

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: December 18, 2025

Inspection Number: 2025-1707-0009

Inspection Type:

Complaint
Critical Incident
Follow up

Licensee: Partners Community Health

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

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: December 3, 4, 5, 8, 9, 11, 15, 16 and 18, 2025.

The inspection occurred offsite on the following dates: December 10 and 12, 2025.

The following intakes were inspected:

-Intake: #00157325 - Critical Incident (CI) #3066-000065-25 related to infection prevention and control.

-Intake: #00157482 - (CI) #3066-000066-25 - related to falls prevention and management.

-Intake: #00159262 - (CI) #3066-000070-25 - care and support services and falls prevention and management.

-Intake: #00160677 - Complaint regarding skin and wound care and pain and palliation management.

-Intake: #00160776 - (CI) #3066-000078-25 - related to skin and wound care.

-Intake: #00162232 - (CI) #3066-000083-25 - related to falls prevention and management.

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-Intake: #00162624 - (CI) #3066-000087-25 - related to prevention of abuse and neglect.
-Intake: #00163036 - Complaint regarding the prevention of abuse and neglect, plan of care, falls prevention and management, continence care, medication management and nutrition and hydration.
-Intake: #00161554 -Follow-up Compliance Order #001 - O. Reg. 246/22 s. 40, safe transferring and positioning techniques from inspection #2025_1707_0008.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1707-0008 related to O. Reg. 246/22, s. 40

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

- Continenence Care
- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Medication Management
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Palliative Care
- Falls Prevention and 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 (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.

In December 2025, a resident was up in their wheelchair and were not using an intervention as specified in their plan of care. Registered Practical Nurse (RPN) was made aware and immediately applied the intervention to the resident.

Sources: Observation of a resident; review of plan of care and interview with RPN.

Date Remedy Implemented: December 5, 2025

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;

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A resident's plan of care identified they required two staff for their provision of care and the plan did not include directions for the second staff member.

Sources: Review of plan of care for a resident and interviews with Personal Support Worker (PSW) and other staff.

WRITTEN NOTIFICATION: Plan of care

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

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

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,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

A. A resident sustained a fall and initial pain assessments were not consistent and did not complement each other, registered staff identified that some assessments, documented as a late entries, were inconsistent.

Sources: Progress notes, pain assessment and pain scores for a resident, and interviews with RPN and other staff.

B. Assessments of a resident's fall interventions were not consistent with and did not complement each other when documentation referred to the use of specified interventions that were not current and included the ongoing refusal of an intervention when in use.

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Sources: Review of progress notes, plan of care and post fall assessments for a resident, observations of the resident and interviews with staff.

WRITTEN NOTIFICATION: Plan of care

NC #004 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.

A resident's plan of care indicated they were to be provided specific interventions and adaptive aides for meals. In December 2025, during a meal observation the resident was not provided with the interventions specified.

Sources: Observation of resident a resident; review of plan of care and interview with RPN and other staff.

WRITTEN NOTIFICATION: General requirements

NC #005 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. On an identified date, two residents had a physical altercation and the residents were separated immediately and assessed for injuries. Review of the residents'

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clinical records, identified there was no documentation regarding the incident, assessments conducted or the residents' responses to the incident.

Sources: Two residents clinical records and interview with RPN and other staff.

B. A resident did not have palliative performance scales (PPS) and pain assessments completed on several occasions when the resident was palliative with a PPS score of 10-30% as required.

Sources: A resident's clinical record and interview with Director of Care (DOC).

WRITTEN NOTIFICATION: Skin and wound care

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

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

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,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

On a specified date, a resident's dressing fell off and staff acknowledged they did not immediately report to registered staff that the resident required a new dressing.

Sources: A resident's clinical record, investigation notes, and interviews with PSW and DOC.

WRITTEN NOTIFICATION: Skin and wound care

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

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

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,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

A resident had an area of altered skin integrity that was not re-assessed at least weekly by a member of the registered nursing staff.

Sources: A resident's clinical record and interview with RPN and DOC.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

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

Non-compliance with: O. Reg. 246/22, s. 74 (1) (a)

Nutritional care and hydration programs

s. 74 (1) This section and sections 75 to 84 apply to,

(a) the organized program of nutritional care and dietary services required under clause 15 (1) (a) of the Act; and

The home's weight monitoring policy indicated that unplanned weight changes will be referred to the Registered Dietitian (RD) for review.

In November 2025, a resident had an unplanned weight change since their admission weight and a referral was not completed.

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Sources: A resident's clinical record; review of the home's weight monitoring policy; interview with RD and other staff.

WRITTEN NOTIFICATION: Administration of drugs

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

Non-compliance with: O. Reg. 246/22, s. 140 (2)

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

A resident was not administered their scheduled medication on two shifts, as ordered by the Physician.

Sources: A resident's clinical records and interview with DOC and Pharmacy Consultant.