

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: November 13, 2025

Inspection Number: 2025-1708-0007

Inspection Type:

- Complaint
- Critical Incident
- Follow up

Licensee: Partners Community Health

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

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: November 6-7, 10, 12-13, 2025

The following intakes were inspected:

- Intake: #00152247 - Follow-up #01 for Compliance Order High Priority CO (HP)#001 from inspection #2025_1708_0003 for FLTCA, 2021 - s. 24 (1) Duty to Protect, with a compliance due date of September 19, 2025.
- Intake: #00152244 - Follow-up #03 for Compliance Order High Priority CO(HP) #003 from inspection #2025_1708_0003 for O. Reg. 246/22 - s. 123 (2) Medication Management System, with a compliance due date of September 19, 2025.
- Intake: #00152242 - Follow-up #07 for Compliance Order #007 from inspection #2025_1708_0003 for O. Reg. 246/22 - s. 261 (1) 2- Additional training- direct care staff, with a compliance due date of September 19, 2025.
- Intake: #00155786 - Critical Incident (CI) #3067-000060-25 - Resident Care and Support Services
- Intake: #00157138 - CI #3067-000062-25 - Falls Prevention and Management

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- Intake: #00157249 - CI #3067-000063-25 - Falls Prevention and Management
- Intake: #00157843 - CI #3067-000064-25 - Resident Care and Support Services
- Intake: #00160408 - Complaint - Admission, Absences and Discharge

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #007 from Inspection #2025-1708-0003 related to O. Reg. 246/22, s. 261 (1) 2.

Order #003 from Inspection #2025-1708-0003 related to O. Reg. 246/22, s. 123 (2)

Order #001 from Inspection #2025-1708-0003 related to FLTCA, 2021, s. 24 (1)

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

- Resident Care and Support Services
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Falls Prevention and Management
- Admission, Absences and Discharge

INSPECTION RESULTS

WRITTEN NOTIFICATION: Transferring and positioning techniques

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

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

A resident received assistance for care by one staff member, when they required two staff member assistance for care.

Sources: Observations, resident's clinical records, interviews.

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

Unclear directions were provided to staff and others who provided direct care to a resident when two different additional precaution signs were posted on the resident's room door.

Sources: Observations, interviews, resident's clinical records.

WRITTEN NOTIFICATION: Written notice if licensee withholds

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approval

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

Non-compliance with: FLTCA, 2021, s. 51 (7) (b)

Authorization for admission to a home

s. 51 (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 50 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or

When an applicant applied for admission to the home, the licensee did not approve their application, citing the home lacked the nursing expertise required to meet the applicant's care requirements. Staff indicated that the home refused the first application for admission due to them requiring a specific intervention.

Sources: Applicant records, staff interview.

WRITTEN NOTIFICATION: Written notice if licensee withholds approval

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

Non-compliance with: FLTCA, 2021, s. 51 (9)

Authorization for admission to a home

s. 51 (9) If the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out,

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- (a) the ground or grounds on which the licensee is withholding approval;
- (b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care;
- (c) an explanation of how the supporting facts justify the decision to withhold approval; and
- (d) contact information for the Director.

An applicant was not provided a written notice with the required details as set out in the legislation when they were refused admission after their first application to the home.

Sources: Applicant records, staff interview.

WRITTEN NOTIFICATION: Written notice if licensee withholds approval

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

Non-compliance with: FLTCA, 2021, s. 51 (9) (b)

Authorization for admission to a home

s. 51 (9) If the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out,

(b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care;

An applicant was not given written notice setting out a detailed explanation of the supporting facts, as they related to both the home and to the applicant's condition and requirements for care, when the home withheld approval for their admission when they re-applied to the home.

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Sources: Applicant's refusal letter, staff interview.

WRITTEN NOTIFICATION: Written notice if licensee withholds approval

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

Non-compliance with: FLTCA, 2021, s. 51 (9) (c)

Authorization for admission to a home

s. 51 (9) If the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out,

(c) an explanation of how the supporting facts justify the decision to withhold approval; and

An applicant was not given written notice explaining the supporting facts that justified the decision to withhold their approval for admission when they re-applied to the home.

Sources: Applicant's refusal letter, staff interview.

WRITTEN NOTIFICATION: Written notice if licensee withholds approval

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

Non-compliance with: FLTCA, 2021, s. 51 (9) (d)

Authorization for admission to a home

s. 51 (9) If the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out,

(d) contact information for the Director.

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An applicant's refusal letter for their second application to the home did not include the contact information for the Director.

Sources: Applicant's refusal letter, staff interview.

WRITTEN NOTIFICATION: Licensee Must Comply

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

Compliance Order #003 issued under Inspection #2025-1708-0003 required the licensee to ensure that all physician's orders processed by a registered staff prior to the compliance due date, were supervised, monitored, and documented to reflect that supervision and monitoring were completed, by whom they were completed, and any gaps identified and actions taken as a result.

It was determined that the wrong staff member was supervised and monitored. As a result, the order was not complied with by the CDD, but was brought into compliance between the CDD and the completion of the Follow-Up Inspection (FUI).

Sources: Compliance Order #003 from inspection #2025-1708-0003, the home's follow up documentation and staff interviews.

An Administrative Monetary Penalty (AMP) is being issued on this written

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notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Written Notification NC #008

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

n/a

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: General requirements

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

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

A falls risk screening assessment and management assessment was not documented when a resident fell.

Sources: The home's Falls Prevention & Management Program (revised October 2025), resident's clinical records, staff interviews.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #010 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).

A staff was feeding a resident without wearing appropriate PPE. The resident was on additional precautions.

Sources: Observations of care provided to a resident, resident's clinical records, staff interviews, Infection Control Precautions & Chain of Infection policy (revised



**Inspection Report Under the
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July 2025), Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (revised September 2023).