

**Ministry of Long-Term Care**

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

**Central West District**

609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

## Public Report

**Report Issue Date:** March 24, 2025

**Inspection Number:** 2025-1003-0002

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** King Nursing Home Limited

**Long Term Care Home and City:** King Nursing Home, Bolton

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 4 - 7, 10 - 13, 18 - 20, and 24, 2025

The following intake(s) were inspected:

- Intake: #00139976 - Proactive Compliance Inspection

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

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

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Pain Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Duty to Respond

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

**Non-compliance with: FLTCA, 2021, s. 63 (3)**

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

In the year of 2024, multiple concerns were raised by Resident Council regarding nursing and personal care between the months of January to September. The home did not respond to these concerns within 10 business days, in writing, as required.

Sources: Resident Council Meeting Minutes, Licensee Response Letters, and Interviews the Administrator and other staff.

### WRITTEN NOTIFICATION: Air Temperature

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

**Non-compliance with: O. Reg. 246/22, s. 24 (2)**

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.

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2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
3. Every designated cooling area, if there are any in the home.

The home failed to ensure that air temperatures were being measured and documented, as staff were using an infrared thermometer during the winter season. The infrared thermometer took surface temperatures of the wall, not the air temperature.

Sources: Observation of thermometer, Heat Contingency and Air Temperature Monitoring Protocols, Mastercraft Temperature Reader Instruction Manual, and interview with multiple staff.

## **WRITTEN NOTIFICATION: Orientation**

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

**Non-compliance with: O. Reg. 246/22, s. 259 (3) (a)**

**Orientation**

s. 259 (3) Subsection 82 (3) of the Act does not apply during a pandemic, and instead, the training required under section 82 of the Act must be provided,  
(a) within one week of when the person begins performing their responsibilities, with respect to the matters set out in paragraphs 1, 3, 4, 7, 8 and 9 of subsection 82 (2) of the Act; and

The home failed to ensure a staff member was educated within one week of when they began performing their responsibilities. They received some in-person education approximately two months after they began performing their responsibilities, and received the rest of their education online approximately seven months after that.

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Sources: Education Records, In-Person and Online, and Interview with multiple staff.

## **WRITTEN NOTIFICATION: Orientation**

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

**Non-compliance with: O. Reg. 246/22, s. 259 (3) (b)**

Orientation

s. 259 (3) Subsection 82 (3) of the Act does not apply during a pandemic, and instead, the training required under section 82 of the Act must be provided,  
(b) within three months of when the person begins performing their responsibilities, with respect to the remaining matters set out in subsection 82 (2) of the Act.

The home failed to ensure that a staff member received the required training relevant to their roles and responsibilities since being hired November 2022.

Sources: Training Records, Interview with multiple staff.