

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: December 16, 2025

Inspection Number: 2025-1415-0004

Inspection Type:

Complaint

Critical Incident

Licensee: Idlewyld Manor

Long Term Care Home and City: Idlewyld Manor, Hamilton

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: November 26-28, 2025 and December 1-5, 8-12, 15, 16, 2025.

The following intakes were inspected:

- Intake: #00160770, Critical Incident (CI) 2931-000021-25 was related to missing medication,
- Intake: #00162022 was related to emergency response,
- Intake: #00162270, CI 2931-000023-25 was related to disease outbreak,
- Intake: #00163043 was related to resident care and services; and,
- Intake: #00163063, CI 2931-000025-25 was related to allegations of neglect

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

Resident Care and Support Services
Food, Nutrition and Hydration
Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' Bill of Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 18.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

18. Every resident has the right to be afforded privacy in treatment and in caring for their personal needs.

A resident required emergency care in a public area. A visitor was present and staff did not attempt to remove them from the area while care was being provided to the resident.

Sources: video observations; and interviews with staff and leadership team members.

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

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On admission, a resident filled out a form expressing their wishes for care. When the resident was unable to voice their wishes, the form's language did not provide clear directions to staff.

Sources: resident's clinical records, home's investigation notes; and interviews with staff and leadership team members.

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

A physician's order directed blood pressures to be taken for a resident on three times a week for two weeks. There was no documentation of blood pressures on three occasions.

Sources: resident's clinical record, interview with staff.

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: O. Reg. 246/22, s. 29 (4) (b)

Plan of care

s. 29 (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,

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(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 246/22, s. 29 (4).

Ontario Regulations (O. Reg.) 246/22 section (s.) 29 (4) 13 included any risks relating to nutritional care. The home's Nutritional Status and Choking Risk policy specified that registered staff should inform the Registered Dietitian (RD) of any concerns by way of a referral. In accordance with O. Reg. 246/22 s. 11(1)(b), the licensee is required to ensure that written policies developed for the nutrition care program were complied with. Specifically, registered staff did not send a dietary referral to the RD to assess a resident when their eating behaviours may have posed a risk.

Sources: resident's clinical records, Nutritional Status and Choking Risk policy; interviews with staff and leadership team members.

COMPLIANCE ORDER CO #001 Emergency Plans

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

Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. vi.

Emergency plans

s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with emergencies, including, without being limited to,
vi. medical emergencies.

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

The licensee shall:

- 1) Ensure that select staff participate in a Code Blue mock emergency

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drill. Document the mock emergency drill(s), including date(s), participants and the staff member who oversaw the drill.

- 2) Consider including resources in code blue medical emergency training that demonstrates ways to provide emergency care to individuals that are more similar to the home's population.
- 3) Review the code blue medical emergency, in the home's emergency preparedness plan, to determine whether it can be streamlined to provide a more timely response.
- 4) Maintain all records/documentation related to how items 1 to 3 were reviewed and actioned.

Grounds

In accordance with O. Reg. 246/22 s. 11 (1)(b), the licensee is required to ensure that are written plans for dealing with, and responding to emergencies, including medical emergencies, were complied with. Specifically, the home's emergency plans specified that a series of actions were to take place when a medical emergency occurred, including calling a Code Blue alert.

When a resident had a medical emergency, the registered staff present did not call Code Blue, which would have alerted all the registered staff in the building of the emergency and need to come to the location as soon as possible. Additional actions were not followed as outlined in the emergency plans. Not following the emergency plan for medical emergencies may have resulted in a delay in appropriate treatment/care.

Sources: observations of video footage; home's investigation notes, Emergency Preparedness Manual; interviews with staff and leadership team members.



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

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This order must be complied with by February 13, 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

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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

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:

**Inspection Report Under the
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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
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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.