



**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
performance du système de santé
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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 4, 2015	2015_270531_0013	O-002037-15	Resident Quality Inspection

Licensee/Titulaire de permis

MANORCARE PARTNERS II
6257 Main Street Stouffville ON L4A 4J3

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

FRIENDLY MANOR NURSING HOME
9756 County Road, #2 P.O. Box 305 DESERONTO ON K0K 1X0

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

SUSAN DONNAN (531), AMBER MOASE (541), PAUL MILLER (143)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): May 21, 22, 25, 26, 27, 28 and 29, 2015

The following Logs have been included in this inspection:

Log #O-001659-15, #O-001660-15, #O-001821-15, #O-001856-15, #O-002036-15 and #O-002099-15.

During the course of the inspection, the inspector(s) spoke with Residents, resident family members, Personal Support Workers, Registered Practical Nurses, Registered Nurses, laundry aide, housekeeping aide, maintenance worker, the RAI Coordinator, the Life Enrichment Coordinator, the Nutritional Services Supervisor, the Director of Care and the Administrator.

The Inspector(s) also toured the home, observed residents care and services, reviewed resident health records, reviewed maintenance logs, observed dining service, reviewed staffing schedules, continence program, and the appropriate policy and procedures.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Accommodation Services - Laundry
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Safe and Secure Home**



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

7 WN(s)
3 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #002	2015_236572_0001		531
O.Reg 79/10 s. 9. (1)	CO #001	2015_236572_0001		531

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services
Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**



Findings/Faits saillants :

1. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a good state of repair.

During the course of the inspection the inspectors observed the following:

Main Entrance reception area :

- green vinyl chair wooden legs and arms were chipped and worn.
- scarring noted on the lower 2 feet of the door to this area.
- heavy scarring on the 2 electric heaters on each side of the hall at the main entrance

North Lounge :

- wood frame fireplace is worn and wood chipped along the bottom section
- heavy scarring noted on the pedestal leg of the dining type table
- white glass topped coffee table has scarring and chipped paint including the wooden legs and the top edge of the table
- three florescent ceiling lights noted with multiple dark debris trapped above the fixture
- on the lower 3 feet of the door the paint is chipped, scuffed and scarred exposing steel door base

-in small 6x6 light in the hall in front of the nurses station the glass has a large crack through the centre

-Dining room :

- dining room table legs are noticeably chipped

-South Lounge:

- right window screen has a 6x1 inch tear in the right screen
- drywall along the window frame is rough and unfinished
- wallpaper missing along window frame exposing drywall frame

Rm 229

- bathroom door has noticeable scarring, paint chipped
- cracked floor tiles
- left wall damaged and wallpaper missing

Rm 211



- bathroom flooring to the right of the toilet has 7 small puncture holes.
- left lower wall the tile flooring was detached from the trim for approx. 15 inches
- right lower wall there is a 12 inch piece of flooring that has detached from the wall
- the wooden frame at the lower end of the clothes closet is damaged scarred and wood is splintered.

Rm 233

- corner wall chipped and wall repairs not completed, walls patched but not painted

Rm 235

- wall to left of door marked, corner bathroom wall damaged and not repaired, multiple screws holes in the bathroom wall

Rm 220

- in the resident shared bathroom there is a dark blackish stain surrounding the base of the toilet.
- door frame leading into the bathroom is scarred, scuffed, and paint is chipped
- ceiling tile strapping are covered in brown moisture type stains.
- ceiling tiles are ill fitting some are soiled

Rm 236

- wall on right side of doorway was marked and minor damage

Rm 231

- floor tiles are cracked, wall repaired with wet paint sign in place

Rm 216

- lower 3 feet of the bathroom door frame severely damaged scarring, gouged, and chipped
- bathroom flooring aged worn discoloured surrounding the base of the toilet.
- strapping/trim of bathroom ceiling tile aged detached and brown stain covering most of the strapping and
- ill fitting noisy ceiling fan
- black marks on flooring tiles
- clothes closet doors especially around handles paint chipped as well as along the base of the doors.

Rm 230



- floor tiles in the entrance way are cracked and chipped
- lower corner of the door kick plate was detached from the door and a small piece projecting outward
- sink taps have evidence of corrosion
- 12"x1/2 inch drywall missing below the mirror in the bathroom
- back of the bathroom door scarred paint chipped.

Rm 219

- wall below the window has plaster patches, unfinished/rough, paint gouged/chipped along entire wall
- 4'x2" flooring tile missing exposing concrete floor base below the window
- small hole in the window screen
- debris and cobweb between pane glass windows
- cracks and debris along window

Rm 217

- 4x4 patch of paint was missing under the bedroom window exposing concrete block
- 3 inch gouge of plaster missing along window ledge
- electric base board heater cover is rusted and scarred
- both sides of the bathroom door frame are heavily scarred paint chipped also
- scarring noticed above the bathroom door kick plate
- large crack in the right hand corner concrete block noted and runs the length of the bathroom floor
- paint peeled surrounding the bathroom door handle
- clothes closet door paint chipped and peeling

Rm 218

- lower bathroom door frame paint chipped
- bathroom floor worn, grey like stain at the base of the toilet

The Maintenance service employee was interviewed and recognized that there are areas of disrepair.

On May 27, 2015, the Administrator was interviewed recognized the disrepair, especially tile flooring and disrepair in the A wing. The Administrator confirmed that a plan is being developed to address the disrepair. [s. 15. (2) (c)]



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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 ensure that the home, furnishings and equipment are maintained in a good state of repair, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :



1. The licensee has failed to comply with LTCHA 2007, s. 20. (1) whereby the written policy to promote zero tolerance of abuse and neglect of residents was not complied with.

Under O. Reg.. 79/10 s. 2(1), emotional abuse is identified as "any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident.

On a specified date a Critical Incident System report # 0934-000004-15 was submitted to the Ministry of Health and Long Term Care.

A review of the health care record and Critical Incident #0934-000004-15 for Resident #13 indicated that the resident has multiple comorbidities. On a specified date S#116 (PSW) observed Resident #13 approach S#118 (PSW) and there was a verbal exchange.

On May 27, 2015 during an interview with S#116 she confirmed that the interaction between S#118 and Resident #13 was loud and they were speaking over each other. S#116 confirmed that she told S#118 to stop, directed S#118 to another room and informed S#118 that this had to be reported to S#101 (RN) the charge nurse.

During an interview on May 28, 2015 PSW S#118 confirmed she did not report the verbal interaction with Resident #13 to the RN S#101.

S#101 was interviewed on May 27, 2015 and confirmed he was not aware of the incident until the following day.

Review of Policy HR A-1 "Abuse Policy"

Procedure reads:

1. On becoming aware of abuse or suspected abuse, the person first having knowledge of this shall immediately inform the Administrator, the Director of Care or Supervisor in Charge.

On May 28, 2015 in an interview the Administrator she acknowledged that the home's written policy to promote zero tolerance of abuse and neglect of residents was not complied with. [s. 20. (1)]



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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 written policy to promote zero tolerance of abuse and neglect of residents is complied with, to be implemented voluntarily.

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. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs. O. Reg. 79/10, s. 73 (1).**

Findings/Faits saillants :



1. The licensee failed to ensure that meals are served course by course unless otherwise indicated by the resident or the resident's assessed needs.

On May 21, 2015 at 1304 hrs during the lunch meal Resident #42 was observed being assisted with his/her soup by a staff member and the resident's entree was noted to be sitting in front of the resident. At 1312 hrs Resident #42 was offered his/her entree. There was no offer to reheat the resident's entree prior to feeding him/her and Resident #42 refused to take a bite.

The resident seated beside Resident #42 also had his/her entree in front of him/her while eating his/her soup.

At 1309 hrs Resident #13 entered the dining room and was provided with his/her soup and entree at the same time. At 1319 hrs. S#104 placed Resident #13's entree in front of him/her, and stated "ready for your main dish?" S#104 did not offer to re-heat the Resident's entrée (quiche) which had been sitting on the table for 11 minutes. Resident #13 was offered his/her dessert at 1326 hrs despite still being fed his/her entree.

At 1320 hrs the dessert service started. Resident's #22, 32, 40 and 43 were served their dessert but all were still eating their entree. The dietary aide continued to offer dessert to the remaining residents, despite the fact that some were observed still eating their entrees.

On May 29, 2015 during a interview, the Food Service Manager indicated that it is difficult to serve residents course by course as the meal service is often late starting. Inspector #541 noted that the expectation remains for course by course service, unless the residents assessed needs have determined otherwise. [s. 73. (1) 8.]

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 meals are served course by course unless otherwise indicated by the resident or the resident's assessed needs, to be implemented voluntarily.

**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57.
Powers of Residents' Council**

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee has failed to ensure that concerns or recommendations received from the Residents' Council are responded to in writing within 10 days.

On May 22, 2015 during an interview with the President of the Residents' Council (RC) and review of the Resident Council's minutes of April 6th, 2015, it was indicated that a concern had been raised with respect to the south side of the building requiring re-cementing.

The President of the Resident Council reported that he/she had not received a written response to this concern. S#104 was interviewed and confirmed that at one time the Resident Council had a response form which the Administrator would complete, date and sign. S#104 confirmed this form of response is no longer provided and that most concerns are brought forward and addressed at the next month's Resident Council meeting. The Administrator confirmed that a written response had not been provided to the Resident Council with respect to the April 6th, 2015 concern. [s. 57. (2)]

**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85.
Satisfaction survey**

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the advice of the Residents' Council is sought in developing and carrying out the satisfaction survey and in acting on its results.

On May 22, 2015 the President of the Resident Council confirmed in an interview that the licensee did not provide the Resident Council with an opportunity to provide advice regarding the developing and carrying out of the satisfaction survey or in acting on its results.

On the same day S#104 the Life Enrichment Coordinator confirmed that the Resident Council was not given this opportunity with respect to the annual satisfaction survey. The Administrator confirmed that the Resident Council had no input into the development and carrying out of the satisfaction survey and in acting on its results. [s. 85. (3)]

**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service
Specifically failed to comply with the following:**

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

- (a) procedures are developed and implemented to ensure that,**
 - (i) residents' linens are changed at least once a week and more often as needed,**
 - (ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,**
 - (iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and**
 - (iv) there is a process to report and locate residents' lost clothing and personal items; O. Reg. 79/10, s. 89 (1).**

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg 79/10, s. 89(1)(a) in that they did not implement their procedures related to lost clothing for particular residents.

The following residents told the inspectors that they had reported the following clothing was missing.



On May 21, 2015:

Resident #19 reported a pair of white jogging pants and a pink blouse (#143)

Resident #21 reported that a nightgown, 2 pair of pants and a bra (#143)

On May 22, 2015

Resident #24 reported a pair of gray trousers and one purplish coloured night gown (143)

Resident #12 reported that a jacket went missing within the year.(#541)

Resident #35 family member reported a pair slippers (#531)

Resident # 34 reported 2 bras and pajamas for over a week (#531)

Resident #28 reported a brand new sock that has been missing for two months.(531)

The homes "Lost and Found Articles" Policy # HR L-10

Policy :

The nursing home has in place a procedure for keeping lost articles until the article is claimed by the resident or Power of Attorney and has a way to document all missing items.

Procedure :

#5. When a resident or Power of attorney brings to the attention of a staff member that they are missing an item that belongs to them, the staff member will document the item, the resident's name and date in the missing items folder kept at the nurses station and pass this information along to the Registered staff and a search of the facility will take place.

#6. When a missing item is found it will be marked as found on the sheet at the nursing station.

On May 26, 2015 S#108(PSW) and S#109(PSW) were interviewed and confirmed they would look for the missing item in the resident's room, the lost and found container and tell the nurse in charge.

On the same date S#113 a laundry aide confirmed that most of the residents report items missing to S#104 (Life Enrichment Coordinator) or S#121(laundry aide) who search the

facility for the item.

During an interview on May 28, 2015 S#104 confirmed that residents do report missing items and she was aware of the missing items reported. S#104 was not aware of a policy for missing items including the lost and found form.

Review of the Lost and Found Article folder from March 24-May 22, 2015 confirmed that the clothing reported missing by Resident #12, 19, 21, 24, 28, 34 and 35 had not been documented in accordance with Policy # HR L -10. [s. 89. (1) (a) (iv)]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal

Specifically failed to comply with the following:

s. 136. (1) Every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of,

(a) all expired drugs; O. Reg. 79/10, s. 136 (1).

(b) all drugs with illegible labels; O. Reg. 79/10, s. 136 (1).

(c) all drugs that are in containers that do not meet the requirements for marking containers specified under subsection 156 (3) of the Drug and Pharmacies Regulation Act; and O. Reg. 79/10, s. 136 (1).

(d) a resident's drugs where,

(i) the prescriber attending the resident orders that the use of the drug be discontinued,

(ii) the resident dies, subject to obtaining the written approval of the person who has signed the medical certificate of death under the Vital Statistics Act or the resident's attending physician, or

(iii) the resident is discharged and the drugs prescribed for the resident are not sent with the resident under section 128. O. Reg. 79/10, s. 136 (1).

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg. 79/10, s. 136 (1) a , whereby as part of the medication management system, the written policy does not provide for the ongoing identification , destruction, and disposal of all expired drugs.

On May 26, 2015 observation of the medication drug storage area in the Dispensary confirmed the following medications as being expired:

-Vancomycin oral 125mg 1 cap four times daily for Resident #43 (who no longer resides at the home)

-medication ordered April 2013 with a expiry date of May 2014

-Novasen 325mg tabs expiry date March 2015

-Micro-K extencaps 600mg tabs expiry date Feb. 2015.

On May 26, 2015 during an interview with the Director of Care (DOC) and review of the "Disposal of Surplus Medications " policy he/she confirmed that the policy does not provide for the identification, destruction and disposal of expired drugs. [s. 136. (1)]

Issued on this 5th day of June, 2015

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

Original report signed by the inspector.