

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: February 17, 2026

Inspection Number: 2026-1142-0001

Inspection Type:

Complaint
Critical Incident
Follow up

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): January 20-22, 26-30, February 2-6, 10-12 and February 17, 2026.

The following intake(s) were inspected:

- Intake #00161456 follow-up to Compliance Order #001 from inspection #2025-1142-0004, FLTCA, 2021 - s. 24 (1) related to abuse and neglect
- Intake: #00161457 follow-up to Compliance Order #002 from inspection #2025-1142-0004, O. Reg. 246/22 - s. 20 (f) related to the resident-staff communication and response system
- Intake: #00161458 follow-up to Compliance Order #003 from inspection #2025-1142-0004, O. Reg. 246/22 - s. 78 (6) (c) related to dishwasher temperature adequate to clean and sanitize dishes, utensils and equipment related to food production
- Intake: #00161880 an anonymous complaint regarding the cleanliness of the home and the quality and quantity of food
- Intake: #00163458 a critical incident report related to a respiratory outbreak

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-Intake: #00166719 an anonymous complaint regarding misuse/misappropriation of resident money

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1142-0004 related to FLTCA, 2021, s. 24 (1)
Order #003 from Inspection #2025-1142-0004 related to O. Reg. 246/22, s. 78 (6) (c)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #002 from Inspection #2025-1142-0004 related to O. Reg. 246/22, s. 20 (f)

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

Housekeeping, Laundry and Maintenance Services
Food, Nutrition and Hydration
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 4.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

4. Misuse or misappropriation of a resident's money.

a) A resident reported that they had money missing. This was not reported to the

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Director.

Sources: Interviews with Personal Support Worker, Registered Nurse, Associate Director of Care, Director of Care and Executive Director, E-mail from RN to Director of Care, and Compliant Records

WRITTEN NOTIFICATION: Licensee must comply

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee did not comply with Compliance Order (CO) #002 from inspection 2025-1142-0004 served on October 30, 2025, with a compliance due date of January 12, 2026.

The following components were not complied:

-c) Ensure that each care staff and nurse working has a working phone for the RSCRS and that the staff carry them when working.

-f) Complete an audit at least once daily on different shifts for minimum two weeks or until no deficiencies are noted, that includes the name of each care staff and nurse working, if they have a working phone on them at the time of the audit, if they do not have a phone on them that is working the reason for that and any actions taken to correct. The audit will include the date, time, deficiencies and corrective action taken and the name of the staff completing the audit.

Sources: observations January 20 and 21, 2026; review of Call Bell and Response Time Audits, review of NEC Portable Phone Sign Off records, and interviews with Registered Nurse and Executive Director

This Written Notification is being referred to the Director for further action by the Director.

An Administrative Monetary Penalty (AMP) is being issued on this written

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notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Written Notification NC #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

CO #002 issued October 30, 2025 inspection 2025-1142-0004 to O.Reg 246/22 s.20(f).

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP 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 AMP.

WRITTEN NOTIFICATION: Police notification

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

Non-compliance with: O. Reg. 246/22, s. 105

Police notification

s. 105. Every licensee of a long-term care home shall ensure that the appropriate police service is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 246/22, s. 105, 390 (2).

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The police were not notified of two suspected incidents of abuse when it was reported that residents had money missing.

Sources: interviews with Associate Director of Care, Director of Care and Executive Director, Prevention of Abuse & Neglect of a Resident policy

COMPLIANCE ORDER CO #001 Policy to promote zero tolerance

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, 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.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

- a) Review the incidents of reported theft from identified residents. Report to the police as required.
- b) Educate the Executive Director, Director of Care, and Associate Director of Care on the following:
 - i) Prevention of Abuse & Neglect of a Resident policy and the Prevention of Abuse-Definitions of Abuse & Neglect
 - ii) Complaints Management Program policy
 - iii) MLTC-Critical Incident Reporting policy and Critical Incident Reporting Events & Timelines
- c) The education record must be documented and include the signatures of those who received the education, the name of the person providing the education, and the date the education was completed. A copy of the education and supporting documents must be kept in the home.

Grounds

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On two occasions it was reported that a resident had missing money. The home's prevention of abuse policy was not complied with on either occasion.

By not complying with the home's prevention of abuse policy it increased the risk of resident abuse.

Sources: Prevention of Abuse & Neglect of a Resident policy, Complaint Record (ON) Creedan Valley for identified residents, e-mail from Registered Nurse to Director of Care; interviews with resident, substitute decision maker, Personal Support Worker, Registered Nurse, Associate Director of Care and Executive Director

This order must be complied with by March 30, 2026

COMPLIANCE ORDER CO #002 Screening measures

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 81 (2)

Screening measures

s. 81 (2) The screening measures shall include police record checks, unless the person being screened is under 18 years of age.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

- a) Ensure that the employees identified as not having a police record check provide a police record check to be kept in their employee file.
- b) Ensure that all new employees have provided a police record check prior to performing their duties.
- c) Develop and implement an action plan that identifies when and what actions will be taken, if the eleven employees identified as not having a police record check do not provide a police record check. The action plan shall be kept available in the home.

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Eleven employees did not have a police record check on their file at the time hire and they continue to work in the home. New hires were signing a self-declaration that they were permitted to begin their employment with Sienna Senior Living if they initiated a vulnerable sector check request online and submitted receipt at the time of accepting employment offer and provided a cleared vulnerable sector check within thirty days of their start date.

By not ensuring that screening measures were conducted in accordance with the regulations before hiring staff that included a police record check, unless the person being screened was under 18 years of age, increased the risk that residents could be being cared for by an employee that should not be working with vulnerable persons.

Sources: Police check audit, Criminal Record and Vulnerable Sector Checks policy; interviews with Office Manager and Executive Director

This order must be complied with by March 30, 2026

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
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
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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

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