

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 24, 2026

Inspection Number: 2026-1708-0001

Inspection Type:

Complaint
Critical Incident
Follow up
Director Order Follow Up (DOFU)

Licensee: Partners Community Health

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

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: March 10-13, 16, 18-20, 23, 24, 2026.

The following Critical Incidents (CI) intakes were inspected:

- Intake: #00165161 - related to fall prevention and management.
- Intake: #00169291 - related to falls prevention and management.
- Intake: #00170432 - related to resident care and support services and skin and wound prevention and management.
- Intake: #00171294 - related to falls prevention and management.

The following follow-up intakes were inspected:

- Intake: #00167415 -Follow-up #01 - Compliance Order (CO) #002/ 2025_1708_0008, O. Reg. 246/22 - s. 268 (4) 1. vi. Emergency Plans, Compliance Due Date (CDD) 02/12/2026.
- Intake: #00167416 -Follow-up #01 - FLTCA, 2021 - s. 24 (1) from Inspection #2025-1708-0008. CO High Priority (HP) CO #001. Duty to Protect. CDD 03/13/2026.
- Intake: #00167793 -Follow up #02 - Director Order (DO) #001 / 2025-1708-0003, O. Reg. 246/22, s. 55 (2) (b), Skin and Wound, Extended CDD 11/15/2025, Re-inspection Fee (RIFF) \$500.

The following complaint intake was inspected:

- Intake: #00170466 - Complainant related to resident care and support services.

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Previously Issued Compliance Order(s)

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

Director Order #001 from Inspection 2025-1708-0003 related to O. Reg. 246/22, s. 55 (2) (b)

Order #001 from Inspection #2025-1708-0008 related to FLTCA, 2021, s. 24 (1)

Order #002 from Inspection #2025-1708-0008 related to O. Reg. 246/22, s. 268 (4) 1. vi.

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Prevention of Abuse and Neglect
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (4) (b)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

A) A Medical Doctor (MD) assessed a resident and ordered a specific treatment intervention. A staff did not input the order correctly as directed by the MD.

Sources: resident's clinical records and interviews with staff.

B) A MD assessed a resident with a registered staff and planned to monitor a specific condition. No further action was taken to develop and implement the specific monitoring.

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Sources: resident's clinical records and interviews with staff.

WRITTEN NOTIFICATION: Plan of care

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

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 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 Physiotherapist assessed a resident to require specific levels of assistance for transfers, however, the resident's care plan and signage in their room was not updated to reflect the change.

Sources: resident's clinical records, observations, physiotherapist assessment, and interview with Physiotherapist.

WRITTEN NOTIFICATION: Training

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

Non-compliance with: FLTCA, 2021, s. 82 (4)

Training

s. 82 (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

A registered staff who provided direct care to residents, did not receive, as a condition of continuing to have contact with residents, annual fall prevention and management training.

Sources: employee training records and staff interviews.

WRITTEN NOTIFICATION: General requirements

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NC #004 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) MD did not include the assessment of a resident's skin concern in their documentation.

Sources: resident clinical records and interviews with staff.

B) Blood work that contained results outside normal limits for a resident was faxed to the home. According to the high-risk follow-up order procedure, the blood work was to be signed, dated, and time stamped when it was received and assessed by registered staff. There was no documentation on the bloodwork of the date and time it was received or by whom.

Sources: resident's clinical records, High Risk Order Follow-up Procedure, and interviews with staff.

C) A staff observed skin concern on a resident but did not document their assessment in Point of Care (POC), as required under the home's skin and wound program.

Sources: Interview with staff, resident's clinical records, and the home's policy, "Skin Assessment".

D) A weekly assessment of a resident's skin concern was not documented by registered nursing staff.

Sources: resident's clinical records and interview with staff.

WRITTEN NOTIFICATION: Transferring and positioning techniques

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

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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.

Staff did not provide a resident with the correct level of assistance with transferring based on their needs as identified by a physiotherapist. The transfers were found to be unsafe as they put the resident at risk of harm and impacted their well-being.

Sources: resident's clinical records, and interviews with resident and staff.

WRITTEN NOTIFICATION: Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The home's Falls Assessment procedure required a Head Injury Routine (HIR) be completed for any unwitnessed fall at required intervals and to rouse residents from sleep to complete the neurological vital signs check. Sections of a resident's HIR were incomplete for their unwitnessed fall.

Sources: Falls Assessment procedure, resident's clinical records.

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1),

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using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

A skin concern was noted on a resident by staff; however, no skin assessment was completed when it was identified.

Sources: resident's clinical records and interviews with staff.

WRITTEN NOTIFICATION: Responsive behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(b) strategies are developed and implemented to respond to these behaviours, where possible; and

Strategies were developed to respond to a resident's behavioural needs and support their safety. On a specific date, the strategies were not in place and the resident sustained injuries.

Sources: resident's clinical health record, staff interviews, and the home's investigation records.

WRITTEN NOTIFICATION: Weight changes

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

Non-compliance with: O. Reg. 246/22, s. 75 1.

Weight changes

s. 75. Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.

A resident had weight change over five percent and a Registered Dietitian (RD) referral was not sent at that time.

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Sources: resident's clinical records, Measuring and Monitoring Resident Height and Weight policy, and interviews with staff.

WRITTEN NOTIFICATION: Reports re critical incidents

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

Non-compliance with: O. Reg. 246/22, s. 115 (4) (b)

Reports re critical incidents

s. 115 (4) Where an incident occurs that causes an injury to a resident for which the resident is taken to a hospital, but the licensee is unable to determine within one business day whether the injury has resulted in a significant change in the resident's health condition, the licensee shall,

(b) where the licensee determines that the injury has resulted in a significant change in the resident's health condition or remains unable to determine whether the injury has resulted in a significant change in the resident's health condition, inform the Director of the incident no later than three business days after the occurrence of the incident, and follow with the report required under subsection (5). O. Reg. 246/22, s. 115 (4).

An incident that caused an injury to a resident for which the resident was taken to a hospital occurred on specified date. The licensee remained unable to determine whether the injury had resulted in a significant change in the resident's health condition; however, they did not inform the Director of the incident no later than three business days after the occurrence of the incident.

Sources: Critical Incident Report and resident clinical records.

NOTICE OF RE-INSPECTION FEE

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

Three FUIs occurred during this onsite inspection. Two FUIs were first time FUIs: 1) Intake: #00167415 -Follow-up #1 - CO #002/ 2025_1708_0008, O. Reg. 246/22 - s. 268

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(4) 1. vi.- Emergency Plans, CDD 02/12/2026. 2) Intake: #00167416 - Follow-up #: 1 - FLTCA, 2021 - s. 24 (1) from Inspection #2025-1708-0008. CO(HP) CO #001. Duty to Protect. CDD March 13, 2026. One FUI was a second time FUI to which the RIF of \$500.00 for this inspection applies. - Intake: #00167793 - Follow up #02 - DO #001 / 2025-1708-0003, O. Reg. 246/22, s. 55 (2) (b), Skin and Wound, Extended CDD 11/15/2025, RIFF \$500.

Licensees must not pay a Re-Inspection Fee 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 Re-Inspection Fee.