Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Public Report

Report Issue Date: March 20, 2025
Inspection Number: 2025-1142-0001
Inspection Type: Critical Incident
Licensee: 2063412 Ontario Limited as General Partner of 2063412 Investment LP
Long Term Care Home and City: Creedan Valley Community, Creemore

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 18-20, 2025

The following intake(s) were inspected:

- Intake #00136351, CI #2633-000001-25 - related to the fall of a resident resulting in injury.

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

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in the plan of care for a resident was provided to the resident as specified in the plan.

A resident's fall interventions included instructions to decrease the risk of injury, and these interventions were not being followed.

Sources: A resident's care plan; Observation of the resident; Interviews with staff.

WRITTEN NOTIFICATION: Skin and wound care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (1) 4.
Skin and wound care
s. 55 (1) The skin and wound care program must, at a minimum, provide for the following:
4. Treatments and interventions, including physiotherapy and nutritional care. O. Reg. 246/22, s. 55 (1).

The licensee has failed to ensure that as part of the skin and wound care program there were treatments and interventions identified for a resident's wounds. In accordance with O Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the skin and wound care program were complied with. Specifically, the home's Skin and Wound Care Management Protocol indicated that altered skin integrities should be treated based on the approved algorithm, or ET nurse/NP/MD recommendations, and this treatment should be entered on electronic treatment record on point click care.

A resident returned from the hospital with wounds. There was no documentation in the residents physical or electronic chart to indicate their wounds were being treated.

Sources: A review of a resident's clinical records; Interviews with staff.

WRITTEN NOTIFICATION: Skin and wound care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure that when a resident had wounds, these wounds were reassessed at least weekly.

A resident returned from the hospital wounds. No skin assessments were completed for these wounds until over two weeks later.

Sources: Review of a resident's clinical records; Interviews with staff.