

**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:** November 26, 2025

**Inspection Number:** 2025-1268-0008

**Inspection Type:**

Critical Incident

**Licensee:** Eden House Care Facility Inc.

**Long Term Care Home and City:** Eden House Nursing Home, Guelph

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date: November 12-14, 18-21, 24-26, 2025

The following Critical Incident (CI) intakes were inspected:

- Intake #00157194, related to a respiratory outbreak
- Intake #00158549, and intake #00159946, related to falls prevention and management
- Intake #00161065, related to allegations of neglect

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

- Contenance Care
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Pain Management
- Falls Prevention and Management

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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)

**Non-compliance with: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

A. A resident's plan of care was not revised to remove an intervention that was no longer used.

On November 18, 2025, the above intervention was removed from the resident's plan of care.

**Sources:** Long-Term Care Homes (LTCH) inspector's observation, a resident's plan of care, and interviews with staff.

Date Remedy Implemented: November 18, 2025

B. A resident's plan of care was not revised when a resident's care needs changed, and a new intervention was implemented.

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On November 22, 2025, the resident plan of care was revised to include the updated information.

**Sources:** LTCH inspector's observations, a resident's plan of care, and interviews with staff.

Date Remedy Implemented: November 22, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

**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).

On November 12, 2025, the signage listing the signs and symptoms of infectious diseases for self-monitoring as well as steps to be taken if an infectious disease was suspected or confirmed was not posted as specified in the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes.

On November 15, 2025, the above signage was posted as required.

**Sources:** LTCH inspector's observations, IPAC Standard, April 2022, Revised in September 2023, and an interview with the home's IPAC Lead

Date Remedy Implemented: November 15, 2025

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## WRITTEN NOTIFICATION: General Requirements

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

**Non-compliance with: O. Reg. 246/22, s. 34 (2)**

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

On one occasion, an intervention provided to a resident under a program was not documented.

**Sources:** a resident's clinical records, and interviews with staff.

## WRITTEN NOTIFICATION: Transferring and positioning techniques

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

**Non-compliance with: O. Reg. 246/22, s. 40**

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

Staff did not use safe positioning techniques when assisting a resident. The resident had an incident which resulted in an injury.

**Sources:** a critical incident report, a resident's plan of care and interviews with staff.

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## **WRITTEN NOTIFICATION: Continence care and bowel management**

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

**Non-compliance with: O. Reg. 246/22, s. 56 (2) (c)**

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

On multiple occasions over a four-day period, a resident was not provided with the required assistance to manage their continence as specified on their plan of care.

**Sources:** a resident's clinical records, and interview with staff.

## **WRITTEN NOTIFICATION: Continence care and bowel management**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 56 (2) (h) (i)**

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(h) residents are provided with a range of continence care products that,

(i) are based on their individual assessed needs,

On one occasion, a resident was provided with an incorrect type of continence product.

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**Sources:** a resident's care plan, and interview with staff.

## WRITTEN NOTIFICATION: Pain management

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 57 (1) 1.**

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.

On multiple occasions over a two-week period, a resident's pain was not assessed using the assessment method specified in the home's pain management policy.

**Sources:** a resident's clinical records, the home's pain management policy and interviews with staff.

## WRITTEN NOTIFICATION: Pain management

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.**

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

On multiple dates and times over a two-week period, a resident's pain was not re-

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assessed as specified in the home's pain management policy and the effectiveness of the pain strategies was not evaluated as required.

**Sources:** a resident's clinical records, the home's pain management policy, and interviews with staff.

### **WRITTEN NOTIFICATION: Administration of drugs**

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 140 (2)**

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

On one occasion a medication administered to a resident was not in accordance with directions for use specified by the prescriber.

**Sources:** resident's clinical records and an interview with staff.