

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: July 22, 2026

Inspection Number: 2026-1048-0004

Inspection Type:
Proactive Compliance Inspection

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): July 15-17 and 20-22, 2026

The following intake(s) were inspected:

-An intake related to a Proactive Compliance Inspection for the Generator Initiative

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

Safe and Secure Home

INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Maintenance services

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 96 (1) (b)

Maintenance services

s. 96 (1) As part of the organized program of maintenance services under clause 19 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance.

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

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1. The home will develop and implement a written maintenance schedule/procedure that documents the expected routine, preventive, and remedial maintenance for the home's generator.
2. The home will create and implement a maintenance documentation system to establish a clear maintenance history of the generator. The maintenance documentation system will require that all future maintenance activities related to the generator, including but not limited to, any assessments, inspections or remedial actions, be fully documented. Documentation must include what specific action/work was completed, the date in which the action/work was conducted, and the full name and professional designation of the individual that performed the action/work.
3. The home will develop and implement an auditing process to ensure that the home's generator is receiving all routine, preventive, and remedial maintenance. The developed auditing process shall be implemented for a period of six consecutive weeks. The home shall maintain documentation related to the developed auditing process and any instances in which routine, preventive, and/or remedial maintenance was not completed, as well as any corrective actions taken.
4. All documentation related to this Compliance Order (CO) shall be retained and made available to the inspector upon request.

Grounds

The home's Administrator outlined that the expected schedule/procedure for maintenance of the generator included weekly checks completed by the home's maintenance personnel as well as a semi-annual and annual inspection of the generator conducted by a contracted company.

Routine and preventive maintenance checks by the home's maintenance personnel were not completed on a weekly basis. Checks were only completed monthly for a specific time period. The Administrator acknowledged that there were gaps in the weekly checks and that the checks were not completed consistently.

There was no annual or semi-annual inspection conducted for a certain time period. There was no documentation to support that an annual inspection was completed during a specific time frame.

Multiple deficiencies with the home's generator and fuel system were identified. Documentation detailing specific remedial maintenance and when remedial actions

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were taken was insufficient.

A lack of routine, preventive, and remedial maintenance of the home's generator, increased the risk that the generator may not perform reliably on an ongoing basis.

Sources: Generator service agreement, generator inspection/service reports, generator log book, estimates/quotations, and interviews with the home's Administrator.

This order must be complied with by October 23, 2026

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, 8th floor
Toronto, ON, M7A 1N3
e-mail: 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, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.



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

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