

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

**Central West District**  
609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901  
centralwestdistrict.mlrc@ontario.ca

**Original Public Report**

<b>Report Issue Date:</b> January 27, 2023	
<b>Inspection Number:</b> 2023-1142-0002	
<b>Inspection Type:</b> Critical Incident System	
<b>Licensee:</b> 2063412 Ontario Limited as General Partner of 2063412 Investment LP	
<b>Long Term Care Home and City:</b> Creedan Valley Care Community, Creemore	
<b>Lead Inspector</b> Kim Byberg (729)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Dianne Tone #000686 was present during the inspection	

**INSPECTION SUMMARY**

<p>The Inspection occurred on the following date(s): January 19-20, 23-25, 2023. Offsite: January 20, 24, 2023.</p> <p>The following intake(s) were inspected during this Critical Incident (CI) inspection</p> <ul style="list-style-type: none"> <li>• Intake: #00004504 related to a significant change in resident health status requiring hospitalization;</li> <li>• Intake: #00007188 related to nursing and personal support services.</li> </ul>
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The following **Inspection Protocols** were used during this inspection:

- Falls Prevention and Management
- Resident Care and Support Services
- Infection Prevention and Control

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## INSPECTION RESULTS

### Non-Compliance Remedied

Non-compliance was found during this inspection and was remedied by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)  
O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control (IPAC) is implemented.

#### Rational and Summary

Section 10.1 of the IPAC Standard stated the hand hygiene program shall include access to hand hygiene agents, including 70-90% Alcohol-Based Hand Rub (ABHR). These agents shall be easily accessible at both point-of care and in other resident common areas, and any staff providing direct resident care must have immediate access to 70-90% ABHR.

During the inspection, staff were observed completing hand hygiene for residents entering the dining room and were sanitizing residents' hands with hand sanitizing wipes that had an expiry date of October and March 2022.

The Director of Care (DOC) stated that the hand sanitizing wipes were on back order, but they would remove the wipes and staff would use the ABHR from the dispensers. The hand sanitizer wipes were removed following the interview with the DOC.

There was no impact and low risk to the residents for infection as there was active ABHR available throughout the home to be used.

**Sources:** Observations dining room; interviews with the DOC and RAI Coordinator; review of Minister's Directive: COVID-19 response measures for LTC homes, effective April 27, 2022, MOH COVID-19 Guidance: LTC Homes and Retirement Homes for Public Health Units, Version 9 – January 18, 2023, Public Health Ontario: Coronavirus Disease 2019 (COVID-19) Selection and Placement of ABHR during



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Fixing Long-Term Care Act, 2021**

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COVID-19 in Long-term Care and Retirement Homes, dated November 6, 2020 and IPAC Standard dated April 2022.

Date Remedy Implemented: January 23, 2023.

[729]



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