

**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) 885-2015Bureau régional de services de Centre
Ouest
1e étage, 609 rue Kumpf
WATERLOO ON N2V 1K8
Téléphone: (888) 432-7901
Télécopieur: (519) 885-2015**Public Copy/Copie du rapport public**

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 31, 2021	2021_781729_0019	007622-21, 011279- 21, 011280-21, 011281-21, 011282-21	Follow up

Licensee/Titulaire de permis2063412 Ontario Limited as General Partner of 2063412 Investment LP
302 Town Centre Blvd. Suite 300 Markham ON L3R 0E8**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**

KIM BYBERG (729), JANET GROUX (606)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): August 11, 12, 16 – 20, 23 – 26, 2021.

The following intakes were completed within the follow up inspection:

-Log #007622-21 follow up to compliance order (CO) #001 from inspection #2021_781729_0013, related to skin and wound care;

-Log #011279-21 follow up to CO #001 from inspection #2021_773155_0010 related to plan of care;

-Log #011281-21 follow up to CO #002 from inspection #2021_773155_0010 related to assessments, reassessments, interventions, documentation for residents under a specific program;

-Log #011282-21 follow up to CO #003 from inspection #2021_773155_010 related to nutrition and hydration program;

-Log #011280-21 follow up to CO #004 from inspection #2021_773155_010 related to the infection prevention and control program.

During the course of the inspection, the inspector(s) spoke with the Administrator, Acting Director of Care (DOC), Associate Director of care (ADOC), Registered Nurse (RN), Dietary Manager, Primacare Consultant, Dietary Consultant – Primacare, Skin and wound lead, Scheduler, Sienna – Nutritional Care Partner, Sienna – VP Operations, Dietitian, Maintenance Supervisor, Personal Support Workers (PSW), Agency PSW's, IPAC lead, Housekeeping, Residents, Visitors and Families.

During this inspection, inspector(s) toured the home, observed residents and the care provided to them, reviewed relevant clinical records, relevant policies, and observed the general maintenance, cleanliness, safety, infection prevention and control practices and condition of the home.

The following Inspection Protocols were used during this inspection:

**Hospitalization and Change in Condition
Infection Prevention and Control
Nutrition and Hydration
Personal Support Services
Safe and Secure Home
Skin and Wound Care**

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

1 WN(s)

0 VPC(s)

1 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:**

**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**

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 30. (2)	CO #002	2021_773155_0010		729
O.Reg 79/10 s. 50. (2)	CO #001	2021_781729_0013		729
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2021_773155_0010		606
O.Reg 79/10 s. 68. (2)	CO #003	2021_773155_0010		729

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 O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that staff participated in the implementation of the home's infection control program when they failed to perform hand hygiene for residents

before and after meal service and prior to providing them their nourishment and snacks.

A) The home's hand hygiene policy IX-G-10.10 revised April 2019, stated that staff were to wash resident's hands before and after eating.

A PSW was observed providing residents food and drink from the nourishment cart and they did not to provide residents hand hygiene before they received their food and drinks.

The dietary consultant from Primacare stated that it was the expectation of staff that they would perform hand hygiene for residents prior to receiving their snack.

Sources: Observations, Interview with PSW's, and Dietary Consultant Primacare, record review of the Hand Hygiene policy IX-G-10.10 current revision April 2019. (729)

B) During a breakfast and lunch meal service, nine residents, and eleven residents respectively, were not offered nor assisted with hand hygiene by staff after the residents finished eating.

Sources: Observations of breakfast and lunch meal services. Interview with PSW's, ADOC and Acting DOC, record review of the Hand Hygiene policy IX-G-10.10 current revision April 2019. (606).

C) A PSW was observed to remove dirty dishes, tablecloths and clothing protectors from residents and discard them in the dirty linen bin, they then proceeded to pick up a resident's coffee cup and encourage them to drink. The PSW did not complete hand hygiene after coming in contact with dirty linen and before assisting the resident with their drink.

A PSW acknowledged that they were not aware that they were the staff responsible to offer the residents hand hygiene after they finished with their meal.

ADOC/Infection Control Coordinator #100 and Acting DOC said that staff were expected to offer and or assist residents with hand hygiene before and after their meals.

Sources: Observations during breakfast and lunch meal services, Interview with a PSW, ADOC and Acting DOC, record review of the Hand Hygiene policy IX-G-10.10 current revision April 2019. (606) [s. 229. (4)]

Additional Required Actions:

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

Issued on this 31st day of August, 2021

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

Original report signed by the inspector.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : KIM BYBERG (729), JANET GROUX (606)

Inspection No. /

No de l'inspection : 2021_781729_0019

Log No. /

No de registre : 007622-21, 011279-21, 011280-21, 011281-21, 011282-21

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Aug 31, 2021

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 : Sadie Friesner

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

Ordre(s) de l'inspecteur

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

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)

Linked to Existing Order / 2021_773155_0010, CO #004;
Lien vers ordre existant:

Pursuant to / Aux termes de :

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Order / Ordre :

The licensee must comply with r. 229 (4) of O. Reg. 79/10.

Specifically, the licensee must:

- A) Re-educate staff who provide direct care to residents on the Home's Hand Hygiene Policy # X-G-10.10 specifically to ensure that staff offer and assist a resident to wash their hands before and after eating. Document the education, including the date and the staff member who provided the education.
- B) Ensure staff assigned to meal services are aware of their duties to ensure residents are offered and assisted with hand hygiene before and after eating.
- C) Review residents plans of care and develop, implement and document strategies to encourage and assist them when they refuse hand hygiene.

Grounds / Motifs :

1. Compliance order #004 related to r. 229(4) of O. Reg. 79/10 from inspection #2021_773155_0010 issued July 8, 2021, with a compliance due date of July 23, 2021, is being re-issued as follows:

The licensee failed to ensure that staff participated in the implementation of the home's infection control program when they failed to perform hand hygiene for residents before and after meal service and prior to providing them their nourishment and snacks.

A) The home's hand hygiene policy IX-G-10.10 revised April 2019, stated that

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staff were to wash resident's hands before and after eating.

A PSW was observed providing residents food and drink from the nourishment cart and they did not to provide residents hand hygiene before they received their food and drinks.

The dietary consultant from Primacare stated that it was the expectation of staff that they would perform hand hygiene for residents prior to receiving their snack.

Sources: Observations, Interview with PSW's, and Dietary Consultant Primacare, record review of the Hand Hygiene policy IX-G-10.10 current revision April 2019. (729)

B) During a breakfast and lunch meal service, nine residents, and eleven residents respectively, were not offered nor assisted with hand hygiene by staff after the residents finished eating.

Sources: Observations of breakfast and lunch meal services. Interview with PSW's, ADOC and Acting DOC, record review of the Hand Hygiene policy IX-G-10.10 current revision April 2019. (606).

C) A PSW was observed to remove dirty dishes, tablecloths and clothing protectors from residents and discard them in the dirty linen bin, they then proceeded to pick up a resident's coffee cup and encourage them to drink. The PSW did not complete hand hygiene after coming in contact with dirty linen and before assisting the resident with their drink.

A PSW acknowledged that they were not aware that they were the staff responsible to offer the residents hand hygiene after they finished with their meal.

ADOC/Infection Control Coordinator #100 and Acting DOC said that staff were expected to offer and or assist residents with hand hygiene before and after their meals.

Sources: Observations during breakfast and lunch meal services, Interview with a PSW, ADOC and Acting DOC, record review of the Hand Hygiene policy IX-

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2007, chap. 8

G-10.10 current revision April 2019. (606)

Severity: There was potential risk of harm to all residents as hand hygiene was not performed for multiple residents within the home after meal and snack service.

Scope: The scope of this non-compliance was widespread as multiple residents did not perform hand hygiene and there was potential for all residents to be impacted when gaps in IPAC practices were not maintained.

Compliance History: The licensee continues to be in non-compliance with s.229 (4) of O. Reg 79/10, resulting in a compliance order (CO) being re-issued. CO #004 was issued on July 8, 2021 (inspection #2021_773155_0010) with a compliance due date of July 23, 2021. This section was issued as a CO on June 8, 2020, during inspection #2020_781729_0005 with a compliance due date of July 7, 2020. In the past 36 months, 46 other compliance order have been issued.

(606)

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

Oct 01, 2021

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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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

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

Ordre(s) de l'inspecteur

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

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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

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.

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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, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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2007, c. 8

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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.

Issued on this 31st day of August, 2021

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Kim Byberg

Service Area Office /

Bureau régional de services : Central West Service Area Office