

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:** March 4, 2026

**Inspection Number:** 2026-1415-0002

**Inspection Type:**  
Proactive Compliance Inspection

**Licensee:** Idlewyld Manor

**Long Term Care Home and City:** Idlewyld Manor, Hamilton

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: February 19-20, 23, 25-27, 2026 and March 2-4, 2026

The following intake(s) were inspected:

-Intake #00170364 - Proactive Compliance Inspection

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

Food, Nutrition and Hydration  
Housekeeping, Laundry and Maintenance Services  
Infection Prevention and Control

## 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. 79 (1) 8.**

Dining and snack service

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s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

8. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

A resident's plan of care indicated they required an adaptive aid for beverages. On two days during the inspection, the resident was observed to not receive this intervention.

Later in the inspection, the resident was observed to have the intervention in place.

**Sources:** observation of resident, resident's clinical records, interview with staff #110.

Date Remedy Implemented: February 26, 2026

## WRITTEN NOTIFICATION: Accommodation services

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

**Non-compliance with: FLTCA, 2021, s. 19 (2) (c)**

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,  
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

There were multiple areas in the home that required repainting as well as an alcove in a dining room that was damp and had a damaged floor and wall.

**Sources:** observations on February 25 and 26, 2026 of Orchard View and Spruce View home areas. Interview with staff #115.

## 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 (1) 4.**

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11

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to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The home's 2024 nutrition and hydration program evaluation, dated February 16, 2025 did not include the dates that the summary of changes were implemented.

**Sources:** Dietary & nutrition annual program evaluation [dated February 16, 2025], interview with staff #114.

The home's 2025 maintenance program evaluation dated February 10, 2026, did not include the dates that the summary of changes were implemented.

**Sources:** Accommodation annual program evaluation, [dated February 10, 2026]; interview with staff #115.

## **WRITTEN NOTIFICATION: Nutritional care and hydration programs**

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

### **Non-compliance with: O. Reg. 246/22, s. 74 (2) (e) (i)**

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

- (e) a weight monitoring system to measure and record with respect to each resident,
- (i) weight on admission and monthly thereafter, and

Monthly weights were not recorded for a resident for two months in 2025. Weight record for another month in 2025 was crossed out and therefore no weight record was recorded.

**Sources:** interview with staff #110 and #112, resident's clinical records, policy "Weight Monitoring Program" [reviewed September 5, 2022].

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Monthly weight for a resident was crossed out and no reweigh was recorded for a month in 2025.

**Sources:** interview with staff #110 and #112, resident's clinical records, policy "Weight Monitoring Program" [reviewed September 5, 2022].

### WRITTEN NOTIFICATION: Dining and snack service

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

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 3.**

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

3. Monitoring of all residents during meals.

A resident was required to have supervision while eating due to risk of aspiration and choking. On two dates, the resident was observed with food available and staff were not providing supervision.

**Sources:** resident's clinical records, observation of resident, interviews with staff #104, #108, #110.

### WRITTEN NOTIFICATION: Maintenance services

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

**Non-compliance with: O. Reg. 246/22, s. 96 (1) (b)**

Maintenance services

s. 96 (1) As part of the organized program of maintenance services under clause 19 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance.

The home does not have a schedule for preventative maintenance, as required.



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

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**Sources:** Policy L - 5.32 Preventative Maintenance, [revised July 14, 2021]; interviews with staff #115.