



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

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

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

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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Apr 6, 2018	2018_717531_0009	005309-18, 005425-18, 006560-18	Critical Incident System

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)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): March 28, April 3 and 4, 2018.

During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care, the Assistant Director of Nursing (ADON), Registered Nurses (RN), Registered Practical Nurse (RPN), Personal Support Workers (PSW), and residents.

The inspector toured the resident home areas, reviewed resident health care records, observed resident care and services, reviewed Critical Incident System reports (CIS), licensee investigative notes, and the abuse policy and procedures.

**The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours**

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



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. 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 licensee's written policy #HR-A to promote zero tolerance of abuse and neglect of residents was not complied with.

Under O. Reg.79/10 s. 2(1), sexual abuse is identified as any non-consensual touching, behaviour or remarks of a sexual nature directed towards a resident by a person.

In reference to log # 006560.

On a specified date a Critical Incident (CIS) System report was submitted to the Ministry of Health and Long Term Care. The CIS was described as resident to resident inappropriate touching.

On April 5, 2018 PSW #109 during an interview with inspector #531 told the inspector that on a specified date the PSW found resident #004 seated in front of resident #005 touching the resident. PSW #109 explained that the residents were separated and both assisted to the dining room for the evening meal. PSW #109 indicated that it was very busy, and they did not report the incident to RPN #107 until the end of the shift.

During an interview with RPN #107, the RPN indicated that PSW #109 did not immediately report the alleged incident to the RPN, the supervisor in charge as per the abuse policy. RPN #107 indicated that when the incident was reported to the RPN the residents were assessed and mandatory reporting completed as per legislative reference and policy # HR A-1. The residents care plans were reviewed and revised.

The licensee's Abuse policy- Policy #HR A-1

Page 6: procedure for reporting and investigating abuse reads:

1. On becoming aware of abuse, the person first having knowledge of this shall IMMEDIATELY inform the Administrator, the Director of Care or supervisor in charge.

Subsequently the Administrator was interviewed and acknowledged that PSW #109 did not immediately report the alleged incident to RPN #107 therefore the licensee'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 licensee's written policy #HR-A to promote zero tolerance of abuse and neglect of residents is complied with, to be implemented voluntarily.

Issued on this 22nd day of April, 2018

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

Original report signed by the inspector.