

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: September 3, 2025

Inspection Number: 2025-1708-0005

Inspection Type:
Proactive Compliance Inspection

Licensee: Partners Community Health

Long Term Care Home and City: Wellbrook Place West, Mississauga

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: August 13, 15, 18, 19, 20, 21, and 22, 2025.

The following intake was inspected: Intake: #00155111 for Proactive Compliance Inspection.

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Medication Management
- Food, Nutrition and Hydration
- Residents' and Family Councils
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Quality Improvement
- Staffing, Training and Care Standards
- Residents' Rights and Choices
- Pain Management

INSPECTION RESULTS

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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 (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.

The licensee has failed to ensure the written plan of care for a resident provided clear direction to staff and others related to an intervention required for safe swallowing. The plan was revised to clearly identify the current intervention required by the resident based on an assessment.

Sources: Review of the plan of care and meal suite notes and interviews with staff.

Date Remedy Implemented: August 18, 2025

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

Non-compliance with: FLTCA, 2021, s. 85 (3) (c)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents.

The licensee has failed to ensure that the home's policy to promote zero tolerance of abuse and neglect of residents was posted in the home. Staff acknowledged that it was not posted and immediately posted the policy.

Sources: Observation and interview with staff.

Date Remedy Implemented: August 13, 2025

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NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 20 (a)

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times.

The licensee has failed to ensure that the resident-staff communication and response system could be accessed by residents in a washroom. The call cord was wrapped around the toilet bar and not connected to the response system. Residents could not reach the communication response system while seated. This was remedied immediately once brought up to the staff.

Sources: Observation and discussion with staff.

Date Remedy Implemented: August 13, 2025

WRITTEN NOTIFICATION: Residents' Bill of Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 6.

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:

6. Every resident has the right to communicate in confidence, receive visitors of their choice and consult in private with any person without interference.

The licensee has failed to ensure that a resident was provided the right to communicate in private without interference.

A resident and visitor were engaged in a discussion in the resident's room with the door closed. Staff knocked on the door, entered the room and commented on the private discussion between the resident and their visitor.

Sources: Observation.

WRITTEN NOTIFICATION: Plan of Care

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NC #005 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.

The licensee has failed to ensure the plan of care provided clear direction for a resident related to nutritional care needs. Assessments and the care plan identified a specific intervention for reduced carbohydrates in the diet. The specific intervention was not offered by the home; however, they used a different strategy to reduce carbohydrates, which was not included in the plan.

Sources: Observation of a meal and beverage cart, and interviews with staff.

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in the plans of care was provided to two residents as specified during a meal.

A resident received a larger portion of their entree and did not receive a specific beverage as set out in their plan.

The timing of the meal being served to a second resident was not consistent with their needs as set out in their care plan.

Sources: Observation of a meal, review of the plans of care for residents and interviews with staff.

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey

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

Non-compliance with: FLTCA, 2021, s. 43 (5) (a)

Resident and Family/Caregiver Experience Survey

s. 43 (5) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (4).

The licensee has failed to ensure that the results of the survey were documented. Resident and Family/Caregiver Experience Surveys were conducted concurrently at Wellbrook Place East and West in 2024. The results of all surveys were compiled to determine the satisfaction levels in key areas of care and services. The documented results of the surveys were not specific to Wellbrook Place West.

Sources: Review of survey results and participation rates and information provided by staff.

WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that a door which lead to a non-residential area was locked when it was not supervised by staff. A room which contained medical supplies and equipment was observed to be unlocked.

Sources: Observations and discussion held with staff.

WRITTEN NOTIFICATION: Cooling requirements

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

Non-compliance with: O. Reg. 246/22, s. 23 (1)

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Cooling requirements

s. 23 (1) Every licensee of a long-term care home shall ensure that a written heat related illness prevention and management plan for the home that meets the needs of the residents is developed in accordance with evidence-based practices. O. Reg. 246/22, s. 23 (1).

The licensee has failed to comply with the home's written heat related illness prevention and management plan.

In accordance with O. Reg. 246/22 s. 11 (1) (b) the licensee was required to ensure the plan was complied with. Specifically, the home's plan directed staff to complete annual heat-risk assessments for all residents by May 31 and for all summer admissions. Two residents did not have a heat risk assessment completed until mid June 2025.

Sources: Review of the Air Temperature Monitoring and Response plan and clinical health records of residents.

WRITTEN NOTIFICATION: Cooling requirements

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 23 (2) (e)

Cooling requirements

s. 23 (2) The heat related illness prevention and management plan must, at a minimum, (e) include a protocol for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate. O. Reg. 246/22, s. 23 (2); O. Reg. 66/23, s. 3 (1).

The licensee has failed to ensure that their written heat related illness prevention and management plan included a protocol for appropriately communicating the plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, and others where appropriate. Two staff were not aware of the presence of the plan at the time of the inspection.

Sources: Review of Air Temperature Monitoring and Response procedure and interviews with staff.

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WRITTEN NOTIFICATION: Dining and snack service

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.

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:

9. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

The licensee has failed to ensure that proper techniques were used to assist a resident with eating when staff used a tablespoon, rather than a teaspoon, when feeding the resident.

Sources: Review of plan of care for a resident, observations of a meal, and interviews with staff.

WRITTEN NOTIFICATION: Medication management system

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 123 (2)

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee has failed to comply with a medication management system policy for the accurate destruction and disposal of all drugs used in the home, when staff did not destroy and dispose of a controlled substance in an environmentally appropriate manner.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee was required to ensure that written policies developed for the medication management system were complied with.

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Specifically, staff failed to comply with the policy Narcotics, Controlled and Targeted Substances, when they destroyed and disposed of a controlled substance down the drain and not in the destruction pail after it was denatured.

Sources: Observation of a medication pass, review of procedure Narcotics, Controlled and Targeted Substances and interviews with staff.

WRITTEN NOTIFICATION: Quarterly evaluation

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 124 (1)

Quarterly evaluation

s. 124 (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. O. Reg. 246/22, s. 124 (1).

The licensee has failed to ensure that an interdisciplinary team met at least quarterly to fully evaluate the effectiveness of the medication management system in the home and recommend any changes necessary to improve the system, when Professional Advisory Committee meetings were not held in 2025.

Sources: Interviews with staff.

WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 147 (2) (c)

Medication incidents and adverse drug reactions

s. 147 (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,

(c) a written record is kept of everything required under clauses (a) and (b).

The licensee has failed to ensure that for a medication incident which involved a

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resident there was a written record maintained of the corrective action taken.

Sources: Review of a Medication Incident Report and interview with staff.

WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 147 (3) (c)

Medication incidents and adverse drug reactions

s. 147 (3) Every licensee shall ensure that,

(c) a written record is kept of everything provided for in clauses (a) and (b).

The licensee has failed to ensure that for a quarterly review of medication incidents, there was a written record maintained of the changes and improvements identified in the review and when the changes were implemented.

Sources: Interviews with staff.