

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: April 7, 2025

Inspection Number: 2025-1048-0003

Inspection Type:

Critical Incident
Follow up

Licensee: Poranganel Holdings Limited

Long Term Care Home and City: King City Lodge Nursing Home, King City

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 31 and April 1-3, 7, 2025.

The following intake(s) were inspected:

- An intake was related to Compliance Order CO #007 from inspection 2024-1048-0002, O. Reg. 246/22, s. 102 (4), with a Compliance Due Date (CDD) of March 17, 2025.
- One intake was related to improper care of a resident.
- One intake was related to an outbreak of disease.

Previously Issued Compliance Order(s)

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

Order #007 from Inspection #2024-1048-0002 related to O. Reg. 246/22, s. 102 (4)

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

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Resident Care and Support Services
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Falls prevention and management

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to ensure that the home's falls prevention and management program which provided for strategies to reduce or mitigate falls was followed for a resident.

In accordance with Ontario Regulation 246/22, s. 11. (1) (b), the licensee is required to ensure that written policies developed for the falls prevention and management program were complied with. Specifically, the home's falls prevention policy indicated that staff were to follow preventative measures as per the plan of care. Preventative measures included the use of specific equipment.

A resident was restless and was brought to an area to be monitored. The resident later had an incident and sustained injuries. The investigation revealed that the Registered Nurse (RN) and the Personal Support Worker (PSW) failed to apply an

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intervention for the resident. Further the staff were not in the area to monitor the resident.

The Director of Clinical Care and Quality acknowledged that staff were expected to ensure the resident had the intervention applied as part of their fall prevention strategies. They also acknowledged that the staff should have been monitoring the resident.

Sources: Resident's clinical record, Critical Incident Report, policy Falls Prevention Program, interview with the Director of Clinical Care and Quality.

WRITTEN NOTIFICATION: Falls prevention and management

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

Non-compliance with: O. Reg. 246/22, s. 54 (2)

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee failed to ensure that a post-fall assessment was conducted for a resident after their fall.

The home's falls prevention policy indicated that when a resident has a fall, the registered staff will perform a head-to-toe assessment of the resident prior to moving them. Further, the post fall assessment will include examining for evidence of gross injury and damage to hip joint. The Director of Clinical Care and Quality reported that the RN failed to assess the resident post fall for potential injuries before moving the resident.

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Sources: Resident's clinical record, RN's discipline letter, policy Falls Prevention Program, Critical Incident Report, interview with the Director of Clinical Care and Quality.

**WRITTEN NOTIFICATION: Infection prevention and control
program**

NC #003 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).

The licensee has failed to ensure Additional Requirement 9.1 (f) for Additional Precautions under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (revised September 2023), issued by the Director was complied with. Specifically, the licensee has failed to ensure that additional Personal Protective Equipment (PPE) was appropriately applied and removed.

A resident's room had signage posted indicating additional precautions were in place. Prior to entering the room, a staff who was already wearing one piece of PPE donned two additional pieces of PPE. With the new PPE on, the staff removed the used piece of PPE and did not change their PPE after touching the used item and proceeded into the resident's room.

The IPAC Lead acknowledged that the staff did not follow the proper sequence for donning and doffing PPE.

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Sources: Observations, interview with the IPAC Lead.

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

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