

**Ministry of Long-Term Care**

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

**Central West District**

609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

**Original Public Report**

<b>Report Issue Date:</b> November 6, 2024
<b>Inspection Number:</b> 2024-1142-0006
<b>Inspection Type:</b> Follow up
<b>Licensee:</b> 2063412 Ontario Limited as General Partner of 2063412 Investment LP
<b>Long Term Care Home and City:</b> Creedan Valley Community, Creemore

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): October 22, 23, 24, 2024

The following intake(s) were inspected:

- Follow-up to Compliance Order #001 related to O. Reg. 246/22, s. 96 (2) (g) issued during inspection #2024-1142-0004 with CDD of June 27, 2024.
- Follow-up to Compliance Order #002 related to O. Reg. 246/22, s. 93 (2) (a) issued during inspection #2024-1142-0004 with a Compliance Due Date (CDD) of October 18, 2024.
- Follow-up to Compliance Order #003 related to O. Reg. 246/2, s. 96 (1) (b) issued during inspection #2024-1142-0004 with CDD of October 18, 2024.

**Previously Issued Compliance Order(s)**

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1142-0003 related to O. Reg. 246/22, s. 96 (2) (g) (Hot water temperatures)

Order #002 from Inspection #2024-1142-0004 related to O. Reg. 246/22, s. 93 (2)

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(a) (Housekeeping)

Order #003 from Inspection #2024-1142-0004 related to O. Reg. 246/22, s. 96 (1)

(b) (Preventative Maintenance)

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

Housekeeping, Laundry and Maintenance Services

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Training

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 82 (2) 10.**

Training

s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.

The licensee failed to ensure that the Environmental Services Manager (ESM) received training before performing their responsibilities. Specifically, training related to the policies of the licensee, that were relevant to the person's responsibilities related to the accommodation services program under Ontario Regulation 246/22.

### Rationale and Summary

The ESM began their employment in May 2024, and was required to manage and

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monitor operational systems, complete preventive maintenance tasks, and ensure the building, equipment and furnishings were maintained in good repair. The ESM reported that they had not been introduced to the licensee's maintenance policies and procedures and audits for the home. They were unaware of the requirements to use the forms and audit the condition of common areas, resident rooms and other spaces.

The lack of an organized orientation and training program for the ESM position has resulted in a lack of awareness of the responsibilities of the maintenance role and contributed to unsatisfactory maintenance issues in the home.

**Sources:** Interview with the Environmental Services Manager, Building Services Partner (Sienna), Executive Director, review of maintenance policies and procedures XXIII-K.1040., 10.20 and V-C30.20.

## **WRITTEN NOTIFICATION: Privacy**

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 16**

Privacy curtains

s. 16. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy.

The licensee has failed to ensure that every resident bedroom occupied by more than one resident had sufficient privacy curtains to provide privacy.

### **Rationale and Summary**

Many standard or semi-private rooms were observed with insufficient privacy for

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each resident around their beds. The curtains did not extend from track end to track end as they were not wide enough. Some rooms were missing curtain panels where the curtain track was bisected by the ceiling lift track.

**Sources:** Observations and interview with the Environmental Services Manager and Executive Director.

## **WRITTEN NOTIFICATION: Housekeeping**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 93 (2) (a)**

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

The licensee has failed to comply with the requirement to implement cleaning procedures for the home.

**Rationale and Summary**

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee was required to comply with housekeeping procedures to ensure resident rooms, the dining rooms, servery and kitchenette were cleaned on a daily basis, including walls. For windows, the direction was to clean windows and inside of windows (between windowpanes or

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the screen) annually. A window cleaning company completed window cleaning in mid-October 2024, but failed to clean between the windowpanes or the screen.

A tour of the larger dining room, servery and resident rooms over a three-day period revealed the following;

- Heavy build-up of dust and dead insects located between windowpanes or between the window and screens throughout the home.
- Visible food matter on window curtains, air purifier machine, windowsills, heaters, and walls near an exit door to the courtyard (where plates are scraped) in the back dining room and on the bifold doors in the centre of the room.
- Walls visibly soiled next to toilets and near garbage cans in some resident washrooms.
- Visible food matter on walls in the servery and kitchenette.
- Visible stains and moderate build-up under the steam table and around the stainless-steel refrigerator in the back dining room.
- Food debris and stains inside of the above noted refrigerator.

**Sources:** Observations, interview with the Dietary Manager, Environmental Services Manager, and housekeeper, record review of policies XII-E-10.30, XII-F-10.30, Housekeeping Standards Checklist (Daily and Weekly), H1, H2 and H3 Job Routines.

## **WRITTEN NOTIFICATION: Housekeeping**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (i)**

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of

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the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee failed to ensure that procedures were either developed or implemented for cleaning and disinfection of resident care devices, using a low-level disinfectant in accordance with evidence-based practices, specifically for bed pans.

**Rationale and Summary**

The licensee's equipment cleaning procedure included direction for Personal Support Workers (PSWs) to take soiled bed pans to a dirty utility room where it could be cleaned and disinfected. The home's dirty utility room was full of supplies and boxes and not set up for any cleaning and disinfection tasks.

Many dusty and visibly stained bed pans were observed to be hanging on the walls, on the floor or tucked behind a grab bar in resident washrooms near the toilet for three consecutive days.

PSWs identified that many of the bed pans were not used, or had not been used for a long time, thereby accumulating dust. Some bed pans did not appear to have been thoroughly cleaned or were contaminated by bodily fluids while stored in the

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washrooms. Some PSWs when asked how they were cleaned or managed, identified a process of rinsing them in the resident's hand wash basin, wiping the surfaces with a paper towel and using either a hand sanitizer or a disinfectant wipe. The process was not identified in the licensee's equipment cleaning policy.

A procedure was not developed with respect to cleaning and disinfecting devices in place, when the devices could not be taken to a soiled utility room.

**Sources:** Interview with the IPAC Lead, and Executive Director, observations, and review of Policy "Equipment Cleaning - Resident Care and Medical, IX-G-20.90" dated July 2024.

## **WRITTEN NOTIFICATION: Maintenance services**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 96 (1) (b)**

Maintenance services

s. 96 (1) As part of the organized program of maintenance services under clause 19 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,  
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance.

The licensee has failed to comply with the requirement to put preventive maintenance procedures in place.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee was required to comply with preventive maintenance procedures to ensure that audits were conducted and

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that action plans were developed to address deficiencies identified in resident rooms and the home in general.

**Rationale and Summary**

No audits were completed over the last six months to identify deficiencies within the home. The Environmental Services Manager was not aware of the requirement to conduct the audits and complete several different checklists. As a result, various deficiencies were not identified for action.

A tour of the home revealed various deficiencies which included but were not limited to:

- Inadequate lighting levels in some resident rooms
- Night tables not in good condition in some resident rooms
- Missing closet doors or doors missing hardware in some resident rooms
- Exhaust system not functional in several sections of the home
- Window screens missing on some windows in resident rooms
- Noisy heater in back hall tub room

**Sources:** Observations, interview with the Executive Director, Environmental Services Manager, record review of maintenance policies, procedures and schedules (XXIII-K.1040., 10.20 and V-C30.20)

**NOTICE OF RE-INSPECTION FEE**

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021,



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the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007;

CO #001 - O. Reg. 246/22, s. 96 (2) (g) issued during inspection #2024-1142-0003 with CDD of June 27, 2024.

Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry (i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)). By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.