



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 10, 2015	2015_377502_0004	T-2020-15	Complaint

Licensee/Titulaire de permis

THE ONTARIO MISSION OF THE DEAF
2395 BAYVIEW AVENUE NORTH YORK ON M2L 1A2

Long-Term Care Home/Foyer de soins de longue durée

BOB RUMBALL HOME FOR THE DEAF
1 Royal Parkside Drive BARRIE ON L4M 0C4

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

JULIENNE NGONLOGA (502)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): February 20 and 23, 2015.

During the course of the inspection, the inspector(s) spoke with personal support worker (PSW), registered practical nurses (RPN), cook, dietary aide, nutrition manager, the director of nursing (DON), the administrator, residents, and resident's family.

The inspectors also conducted observations of staff and resident interactions, provision of care, dining and snack services, record review of resident and home records, and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Food Quality

Snack Observation

Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.

3 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités

Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning
Specifically failed to comply with the following:**

**s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
(d) includes alternative beverage choices at meals and snacks; O. Reg. 79/10, s. 71 (1).**

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).



Findings/Faits saillants :

1. The licensee has failed to ensure that the menu cycle includes alternate beverage choices at snacks.

Review of the 2014-2015 winter/spring snack menu revealed and interview with the nutrition manager confirmed that alternate beverage choices at snacks were not included in the snack menu cycle for week one, two, and three. He/She also indicated that the residents are accommodated if they request another beverage. [s. 71. (1) (d)]

2. The licensee has failed to ensure that planned menu items are offered and available at each meal.

Observation made on February 23, 2015, during lunch service and review of the production sheets revealed that beef salad sandwich on whole wheat bread and pureed beets were not prepared and made available at lunch time as per planned menu.

Interview with an identified staff indicated that pureed beets and beef salad sandwich were not available for the lunch meal service on February 23, 2015. Interview with an identified staff confirmed that he/she did not prepare the above mentioned items for lunch meal service on February 23, 2015. [s. 71. (4)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the menu cycle include alternate beverage choices at snacks and planned menu items are offered and available at each meal, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production



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Specifically failed to comply with the following:

**s. 72. (2) The food production system must, at a minimum, provide for,
(g) documentation on the production sheet of any menu substitutions. O. Reg.
79/10, s. 72 (2).**

**s. 72. (3) The licensee shall ensure that all food and fluids in the food production
system are prepared, stored, and served using methods to,
(a) preserve taste, nutritive value, appearance and food quality; and O. Reg.
79/10, s. 72 (3).**

Findings/Faits saillants :



1. The licensee has failed to ensure that menu substitutions are documented on the production sheet.

Review of the 2014-2015 winter/spring menu cycle revealed that on January 25, 2015, captain burger was substituted with barbecue (BBQ) chicken; on February 2, 2015, waxed beans was substituted with turnip, and on February 8, 2015, broccoli was substituted with carrots.

Record review revealed and interview with the nutrition manager confirmed that the above identified substitutions were not documented on the production sheets. [s. 72. (2) (g)]

2. The licensee has failed to ensure that all foods are prepared using methods which preserve taste, nutritive value, appearance and food quality.

Review of the Salmon Salad Sandwich Snack recipe indicated the following ingredients are required to prepare a salmon salad sandwich: 1½ kilograms (kg) salmon canned, 300 grams (g) fresh celery, 39g fresh onions, 60 millilitres (ml) fresh red peppers, 60ml pickle relish, 225ml mayonnaise, 1¾ tablespoon (Tbsp) lemon juice, 1/8 teaspoon (tsp) table salt, 1/8 tsp black pepper, margarine, and bread.

Observation made on February 23, 2015, revealed and interview with an identified staff confirmed that he/she used canned salmon, 1 tsp of salt, 1 tsp pepper, ½ cup mayonnaise for minced and pureed texture diet and added one bowl of mixed fresh celery and onions chopped for regular texture diet. The identified staff member also confirmed that he/she did not follow a standardized recipe to prepare the above mentioned sandwich. [s. 72. (3) (a)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service



Specifically failed to comply with the following:

**s. 73. (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. O. Reg. 79/10, s. 73 (2).**

Findings/Faits saillants :

1. 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.

On an identified date, at 13:00 p.m. the inspector observed resident #06 sitting at the dining room table, an identified staff, who was feeding her left for her break. The resident was served desert before a staff member was available to assist or supervise her. At 13:20 p.m., an identified staff resumed feeding resident #06.

Review of resident #06's written plan of care indicated that staff should provide intermittent encouragement and physical assistance with feeding. Interview with an identified staff indicated that the resident requires assistance with feeding.

Resident #06 was served desert before staff was available to provide assistance. [s. 73. (2) (b)]

Issued on this 31st day of March, 2015

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs



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Original report signed by the inspector.