

**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:** November 13, 2025

**Inspection Number:** 2025-1450-0005

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

**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): October 28 - 31, 2025, and November 3 - 6, 10, 12, and 13, 2025.

The inspection occurred offsite on the following date(s): November 7, 2025.

The following intake(s) were inspected:

-Intake: #00155467, Follow-up #: 1 - O. Reg. 246/22 - s. 74 (2) (c) nutrition and hydration services.

-Intake: #00157080, and Intake: #00159097, related to prevention of abuse and neglect.

-Intake: #00157581, Intake: #00158126, and Intake: #00159883 related to concerns regarding improper care of a resident.

**Previously Issued Compliance Order(s)**

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

Order #001 from Inspection #2025-1450-0004 related to O. Reg. 246/22, s. 74 (2) (c)

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

- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Prevention of Abuse and Neglect
- Responsive Behaviours

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #001 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.

A) The the home's management team was informed about an allegation of verbal abuse of a resident; however, the home did not report the allegation to the Director immediately.

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**Source:** Investigation notes, zero tolerance of abuse and neglect of residents policy, interview with the Administrator

B) A concern was brought forward from a family member regarding the care and treatment of a resident. The home did not report the concern to the Director until fourteen days later.

**Sources:** progress notes, interview with the home's Administrator.

## **WRITTEN NOTIFICATION: Altercations and other interactions between residents**

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

**Non-compliance with: O. Reg. 246/22, s. 59**

Altercations and other interactions between residents

s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

- (a) identifying factors, based on an interdisciplinary assessment and on information provided to the licensee or staff or through observation, that could potentially trigger such altercations; and
- (b) identifying and implementing interventions.

A resident exhibited responsive behaviours towards other residents. The home did not identify behavioural triggers, therefore, there were no interventions in place to mitigate altercations involving other residents.

**Sources:** inspector observations, care plan, residents' medical records, progress

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note, responsive behaviours and management policy, interview with Registered Nurse (RN), Social Services Manager, and DOC.

**COMPLIANCE ORDER CO #001 Duty to protect**

NC #003 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:

a) Provide re-education to the registered nursing staff that work on the care center on the home's skin and wound care policy, specifically related to how to complete and document initial skin and wound assessments, weekly skin and wound assessments, and referrals to the skin and wound care lead.

b) Provide education to the PSW's that work on the care center on how to assess, report, and when to document changes in residents skin conditions, specifically changes in skin lesions.

c) Provide education to the registered nursing staff that work on the care center on the importance of communicating with the Pharmacy, Physician and Physician Assistant, when medication is delayed.

d) Provide education to the registered nursing staff on the importance of communicating with Physicians and Physician Assistants when a resident has a

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deteriorating area of impaired skin and documenting the outcome of the communication between the nursing staff and the medical professionals.

e) The education in part a) and b) must include written documents of step by step processes on how to complete the required documentation as well as visual pictures and examples of impaired skin integrity that includes skin lesions. A record of all of the education provided must be documented and include the names of staff educated, who completed the education, copy of the education provided and the date the education was completed.

f) Include in the home's current weekly skin and wound care audit tool, the full completion of initial and weekly assessments that ensures each skin and wound assessment includes measurements, characteristics, treatment and progression of wound healing. If the audit shows incomplete assessment and documentation, ensure that the follow up and education with the staff member involved to ensure compliance is documented.

**Grounds**

According to O. Reg 246/22 s. 2 (7), for the purposes of the Act and this Regulation, "neglect" means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

A) A concern was brought forward to the Ministry of Long-Term Care (MLTC) and the home, regarding and allegation of neglect, specifically, related to a concern that there was a delay in assessment and treatment for an area of impaired skin integrity for a resident.

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The area of impaired skin integrity was not assessed on admission or weekly thereafter and treatment interventions were not documented or put in place when the impairment was noted to deteriorate. The impaired skin integrity rapidly deteriorated and additional treatment was no longer an option. The resident's overall health declined and the resident passed away.

**Sources:** review of a resident electronic and paper clinical chart, hospital records, skin and wound consultations, interviews with RPN's, the home's skin and wound care lead, Physician Assistant and the home's physician, coroner and residents family.

According to O. Reg 246/22 s. 2 (1), verbal abuse is defined as any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident.

B) The home had a history of an altercation between a visitor and a resident. A second altercation with the visitor occurred and the home did not ensure that a safety plan was updated in the residents' plan of care to communicate and mitigate future altercations.

**Source:** Care plan, progress note, investigation note, zero tolerance of abuse and neglect of residents policy, interview with a housekeeper and the Administrator.

**This order must be complied with by** January 8, 2026

**This compliance order is also considered a written notification and is being**

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**referred to the Director for further action by the Director.**

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

**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 \$16500.00, 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:**

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2023\_1450-0004 Report date: January 9, 2024. CO

2024\_1450\_0001 Report date: April 4, 2024. CO

2025\_1450\_0002 Report date: March 14, 2025 CO

This is the third 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 (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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).