

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:** October 31, 2025

**Inspection Number:** 2025-1707-0008

**Inspection Type:**

Complaint  
Critical Incident

**Licensee:** Partners Community Health

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

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 20-24, 27-31, 2025.

The following intake(s) were inspected:

- Intake #00152829 - Critical Incident (CI) #3066-000053-25 related to the prevention of abuse and neglect.
- Intake #00153193 - CI #3066-000054-25 related to the prevention of abuse and neglect.
- Intake #00154101 - CI #3066-000058-25 related to the prevention of abuse and neglect.
- Intake #00157143 - Complaint regarding an admission refusal
- Intake #00157760 - Complaint regarding the prevention of abuse and neglect.
- Intake #00158727 - CI #3066-000068-25 related to falls prevention and management.

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

Resident Care and Support Services  
Prevention of Abuse and Neglect  
Falls Prevention and Management  
Admission, Absences and Discharge

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: Plan of care

NC #001 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 there was a written plan of care for a resident that set out the planned care for the resident, specific to prohibiting a certain intervention.

**Sources:** Staff interviews, two resident's clinical notes, CI report #3066-000063-25.

## 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

A) The licensee has failed to ensure that a resident's written plan of care provided clear direction to staff when their plan of care indicated different directions regarding an activity of daily living. One area indicated they required a certain intervention and another area indicated a different intervention.

**Sources:** A resident's clinical record, interview with staff.

B) The licensee has failed to ensure that a resident's written plan of care provided clear direction to staff when their plan of care indicated different directions regarding an activity of daily living. One area indicated they required a certain intervention and another area indicated a different intervention.

**Sources:** A resident's clinical record, interview with staff.

## WRITTEN NOTIFICATION: Staff and others to be kept aware

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

### Non-compliance with: FLTCA, 2021, s. 6 (8)

Plan of care

s. 6 (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

The licensee has failed to ensure that a staff member who provided direct care to a resident was kept aware of the resident's plan of care when they reported they were unaware that the resident required a certain intervention, they did not check the resident's care plan at start of their shift, and were not informed of a change in an intervention for a resident.

**Sources:** Staff interviews, a resident's clinical records.

## WRITTEN NOTIFICATION: Policy to promote zero tolerance

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

### Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee failed to ensure that the home's written policy to promote zero tolerance of abuse and neglect of residents was complied with. Specifically, the home did not comply with their policy when two staff members, who were working at the time in question of an incident that may have constituted abuse, were not interviewed.

As per the home's policy, the home also did not ensure two investigators were present during all meetings and interviews.

**Sources:** Staff interviews, CI # 3066-000058-25, the home's investigation records, the

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home's policy.

## **WRITTEN NOTIFICATION: Licensee must investigate, respond and act**

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

### **Non-compliance with: FLTCA, 2021, s. 27 (1) (a)**

Licensee must investigate, respond and act

s. 27 (1) Every licensee of a long-term care home shall ensure that,

(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:

- (i) abuse of a resident by anyone,
- (ii) neglect of a resident by the licensee or staff, or
- (iii) anything else provided for in the regulations;

The licensee has failed to ensure that an allegation of sexual abuse by a resident was immediately investigated.

On an identified date, a staff member became aware of an allegation of sexual abuse by another staff member to a resident and did not immediately investigate.

**Sources:** CI #3066-000053-25, interview with staff, the home's investigation notes, an undated letter.

## **WRITTEN NOTIFICATION: Licensee consideration and approval**

NC #006 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

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The licensee has failed to ensure that when an applicant applied for admission to the home, they were approved unless 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. They acknowledged this was not a valid reason to refuse the applicants admission.

**Sources:** Applicant's refusal letter, applicant records, interview with the staff.

### **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) (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;

The licensee failed to ensure that an applicant was 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 admission for the applicant on two identified dates.

**Sources:** Applicant's refusal letters, interview with the staff.

### **WRITTEN NOTIFICATION: Written notice if licensee withholds approval**

NC #008 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;

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and

The licensee failed to ensure that an applicant was given written notice explaining the supporting facts that justified the decision to withhold their approval for admission on two identified dates.

**Sources:** Applicant's refusal letters, interview with staff.

### **WRITTEN NOTIFICATION: Written notice if licensee withholds approval**

NC #009 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.

The licensee failed to ensure that the two refusal letter's regarding an applicant's refusal of admission included the contact information for the Director.

**Sources:** Applicant's refusal letters, interview with staff.

### **WRITTEN NOTIFICATION: General requirements**

NC #010 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.

The licensee has failed to ensure that a pain assessment was documented for a resident when new pain was identified and required immediate intervention.

**Sources:** The home's policy, a resident's clinical record, and staff interview.

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## WRITTEN NOTIFICATION: Dealing with complaints

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

**Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.**

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

The licensee has failed to ensure that a written response was provided to a complainant after a verbal complaint and a written complaint concerning the care of a resident was received by the home.

**Sources:** The home's investigation notes, the home's policy, a resident's clinical records, complainant e-mail, staff interview.

## COMPLIANCE ORDER CO #001 Transferring and positioning techniques

NC #012 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**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.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The Licensee shall:

1. Educate a staff member on the home's policy, specific to their role in assessing residents prior to changing their transfer status. Keep a record of the education, including who provided the education, the date it was held and a signature that the staff

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understood the education. And;

2. Create a case study of the incidents in A) and B) below and incorporate it into the home's transfer and lift training, to enhance the learning and awareness of staff. And;
3. Keep a written record of the case studies for the inspector to review.

### Grounds

A) The licensee has failed to ensure that a staff member used safe transferring techniques when transferring a resident.

A staff member transferred a resident, who required two staff for all transfers, independently, causing the resident discomfort and distress.

Failure to use safe transfer techniques put the resident at a high risk of injury.

**Sources:** CI #2900-000054-25, review of the resident's clinical records, interview with staff, video footage of incident.

B) The licensee has failed to ensure that staff used safe transferring techniques when transferring a resident.

On a specific date, a staff member assessed a resident and determined them to require a specific intervention for transfers. 12 days later, another staff member updated the residents care plan to indicate they required a different intervention for transfers. Two days later, the resident was being transferred to the toilet by a staff member when the resident fell which resulted in an injury. Review of their clinical record indicated there was no assessment of the resident completed for this change in transfer status.

The home's investigation notes indicated that the staff member had changed the residents transfer status based on the previous documentation of staff. They indicated the same to the inspector in an interview, additionally adding they did not assess the resident for this new transfer level. Review of the home's policy indicated staff are to assess each resident to determine what lift and transfer support is required.

Failing to use safe transferring techniques for a resident resulted in significant harm.

**Sources:** A resident's clinical record, the home's investigation notes, the homes policy,

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CI #3066-000068-25, interview with staff.

C) The licensee has failed to ensure safe transferring and positioning techniques were implemented when a resident was transferred to the toilet solely by one staff member. The resident was care planned to receive two-person assistance for transfer.

**Sources:** Staff interviews, a resident's clinical records.

**This order must be complied with by** December 10, 2025

**An Administrative Monetary Penalty (AMP) is being issued on this compliance order 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 Compliance Order CO #001**

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 a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

### **Compliance History:**

A previous compliance order was issued to O. Reg. 246/22 s. 40 on June 7, 2024 under inspection #2024-1707-0004.

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

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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.

### **COMPLIANCE ORDER CO #002 Reporting certain matters to Director**

NC #013 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

#### **Non-compliance with: FLTCA, 2021, s. 28 (1) 2.**

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

#### **The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

1. Review the home's zero tolerance of abuse and neglect of residents policy and make any necessary revisions to align with the current act and regulations. And;
2. Conduct an in person review of the revised policy with four staff members. Keep records of this review including the date it was held and staff signatures that they understood the review. And;
3. Create a case study of the incident in A) below and incorporate it into the home's mandatory abuse and neglect training, to enhance the learning and awareness of staff. And;
4. Keep a record of the revised policy and the case study for the inspector to review.

#### **Grounds**

A) The licensee failed to immediately report an allegation of abuse involving a resident, resulting in a risk of harm to the resident.

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On an identified date, a resident disclosed to a staff member that they had been abused by another staff member. The staff member reported the allegation to another staff member, who subsequently informed another staff member. However, neither staff reported the allegation to the Director as required.

A manager became aware of the allegation two months later, and another manager was aware of the allegation, but the Director was not notified. The incident was not reported to the Director until four months after the initial allegation.

The accused staff member continued to provide care to the resident for two months after the allegation. There was a continued risk of potential abuse to the resident.

**Sources:** CI #3066-000053-25, staff interviews, a resident's clinical record, interview with the resident, the home's policies, home's investigations records.

B) The licensee failed to ensure that the alleged abuse of a resident by staff that resulted in harm or a risk of harm to the resident was reported to the Director immediately.

On an identified date, a staff member was informed of an allegation of abuse to a resident. The allegation was reported to the Director the next day.

**Sources:** Staff interview, a resident's clinical records, CI #3066-000063-25.

**This order must be complied with by** December 10, 2025

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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).