

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

Public Report

Report Issue Date: April 2, 2025

Inspection Number: 2025-1010-0001

Inspection Type:

Proactive Compliance Inspection

Licensee: ManorCare Partners II

Long Term Care Home and City: Friendly Manor Nursing Home, Deseronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 25 - 28, 31, and April 1, 2025

The following intake(s) were inspected:

- Intake: #00143046 - PCI

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Medication Management
- Residents' and Family Councils
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Quality Improvement
- Staffing, Training and Care Standards
- Pain Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.

The licensee has failed to ensure that their written policy related to the skin and wound care program was complied with.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that written policies and protocols were developed for the skin and wound care program and ensure they were complied with. Specifically, two weekly wound assessments were not completed for a resident.

Sources: Review of Wound Care Program Policy, a resident's skin and wound program and interviews with a Registered Nurse (RN) and a Registered Practical Nurse (RPN).

WRITTEN NOTIFICATION: Continuous quality improvement committee

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

Non-compliance with: O. Reg. 246/22, s. 166 (2) 5.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

5. The home's registered dietitian.

The licensee has failed to ensure the continuous quality improvement committee included the home's registered dietitian.

Sources: Interview with the Administrator.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

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

Non-compliance with: O. Reg. 246/22, s. 168 (1)

Continuous quality improvement initiative report

s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The licensee has failed to prepare a report on the continuous quality improvement initiative for the home for the 2023 fiscal year, and publish a copy of each report on its website.

Sources: Review of the LTCH website and an interview with the Administrator.

WRITTEN NOTIFICATION: CMOH and MOH

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NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 272

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee has failed to ensure that recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act were followed in the home.

In accordance with the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, Alcohol-based hand rubs (ABHR) must not be expired. During inspector observations, two wall mount ABHRs located at the entry of the home, were noted to have an expiry date of January 2025.

Sources: Inspector observations.