Ontario

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

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

**Toronto District**
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Toronto, ON, M2M 4K5
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# Public Report

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| **Report Issue Date:** December 19, 2025 |
| **Inspection Number:** 2025-1322-0007 |
| **Inspection Type:**<br>Critical Incident |
| **Licensee:** 2063414 Investment LP, by its general partner, 2063414 Ontario Limited |
| **Long Term Care Home and City:** Deerwood Creek Community, Etobicoke |

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 12, 15-16, 18 and 19, 2025

The following intake(s) was inspected during this Critical Incident (CI) inspection:
Intake: #00160705/ CI #2837-000039-25 related to infection prevention and control program.

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

Infection Prevention and Control

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Retraining

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: FLTCA, 2021, s. 82 (4)**
Training
s. 82 (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

Environmental Staff who received initial training under subsection (2) did not receive

annual retraining on the Infection Prevention and Control Program (IPAC) in 2024.

**Sources:** Retraining records, interview with the Director of Care (DOC).

## WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

In accordance with additional requirement 9.1 (e), under the IPAC Standard for Long Term Care homes (April 2022, revised September, 2023), staff did not implement the point-of-care signage indicating that enhanced IPAC control measures were in place for a resident when additional precautions were required.

**Sources:** Inspector observations, the IPAC Standard, April 2022, revised September 2023, interviews with the Personal Support Worker (PSW) and IPAC Lead.

## WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 102 (8)**
Infection prevention and control program
s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

i) During an observation, environmental staff did not perform hand hygiene upon exiting a resident's room that was on additional precautions. The staff member then entered another resident’s room without performing hand hygiene.

**Sources:** Inspector observations, review of Hand Hygiene policy #18274839 (last revised July 2025), interviews with the environmental staff and IPAC lead.

ii) During an observation, environmental staff did not doff their Personal Protective Equipment (PPE) in the correct sequence when exiting a resident's room that was on additional precautions.

**Sources:** Inspector observations, review of Personal Protective Equipment policy #17991876 (last revised May, 2025), interviews with the environmental staff and IPAC lead.