

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: July 27, 2023	
Inspection Number: 2023-1010-0002	
Inspection Type: Complaint	
Licensee: ManorCare Partners II	
Long Term Care Home and City: Friendly Manor Nursing Home, Deseronto	
Lead Inspector Darlene Murphy (103)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 17-20, 2023.

The following intake(s) were inspected:

- Intake: #00087230 -complaint related to alleged financial abuse of a resident,
- Intake: #00090778 -complaint related to fall prevention.

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

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Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
FLTCA, 2021, s. 6 (10) (b)

Rationale and Summary:

A resident's plan of care related to fall prevention was reviewed and noted to include the placement of a fall mat on the floor beside the resident's bed. A PSW was interviewed and indicated the fall mat for this resident was no longer being utilized as it was ineffective. The Administrator confirmed this information and stated the fall mat should have been removed from the resident's plan of care at the time of the revision. The RAI coordinator revised the plan of care and indicated it was an oversight.

There was no risk or impact to the resident as the fall mat had been removed from the room and was no longer being utilized.

Sources: resident plan of care, interviews with PSW staff, the Administrator and RAI coordinator.

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Date Remedy Implemented: July 19, 2023

WRITTEN NOTIFICATION: Policies and Records

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

The licensee has failed to comply with their complaints procedure.

In accordance with O. Reg 246/22, s. 11 (1) b, the licensee is required to ensure there is a written complaints procedure that outlines how the licensee deals with complaints and must be complied with.

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Specifically, the home failed to comply with "Complaints-Dealing with", dated July 2023, for failing to forward the letter of complaint to the Director along with the documented response.

Rationale and Summary:

A resident's Power of Attorney (POA) for finance and care emailed a letter of complaint to the Administrator that alleged financial abuse of a resident.

The Administrator indicated they contacted the complainant by telephone regarding the written complaint, but failed to forward the letter of complaint to the Director along with the documented response made to the complainant.

The long-term care home did investigate the allegations upon receipt of the email and therefore the failure of the home to comply with their complaints process posed a low risk to the resident.

Sources: Interview with the Administrator, review of the home's complaint process.

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