

**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 5, 2025

**Inspection Number:** 2025-1707-0002

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Partners Community Health

**Long Term Care Home and City:** Wellbrook Place East, Mississauga

## INSPECTION SUMMARY

This report has been modified to reflect administrative changes.

The inspection occurred onsite on the following dates: February 21, 24, 25, 26, 27, 2025 and March 3, 4, 5, 2025.

The following intake was inspected:

- Intake: #00139936 - Proactive Compliance Inspection for Wellbrook Place East.

A Hamilton District Manager shadowed Inspectors for a portion of this inspection.

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

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

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Staffing, Training and Care Standards  
Residents' Rights and Choices  
Pain Management

## 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. 139 1.**

Security of drug supply

s. 139. Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.

The licensee has failed to ensure that the medication cart was kept locked at all times. Staff were observed walking away from the medication cart in the hallway and was no longer in site of the cart. The Inspector was able to access and open the medication cart. The staff returned promptly and immediately locked the medication cart.

Sources: Observations and interview with staff.

Date Remedy Implemented: February 21, 2025

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## 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) (a)**

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,

(a) the planned care for the resident;

The licensee has failed to ensure that the written plan of care for a resident included the planned care for the management of their pain. The resident had reported pain and ordered analgesic. The resident's care plan did not include a focus statement nor interventions related to pain or pain management.

Sources: Plan of care, pain assessments, pain scores, prescriber's order and electronic Medication Administration Records for a resident and interviews with staff.

## WRITTEN NOTIFICATION: Doors in a home

NC #003 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 all doors which lead to non-residential areas were locked when they were not supervised by staff. A therapy room and staff

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washroom were observed unlocked and unattended.

Sources: Observations; discussion held with staff.

## **WRITTEN NOTIFICATION: Required Programs**

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

**Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.**

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:

4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

The licensee has failed to comply with the home's pain management program, when the Registered Nurses' Association of Ontario (RNAO) Pain: Screening, Assessment and Management tool for a resident was not fully completed.

In accordance with O. Reg. 246/22, s. 11 (1) b, the licensee was required to ensure that their written pain management program was complied with. Specifically, all sections of the RNAO Pain: Screening, Assessment and Management tool were not completed for a resident.

Sources: Review February 2025 electronic Medication Administration Records and RNAO Pain: Screening, Assessment and Management tool for a resident, and interviews with staff.

## **WRITTEN NOTIFICATION: Menu Planning**

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

**Non-compliance with: O. Reg. 246/22, s. 77 (5)**

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Menu planning

s. 77 (5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 246/22, s. 390 (1).

The licensee has failed to ensure that a planned menu item was available, as requested, by a resident.

Sources: Observation of posted menu and a meal, review of a resident's selected meal choices, and interview with staff.

**WRITTEN NOTIFICATION: Dining and Snack Service**

NC #006 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 a resident was safely positioned while eating when they were not positioned at 90 degrees in the chair.

Sources: Observations of a resident during a meal service, review of plan of care for the resident and interview with staff.

**WRITTEN NOTIFICATION: Dining and Snack Service**

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

**Non-compliance with: O. Reg. 246/22, s. 79 (2) (b)**

Dining and snack service

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s. 79 (2) The licensee shall ensure that,  
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.

The licensee has failed to ensure that a resident, who required assistance with eating, was not served their meal before staff were available, as there was a delay of approximately 13 minutes before staff provided assistance.

Sources: Observation of a meal, review of the plan of care for a resident and interview with staff.

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

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

**Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)**

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,  
(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee has failed to ensure that on every shift symptoms were recorded. Progress notes identified that a resident presented with an infection. Review of the documentation did not include that the symptoms of infection were recorded on every shift.

Sources: Review of a resident's progress notes and interview with staff.

## **WRITTEN NOTIFICATION: Medication Management System**

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NC #009 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 ensure that their written medication management policy related to controlled medications was complied with.

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

Specifically, two Shift Change Monitored Medication Count records were not signed by a second nurse and one of the records did not include the quantity of the medications remaining.

Sources: Review of procedure Disposal and Destruction of Controlled and Uncontrolled Medications; review of Shift Change Monitored Medication Count records; and discussion with staff.

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

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