Ontario

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

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ottawa District
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Public Report

Report Issue Date: December 19, 2025
Inspection Number: 2025-1010-0003
Inspection Type: Complaint Critical Incident
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): December 17 - 19, 2025

The following intake(s) were inspected:
- Intake: #00156241/ CIS# 0934-000008-25 - regarding Infection Prevention and Control - multiple outbreaks.
- Intake: #00157727/ CIS# 0934-000009-25 - regarding a fall with injury and transfer to hospital.
- Intake: #00164699 - Complaint regarding medication error follow-up.

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

Medication Management
Infection Prevention and Control
Falls Prevention and Management

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 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan

of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident; and

The licensee's written plan of care specific to toileting for a resident set out different directions than the care the resident was provided.

Sources: Resident Progress Notes, December 2025 Care Plan and Kardex, observations of the resident's logo board and interviews with the RAI Coordinator and Personal Support Worker (PSW) 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 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).

In accordance with O. Reg. 246/22, s. 11 (1) b, the licensee is required to ensure that their written policy related to falls prevention and management is complied with.

The licensee's falls prevention and management policy indicated that a head injury routine is completed if a resident has struck his/her head or fall was unwitnessed and resident is unable to validate that they did not hit their head. There was no head injury routine documentation found in a resident's clinical record for their unwitnessed fall.

Sources: Resident progress notes, electronic and hard copy chart and the licensee's falls investigation and documentation policy #NM-F3, and an interview with the Administrator.