

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

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

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

Central West Service Area Office  
1st Floor, 609 Kumpf Drive  
WATERLOO ON N2V 1K8  
Telephone: (888) 432-7901  
Facsimile: (519) 885-2015

Bureau régional de services de Centre  
Ouest  
1e étage, 609 rue Kumpf  
WATERLOO ON N2V 1K8  
Téléphone: (888) 432-7901  
Télécopieur: (519) 885-2015

**Amended Public Copy/Copie modifiée du rapport public**

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<b>Report Date(s)/ Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log #/ No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 21, 2020	2020_773155_0001 (A2)	020975-19, 023415-19	Complaint

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**Licensee/Titulaire de permis**

2063412 Ontario Limited as General Partner of 2063412 Investment LP  
302 Town Centre Blvd. Suite 300 MARKHAM ON L3R 0E8

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

Creedan Valley Care Community  
143 Mary Street CREEMORE ON L0M 1G0

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

Amended by SHARON PERRY (155) - (A2)

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**Amended Inspection Summary/Résumé de l'inspection modifié**

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**Compliance due date for compliance order #001 changed from October 30, 2020 to December 20, 2020.**

**Issued on this 21st day of October, 2020 (A2)**

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

**Original report signed by the inspector.**

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Oct 21, 2020	2020_773155_0001 (A2)	020975-19, 023415-19	Complaint

**Licensee/Titulaire de permis**

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

Creedan Valley Care Community  
143 Mary Street CREEMORE ON L0M 1G0

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

Amended by SHARON PERRY (155) - (A2)

**Amended Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): January 14, 15, 16, 17 and 20, 2020.**

**Sarah Inglis, Inspector #767 was present during this inspection.**

**The following intakes were completed within this Complaint inspection:**

**Log 020975-19 complaint related to alleged staff to resident abuse, skin and wound care and cleanliness of the home; and**

**Log 023415-19 complaint related to the use of agency registered nurses working in the home.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care, Director of Operational Effectiveness, Nursing Clinical Care Partner, Office Manager, Scheduling Coordinator, Associate Director of Care, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Physiotherapy Assistant and residents.**

**The inspectors also toured resident care areas; reviewed relevant clinical records, registered nursing schedules/rosters, complaint letters/forms; and observed staff-resident interactions.**

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

**Prevention of Abuse, Neglect and Retaliation  
Skin and Wound Care  
Sufficient Staffing**

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

- 2 WN(s)**
- 0 VPC(s)**
- 1 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>Légende</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. 8. Nursing and personal support services**

**Specifically failed to comply with the following:**

**s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that there was at least one registered nurse who was an employee of the licensee and a member of the regular nursing staff on duty and present at all times, except as provided for in the regulations.

The Ministry of Long Term Care received a complaint that agency Registered Nurses (RN) were working in the home.

RN #116 shared that they worked for an agency and when they worked in the home they were the only RN.

RPN #103, PSWs #111 and 114 shared that agency RNs worked in the home and this had been occurring since the summer of 2019.

Review of the daily nursing rosters for December 1, 2019 to December 31, 2019 showed that agency RNs worked on 28 of 31 days equaling 44 shifts (48.8 per cent of the shifts).

Review of the daily nursing rosters for January 1, 2020 to January 19, 2020 showed that agency RNs worked on 13 of the 19 days equaling 14 shifts (24.6 per cent of the shifts).

Director of Care #100 shared that agency RNs had been working in the home when they started in September 2019. They understood that by having an RPN who was an employee of the home work with the agency RN that they would be in compliance with the legislation.

The licensee failed to ensure that there was at least one registered nurse who was an employee of the licensee and a member of the regular nursing staff on duty and present at all times, except as provided for in the regulations. [s. 8. (3)]

***Additional Required Actions:***

**CO # - 001 will be served on the licensee. Refer to the “Order(s) of the Inspector”.**

**(A2)**

**The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 001**

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

**Specifically failed to comply with the following:**

**s. 50. (2) Every licensee of a long-term care home shall ensure that,**

**(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**

**(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**

**(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**

**(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**

**(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that resident #001 who was assessed on an identified date as having an area of altered skin integrity and assessed on an identified date to have a new area of altered skin integrity, was reassessed at

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least weekly by a member of the registered nursing staff, if clinically indicated.

This is being issued as a Written Notification as it is new evidence that supports Compliance Order # 001 issued August 15, 2019, inspection 2019\_545147\_0007, with a compliance due date of January 31, 2020.

Resident #001 was admitted to the home on an identified date and an assessment was completed that identified an area of altered skin integrity. On an identified date, a Skin and Wound Care Assessment was completed in Point Click Care for the area of altered skin integrity. There were no further Skin and Wound Care Assessments done for this area of altered skin integrity until seven weeks later.

Further record review showed that resident #001 did not have Skin and Wound Care Assessments completed for this area of altered skin integrity on three other occasions. One occasion being 13 days without an assessment, the other being 14 days without an assessment, and one being 10 days without an assessment.

On an identified date, a Skin and Wound Care Assessment was completed for resident #001 for a new identified area of altered skin integrity. The next assessment done on this area was 13 days later. Record review done 17 days later showed that there were no further assessments done on that area of altered skin integrity.

Registered Practical Nurse #103 and #110 shared that Skin and Wound Care Assessments were to be done weekly in Point Click Care (PCC) and were locked when they were completed.

The Director of Care #100 shared that Skin and Wound Care Assessments in PCC were to be done weekly.

The licensee failed to ensure that resident #001 who was assessed on an identified date as having an area of altered skin integrity and assessed on an identified date to have a new area of altered skin integrity, was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated. [s. 50. (2) (b) (iv)]



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**Issued on this 21st day of October, 2020 (A2)**

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

**Original report signed by the inspector.**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

Long-Term Care Operations Division  
Long-Term Care Inspections Branch  
Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée

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**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** Amended by SHARON PERRY (155) - (A2)

**Inspection No. /  
No de l'inspection :** 2020\_773155\_0001 (A2)

**Appeal/Dir# /  
Appel/Dir#:**

**Log No. /  
No de registre :** 020975-19, 023415-19 (A2)

**Type of Inspection /  
Genre d'inspection :** Complaint

**Report Date(s) /  
Date(s) du Rapport :** Oct 21, 2020(A2)

**Licensee /  
Titulaire de permis :** 2063412 Ontario Limited as General Partner of  
2063412 Investment LP  
302 Town Centre Blvd., Suite 300, MARKHAM, ON,  
L3R-0E8

**LTC Home /  
Foyer de SLD :** Creedan Valley Care Community  
143 Mary Street, CREEMORE, ON, L0M-1G0

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** Chantal Carriere

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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

To 2063412 Ontario Limited as General Partner of 2063412 Investment LP, you are hereby required to comply with the following order(s) by the      date(s) set out below:

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

**Order # /**

**No d'ordre:** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.  
2007, c. 8, s. 8 (3).

**Order / Ordre :**

The licensee must be compliant with s. 8.(3) of the LTCHA.

Specifically the licensee must:

- a) Ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.

**Grounds / Motifs :**

**Order(s) of the Inspector**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

1. The Ministry of Long Term Care received a complaint that agency Registered Nurses (RN) were working in the home.

RN #116 shared that they worked for an agency and when they worked in the home they were the only RN.

RPN #103, PSWs #111 and 114 shared that agency RNs worked in the home and this had been occurring since the summer of 2019.

Review of the daily nursing rosters for December 1, 2019 to December 31, 2019 showed that agency RNs worked on 28 of 31 days equaling 44 shifts (48.8 per cent of the shifts).

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Director of Care #100 shared that agency RNs had been working in the home when they started in September 2019. They understood that by having an RPN who was an employee of the home work with the agency RN that they would be in compliance with the legislation.

The licensee failed to ensure that there was at least one registered nurse who was an employee of the licensee and a member of the regular nursing staff on duty and present at all times, except as provided for in the regulations.

The severity of this issue was determined to be a level 2 of minimal harm/risk. The scope of the issue was a level 3 as it affected all residents in the home. The home had a level 3 compliance history that included:

Compliance order #001 issued August 29, 2018, inspection 2018\_742527\_0012 with a compliance due date of September 28, 2018, closed with link to Compliance order #004 issued May 22, 2019, inspection 2019\_773155\_0007 with a compliance due date of June 21, 2019, complied July 29, 2019.

(155)

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :**

Dec 20, 2020(A2)

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

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l'article 154 de la *Loi de 2007 sur les  
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2007, chap. 8

**REVIEW/APPEAL INFORMATION**

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

**Order(s) of the Inspector**

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section 154 of the *Long-Term  
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2007, c. 8

**Ordre(s) de l'inspecteur**

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foyers de soins de longue durée*, L.O.  
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 21st day of October, 2020 (A2)**

**Signature of Inspector /  
Signature de l'inspecteur :**

**Name of Inspector /  
Nom de l'inspecteur :**

Amended by SHARON PERRY (155) - (A2)

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

**Service Area Office /  
Bureau régional de services :**

Central West Service Area Office