritional care and hydration programs

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

Non-compliance with: O. Reg. 246/22, s. 74 (2) (c)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(c) the implementation of interventions to mitigate and manage those risks;

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

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1) Provide training to all registered nursing staff working on the identified Resident Home Area (RHA) and those who provided resident care on the specified time period, regarding the home's policies and procedures related to hydration services, including communication with the Physician and the Physician Assistant (PA).

2) Document the training provided to the staff members, including the date, the name of the staff members who attended and who provided the training, the content of the training and the method used to assess staff understanding and knowledge. A record of the training should be kept at the home.

3) Conduct daily audits for four weeks on the identified RHA, to ensure that when a resident has a fluid intake lower than their target over a 72-hour period, registered nursing staff are:

- a) completing the required assessments
- b) providing appropriate interventions
- c) communicating immediately with the Physician, PA when a resident's hydration condition is worsening.

4) Document the audits, including the date and time, the resident name, staff who completed the audit, staff members audited, elements checked during the audit, and any actions taken based on the audit results. A copy of the audit should be kept at the home.

Grounds

The licensee has failed to ensure that actions to mitigate and manage the risks related to a resident's hydration needs were implemented.

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In accordance with O. Reg 246/22 s.11 (1) (b), the licensee is required to implement interventions to mitigate and manage the risks related to hydration services. Specifically, the home's Fluid Intake policy required registered nursing staff to document changes in fluid intake on nursing report for further follow-up and to inform the physician of concerns and recommendations.

A resident's fluid intake was below their assessed fluid needs. Despite the resident had a constant reduced fluid intake, nursing staff did not inform the Physician or the Physician Assistant about the resident not meeting their daily fluid requirements.

Despite dietary interventions being implemented, the resident's condition continued to deteriorate, and no further actions were implemented to mitigate and manage the resident's risks associated with their reduced fluid intake, including notifying the Physician or the Physician Assistant in a timely manner about worsening of the resident's condition.

Failure to implement appropriate actions to manage the resident's risks related to their hydration needs resulted in worsening of the resident's overall condition and contributed to their negative health outcome.

Sources: a critical incident report, a resident's clinical records, the home's fluid intake policy, the home's investigation notes, and interviews with staff.

This order must be complied with by September 26, 2025

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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

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e-mail: MLTC.AppealsCoordinator@ontario.ca

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:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

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Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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.