

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: January 23, 2025

Inspection Number: 2025-1048-0001

Inspection Type:

Complaint
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): January 16-17, and 20-23, 2025.

The following intake(s) were inspected:

- An intake related to a first follow-up to Compliance Order (CO) #010, from inspection #2024_1048_0002, related to O. Reg. 246/22, s. 102 (9) (b) with Compliance Due Date (CDD) on January 15, 2025.
- An intake related to a first follow-up to CO #009, from inspection #2024_1048_0002, related to O. Reg. 246/22, s. 102 (9) (a) with CDD on January 15, 2025.
- An intake related to a first follow-up to CO #001, from inspection #2024_1048_0002, related to FLTCA, 2021, s. 23 (2) (a) with CDD on January 15, 2025.
- An intake related to a first follow-up to CO #006, from inspection #2024_1048_0002, related to O. Reg. 246/22, s. 102 (2) (b) with CDD on January 15, 2025.
- An intake related to a first follow-up to CO #005, from inspection #2024_1048_0002, related to O. Reg. 246/22, s. 102 (2) (b) with CDD on January 15, 2025.

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15, 2025.

- An intake related to an outbreak.
- A complaint related to housekeeping, food services, and staffing.

Previously Issued Compliance Order(s)

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

Order #010 from Inspection #2024-1048-0002 related to O. Reg. 246/22, s. 102 (9)

(b)

Order #009 from Inspection #2024-1048-0002 related to O. Reg. 246/22, s. 102 (9)

(a)

Order #001 from Inspection #2024-1048-0002 related to FLTCA, 2021, s. 23 (2) (a)

Order #006 from Inspection #2024-1048-0002 related to O. Reg. 246/22, s. 102 (2)

(b)

Order #005 from Inspection #2024-1048-0002 related to O. Reg. 246/22, s. 102 (2)

(b)

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

Resident Care and Support Services

Housekeeping, Laundry and Maintenance Services

Food, Nutrition and Hydration

Infection Prevention and Control

Reporting and Complaints

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Dining and snack service

NC #001 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.

A complaint was lodged to the Director related to dietary concerns.

During a meal service it was observed that a resident using assistive device, required feeding assistance. It was observed that the resident was assisted by different staff with their fluid intake, while the staff were in a standing position.

Registered Dietitian (RD) acknowledged they were assisting the resident with feeding, and not implementing the appropriate feeding position. The Director Of Care (DOC) indicated it was the process to have the staff in a sitting position to ensure safe feeding assistance for the resident.

Sources: Resident's health records, and interviews with RD and DOC.

WRITTEN NOTIFICATION: Dining and snack service

NC #002 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

s. 79 (2) The licensee shall ensure that,

(b) no resident who requires assistance with eating or drinking is served a meal until

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someone is available to provide the assistance required by the resident.

A complaint was lodged to the Director related to dietary concerns.

During a meal service it was observed that a resident required feeding assistance. The meal courses were served at different intervals, with no observed staff available to provide assistance to the resident. The Director of Clinical Care and Quality acknowledged that staff were to be seated with the resident requiring mealtime assistance prior to the resident's meal being served to the resident.

Sources: Observation and interview with the Director of Clinical Care and Quality.