

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

Toronto District  
5700 Yonge Street, 5th Floor  
Toronto, ON, M2M 4K5  
Telephone: (866) 311-8002

## Public Report

<b>Report Issue Date:</b> February 23, 2026
<b>Inspection Number:</b> 2026-1442-0002
<b>Inspection Type:</b> Proactive Compliance Inspection
<b>Licensee:</b> The Rekai Centres
<b>Long Term Care Home and City:</b> Wellesley Central Place, Toronto

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 6, 9, 10-13, 17, 2026  
 The inspection occurred offsite on the following date(s): February 18-20, 23, 2026  
 The following intake(s) were inspected:  
 □ Intake: #00168370 - Proactive Compliance Inspection

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

Food, Nutrition and Hydration  
 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: 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

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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 resident's care plan interventions were not revised to reflect the changes in their care.

**Sources:** The resident's clinical records; and interview with relevant staff.

Date Remedy Implemented: February 12, 2026

## WRITTEN NOTIFICATION: Nutritional Care and Hydration Programs

NC #002 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

Staff did not comply with the home's policy and procedure for identified residents who experienced weight changes. Specifically, the required documentation for reweighs, rationale for weight changes, and actions taken when the weight changes were flagged electronically.

**Sources:** Three residents' clinical records and the residents' Weight Monitoring policy (INDEX I.D.: C-25, updated July 2025).

## WRITTEN NOTIFICATION: Menu Planning

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

**Non-compliance with: O. Reg. 246/22, s. 77 (4) (b)**

Menu planning

s. 77 (4) The licensee shall ensure that each resident is offered a minimum of,  
(b) a between-meal beverage in the morning and afternoon and a beverage in the

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evening after dinner; and

A Personal Support Worker (PSW) did not offer two residents a between meal-beverage from the morning nourishment cart.

**Sources:** Observation; and interview with the PSW.

### **WRITTEN NOTIFICATION: Dining and Snack Service**

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

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 8.**

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:

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 was observed using a regular device instead of an assistive device based on a requirement listed in their plan of care.

**Sources:** Observation; and the resident's clinical records.

### **WRITTEN NOTIFICATION: Infection Prevention and Control Program**

NC #005 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 home's hand hygiene program did not include staff hand hygiene before and after resident/resident environment contact. A PSW did not perform hand hygiene before and after contact with the resident and their environment in the dining room.



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

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**Sources:** Observations; and a review of IPAC Standard for Long-Term Care Homes, revised September 2023.