

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Public Report

Report Issue Date: April 30, 2025

Inspection Number: 2025-1415-0002

Inspection Type:

Critical Incident

Licensee: Idlewyld Manor

Long Term Care Home and City: Idlewyld Manor, Hamilton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 24, 25, 28-30, 2025.

The following intake(s) were inspected:

- Intake: #00137425/ CI #2931-000001-25 related Infection Prevention and Control.
- Intake: #00142795/ CI #2931-000006-25 related to Falls Prevention and Management.

The following intake was completed:

- Intake: #00137516/ CI #2931-000002-25 related to Falls Prevention and Management.

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

Infection Prevention and Control
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: 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).

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with. In accordance with Additional Requirement 9.1 (e) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee shall ensure that, at minimum, Additional Precautions included point-of-care signage indicating that enhanced IPAC control measures were in place, which did not occur for two residents requiring contact precautions on an identified date. The contact precautions signage was posted on the residents' door the same date.

Sources: Observations, IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023).

Date Remedy Implemented: April 24, 2025

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**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).

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with. In accordance with Additional Requirement 9.1 (d) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee shall ensure that at minimum Routine Practices includes proper use of Personal Protective Equipment (PPE), including appropriate selection, application, removal, and disposal. This did not occur for a resident when two staff members were observed on an identified date, providing direct care to the resident on contact precautions without wearing the required PPE.

Sources: Staff observation, IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023).