

AGENDA
COMMITTEE OF MANAGEMENT FOR HURON LODGE
Meeting held Wednesday, March 9, 2022
at 9:00 a.m. via Zoom video conference

1. **Call to Order**
2. **Disclosure of Interest**
3. **Minutes**
Adoption of the minutes of the meeting held December 8, 2021 – ***attached***
4. **In Camera**
Subject – Personal matter(s) about an identifiable individual – s. 239 (2) (b)
5. **Business Items**
 - 5.1 **Administrator’s Report**
The Administrator’s Report dated March 1, 2022 – ***attached***
6. **Date of Next Meeting**
To be determined
7. **Adjournment**

Committee of Management for Huron Lodge

Meeting held December 8, 2021

A meeting of the Committee of Management for Huron Lodge is held this day commencing at 10:00 o'clock a.m. via Zoom video conference, there being present the following members:

Councillor Ed Sleiman, Chair
Councillor Jeewen Gill
Councillor Gary Kaschak

Also present are the following resource personnel:

Jelena Payne, Community Development & Health Services Commissioner
Alina Sirbu, Executive Director of LTD Administration Huron Lodge
Karen Kadour, Committee Coordinator

1. Call to Order

The Chair calls the meeting to order at 10:00 o'clock a.m. and the Committee of Management considers the Agenda being Schedule A attached hereto, matters which are dealt with as follows:

Addition to the Agenda

Moved by Councillor Kaschak, seconded by Councillor Gill,
That Rule 3.3 (c) of the Procedure By-law 98-2011 be waived to add the following addition to the Agenda:

- 5.3** Letter to the Chair, Committee of Management for Huron Lodge from Christopher O'Connor, Auditor General

2. Disclosure of Interest

None disclosed.

3. Adoption of the Minutes

Moved by Councillor Kaschak, seconded by Councillor Gill,
That the minutes of the meeting of the Committee of Management for Huron Lodge held October 21, 2021 **BE ADOPTED** as presented.
Carried.

4. In Camera

Moved by Councillor Kaschak, seconded by Councillor Gill, to move In Camera at 10:05 o'clock a.m. for discussion of the following item:

Item No.	Subject	Section Pursuant to Municipal Act 201, as amended
4.1	Personal matter about an identifiable individual, including municipal or local board employees – Resident matters	2. 239(2)(b)

Motion Carried.

Discussion on the item of business.

Verbal Motion is presented by Councillor Gill seconded by Councillor Kaschak, to move back into public session at 10:17 o'clock a.m.

Moved by Councillor Gill, seconded by Councillor Kaschak,
That the Clerk **BE DIRECTED** to transmit the recommendation(s) contained in the report(s) discussed at the In Camera Committee of Management for Huron Lodge Long Term Care Home held December 8, 2021 at the next regular meeting.

Moved by Councillor Gill, seconded by Councillor Kaschak,
That the verbal In Camera report relating to the personal matter about an identifiable individual, including municipal or local board employees **BE RECEIVED** and further, that Administration **BE AUTHORIZED** to proceed in accordance with the verbal direction of the Committee of Management for Huron Lodge Long Term Care Home.
Carried.

5. Business Items

5.1 Administrator's Report

In response to a question asked by Councillor Gill regarding if there has been an increase in staff due to the funding from the Ministry, A. Sirbu advises that a portion of the funding has been received and they are working with Finance and the Ministry to clarify the formula that Huron Lodge is to utilize. The intention of the funding is allow for an increase in staff, however, the language and the formula provided by the Ministry is somewhat obscure. It is important to ascertain how much of the funding can be used to increase staff and how much can be used for a potential offsetting of the provincial contribution.

Moved by Councillor Kaschak, seconded by Councillor Gill,

That the report from the Administrator of Huron Lodge providing the Committee of Management with an update on issues related to resident care, the Ministry of Long Term Care, the Local Health Integration Network and other initiatives that impact the Long Term-Care sector **BE RECEIVED** for information and **APPROVED** for the period of November 2021.

Carried.

5.2 Council Resolution 496/2021

Moved by Councillor Gill, seconded by Councillor Kaschak,

That Council Decision 496/2021 relating to the 1-year pilot program to provide free menstrual products in washrooms at city facilities **BE RECEIVED**.

Carried.

5.3 Letter to the Chair, Committee of Management for Huron Lodge from Christopher O'Connor, Auditor General

J. Payne advises that the Committee of Management did direct a response acknowledging that if the Auditor General were interested in auditing, that Huron Lodge would welcome this. However, Huron Lodge is a department of the City of Windsor and falls under any requirements under the Auditor General from a City of Windsor perspective as a Corporation. This item has already been dealt with by both the Committee of Management and City Council.

Moved by Councillor Kaschak, seconded by Councillor Gill,

That the letter sent to Councillor Sleiman, Chair of the Committee of Management for Huron Lodge from Christopher O'Connor, Auditor General dated November 25, 2021 **BE RECEIVED**.

Carried.

6. Date of Next Meeting

The next meeting will be held at the call of the Chair.

7. Adjournment

There being no further business, the meeting is adjourned at 10:23 o'clock a.m.

CHAIR

COMMITTEE COORDINATOR

Subject: Huron Lodge Long Term Care Home – Administrator’s Report to the Committee of Management – City Wide

Reference: Committee of Management Report

Date to Committee: March 9, 2022

Author: Alina Sirbu

Report Date: March 1, 2022

Clerk’s File #:

To: Huron Lodge Committee of Management

Recommendation:

THAT the report from the Administrator of Huron Lodge providing the Committee of Management with an update on issues related to resident care; the Ministry of Long-Term Care (MLTC); Ontario Health; Home and Community Care Support Services (HCCSS); and other initiatives that impact the Long Term-Care sector **BE RECEIVED** for information and **APPROVED** for the period ending February 28, 2022.

Background:

This Committee of Management report serves as the Administrator of Huron Lodge’s updates and official record for the Committee of Management for the period to end February 28, 2022. Not all items within this report are COVID related. It is critical to note that while nearly every aspect of operations are impacted by the pandemic, Huron Lodge is legislated to deliver services and that mandate has not changed.

In Camera Report

“Resident matters” – Section 239(2) (b) Municipal Act – Personal matters about an identifiable individual, including municipal or local board employees.

Discussion:

Ministry of Long-Term Care (MLTC)

The Ministry continues to issue numerous guidance documents, immunization policy updates; pandemic response updates as well as testing and outbreak protocols. The Huron Lodge Management team diligently deciphers, communicates and implements all

updates in a timely fashion and work together with our dedicated, resilient staff to ensure the safety of our residents, family members & colleagues.

In light of the highly transmissible Omicron variant, after almost a year of being Covid-19 free, the Public Health Unit declared our home in outbreak as of January 2, 2022. Family members and staff were notified immediately. Procedures were updated and communicated daily such as: Dining Room Protocols, Close Contact and Positive Result Procedures; PPE/Infection Control Compliance, Screening Tool updates as well as staff cohorting through outbreak call-ins and scheduling procedures.

Vaccine Clinics were also set up at Huron Lodge due to the Ministry's Mandatory Booster requirement. All staff eligible for their third dose (>84 days or 3 months from second dose) have until March 14, 2022 to obtain. Staff that have tested positive for Covid-19 have 90 days from date of their positive test to obtain the third dose.

All cases were mildly symptomatic or asymptomatic and the outbreak was finalized on February 15, 2022.

Unfortunately, despite our best efforts, as of February 22, 2022 Huron Lodge was once again confirmed in outbreak. New outbreak protocols were implemented and immediately communicated to ensure everyone's safety.

Fixing Long-Term Care Act, 2021

On December 8, 2021, MLTC held a webinar: Fixing Long-Term Care Act, 2021: An Overview of the Proposed Legislation's Repairs to the System. Attached is a Power Point synopsis of the changes.

Proactive Inspection Program

MLTC launched the new proactive inspections program in November 2021. The program takes a resident-centred approach by allowing for more direct discussion with residents, to focus on their care needs as well as the home's program and services. All long-term care homes will receive a proactive inspection by the end of 2024. The ministry continues to respond to critical incidents and complaints. Huron Lodge has not had any MLTC inspections since last report.

Other Business:

1. Financial

a. MLTC Funding

Annualized Funding for Additional Staffing at Huron Lodge

The new funding supports the increase to the provincial average of direct hands-on care provided by registered nurses, registered practical nurses and personal support workers to four hours a day, per resident, by the 2024-25 funding year.

Additionally, there is new funding to support an increase to the provincial average amount of allied health professional care to 36 minutes a day, per resident, by the 2022-23 funding year.

High Intensity Needs Fund (HINF)

On January 14, 2022, CAO 9/2022 authorized the Executive Director/Administrator of Huron Lodge to sign the required attestation for the High Intensity Needs Fund (HINF) Program. See CAO Approval and HINF form attached.

Hepa Filtration Units

In an effort to assist and supplement filtration of the air in all qualifying Long Term Care Homes the Ministry provided stand alone Hepa Filtration Units. Our facility ventilation systems at Huron Lodge currently have enhanced filtration measures installed already and as such these stand alone Hepa filter units will simply supplement our existing system. These units were deployed to specific congregate areas throughout the facility.

b. Government of Canada Grant

CAO 291/2021 approved the submission of a Grant Application for Funding – New Horizons for Seniors Program on December 17, 2021. The application was submitted for \$25,000 for the Chrysalis Project Phase 2 on January 20, 2022. We are waiting for confirmation on the funding.

Chrysalis Program Update

Updates in our Poplar Resident Home area promote meaningful engagement, social inclusion, cognitive stimulation and emotional well-being. They also provide families with resources to support their loved ones. See attached brochure for pictures of our individualized doors; Montessori Garage Station; Flower Activity Wall; Home-Making Activity Station; Bus Stop and “It’s Never too Late” Interactive Cart.

2. Ontario Health Team – Windsor-Essex

The Ontario government announced Windsor Essex Ontario Health Team on February 10, 2022. The News Release is attached.

3. Ministry of Labour

On February 3, 2022 a Field Visit Report was issued further to a teleconference held to discuss the Covid-19 occupational illness reported to the Ministry. See report attached.

4. Public Health Unit Inspections

No further updates.

5. Advantage – Ontario LTC Commission Report

No further updates.

Respectfully submitting this report for your information.

Alina Sirbu
Executive Director of Long Term Care
/Administrator of Huron Lodge

Jelena Payne
Commissioner, Human and Health Services

AS/ja

Direct Hours of Care – Nursing

- Periodic increases towards the target:
 - An average of 3 hours of direct care by March 31, 2022
 - An average of 3 hours and 15 minutes of direct care by March 31, 2023
 - An average of 3 hours and 42 minutes by March 31, 2024
- Average is to be determined by taking the total number of hours of direct care actually worked by RN's, RPN's and PSW's in all long-term care homes, and dividing that number by the total number of resident days in all long-term care homes for the applicable calculation period provided for in the regulations
- Not an individual resident or home target

Direct Hours of Care – Allied

- Target for the average number of hours of direct care to residents provided by allied health care professionals is 36 minutes per resident daily
- Target must be achieved by March 31, 2023, and, once achieved, must continue at that level (or higher as set by regulation)
 - An increase towards a target of an average of 33 minutes of direct care must be achieved by March 31, 2022

Direct Hours of Care – Allied

- The average is to be determined by taking the total number of hours of direct care actually worked by allied health care professionals in all long-term care homes, and dividing that number by the total number of resident days in all long term care homes for the applicable calculation period provided for in the regulations
- Not an individual resident or home target

Direct Hours of Care – Monitoring Progress

- Minister must assess and publicly report on the progress made towards achieving the targets on an annual basis
- Public reports to be made before the achievement date of the target and no later than six months after the end of every fiscal year
- Minister must assess any barriers or risks to achieving the targets and consider mitigations to the barriers and risks

Direct Hours of Care – Failure to Meet Targets

- If target is not achieved, the Minister must:
 - identify the reasons for the failure to achieve the targets, including any barriers and risks; and
 - develop and include a plan that specifies
 - measures implemented to achieve the target and the reasons for their failure
 - proposed strategies or steps to be taken to assist in achieving the target
- Minister may consult with individual or organizations that may have an interest in the target
- Publicly available no later than 6 months after the end of the fiscal year

Direct Hours of Care – Regulations

- Regulations may be made:
 - governing the meaning of “number of hours of direct care actually worked” and “resident days”
 - defining “allied health care professional”

Palliative Care

- Every licensee must ensure that, subject to consent, residents are provided with care or services that integrate a palliative care philosophy
- Licensees must comply with the regulations respecting palliative care and palliative care philosophy

IPAC Program

- IPAC program to include:
 - **evidence-based policies and procedures**
 - **an educational component in respect of IPAC for staff, residents, volunteers and caregivers**
 - daily monitoring to detect the presence of infection in residents
 - measures to prevent the transmission of infections
 - **a hand hygiene program**
 - **any additional matters provided for in the regulations**
- IPAC program must comply with required outcomes and **accountability measures** set out in the regulations

IPAC Program – Lead

- Except as provided for in the regulations, every licensee must ensure that the home has an IPAC lead whose primary responsibility is the home's IPAC program
- Lead must possess the qualifications provided for in the regulations
- Regulations may also:
 - require certain classes of LTC homes to have more IPAC leads
 - establish responsibilities of the IPAC lead

Complaints Procedure

- Every licensee must ensure that there are written procedures that comply with the regulations for initiating complaints and for how the licensee deals with complaints
 - Written procedures must include information about how to make a complaint to the **patient ombudsman and to the Ministry**
- There will still be a requirement to forward complaints to the Director (where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations)

Whistle-Blowing Protection

- No person shall retaliate against another person, whether by action or omission, or threaten to do so because:
 - anything has been disclosed to an inspector
 - anything has been disclosed to the Director
 - **anything has been disclosed to any other personnel of the Ministry, or to any other individual or entity that may be provided for in the regulations**
 - evidence has been or may be given in a proceeding (e.g. enforcement of the Act or in an inquest under the Coroners Act)

Quality – Surveys

- As part of its continuous quality improvement initiative, licensees must ensure that at least once in every year, a survey is taken of the residents, their families and **caregivers** to measure their **experience** with the home and the care, services, programs and goods provided at the home
- Licensee must ensure that the survey is administered in the manner and in the form provided for in the regulations, and that it contains the content provided for in the regulations (if any)
 - Standardized surveys

Quality – LTC Quality Centre

- The Minister may establish a LTC Quality Centre
- The functions and purposes of the LTC Quality Centre are:
 - to support mission-driven organizations
 - to advance and share research on innovative and evidence-informed person-centred models of care
 - any other functions or purposes provided for in the regulations

Councils

- Resident's Council and Family Council must comply with any duties provided for in the regulations
- The Minister must consult, in a manner the Minister considers appropriate, with organizations that represent the interests of Residents' Councils and Family Councils on an annual basis
- Significance of these changes?

Operation of the Homes – Screening Measures

- Every licensee must ensure that no staff member is hired and no volunteer accepted if they have been,
 - found guilty of an act of professional misconduct prescribed in the regulations
 - convicted of an offence prescribed in the regulations
- Such an individual cannot be a member of the licensee's board of directors, its board of management or committee of management or other governing structure
- Where the regulations so provide, the restrictions on hiring or membership above may only apply during a time period set out in the regulations

Operation of Homes – Leadership Training

- Every licensee must ensure that every person in a “leadership position” in the home receives training in areas by providers at times or intervals as provided for in the regulations

Licensing - Eligibility

- The following has been added regarding eligibility to be issued a licence for a long-term care home:
 - If, in the Director's opinion, where the home is subject to a development agreement, the home, or the beds that are subject to a development agreement, complies with, and will continue to comply with, the applicable design manual and any additional design requirements required under the development

Licensing – Transfer

- No interest in a licence, including a beneficial interest, may be transferred except in accordance with the Act
- Certain definitions not carried into proposed legislation
 - “Equity share”
 - “Controlling interest”
 - Calculating shares
- Director may not be required to consult with the public:
 - If consultation not warranted
 - In accordance with a policy
- Implications for licence eligibility and Ministry approval for transfer of a licence

Licensing – Review

- A person, including a licensee, may request the Minister to review a decision of the Director under this Part with respect to a decision to:
 - issue or not to issue a licence
 - approve or not approve the transfer of a licence or beds under a licence
 - a give or not to give an undertaking to issue a licence
- A Minister's review is subject to the conditions and process provided for in the regulations
- Following a review, the Minister may make any decision provided for in the regulations

Licensing – End of Term

- The Director may make a policy respecting the obligations of a licensee with regard to the end of the term of a licence
- Every licensee must comply with the policy
- Director shall ensure that the policy is made available to the public
- Prior to the end of the term of a licence, a licensee shall not surrender the licence except:
 - with the consent of the Director; or
 - as may be provided for in the Act or the regulations

Enforcement – Findings of Non-Compliance

- Inspectors will be empowered to issue a notice of administrative penalty (in addition to WN, CO, DR) – VPC’s eliminated
- Where a licensee remedies a non-compliance prior to the conclusion of the inspection, and the inspector is satisfied that the non-compliance caused no harm and created no risk or minimal risk of harm to a resident, the inspector is “not required” to take an action
 - However, the inspector shall document the findings in an inspection report, as well as the remedy

Enforcement – Compliance Orders

- An inspector or the Director may order a licensee to,
 - do anything, or refrain from doing anything, to achieve compliance with a requirement under the Act;
 - prepare, submit and implement a written plan for achieving compliance;
 - **arrange for staff specified in the order to receive training provided for in the regulations from providers set out in the regulations;** or

Enforcement – Compliance Orders

- allow employees, agents or contractors of the Ministry to perform any work or activity at the home that is necessary, in the opinion of the person making the order, to achieve compliance with a requirement under the Act and to pay the reasonable costs of the work or activity
 - there must be reasonable grounds to believe that the licensee will not or cannot perform the work or activity necessary to achieve compliance
- Licensee must cooperate
- Minister may recover reasonable costs (i.e. withholding funding)

Enforcement – Suspension Orders

- Director may make an order **suspending** or revoking a licence
- An order suspending a licence takes effect immediately upon the licensee being served with a copy of the order
 - Automatic stay if appealed
- If licence suspended, Director may also make an order providing for the home to be occupied and operated by a supervisor for a period of time specified in the suspension order (no automatic stay if appealed)
- Supervisor may be an employee of the Ministry, or an agent or contractor acting under the authority of the Ministry

Enforcement – Suspension Orders

- Licensee does not have powers to operate and does not have access to the home while it is under the supervisor's control
- The supervisor must allow the Ministry full control of the home until the suspension is lifted, the licence expires, the licence is revoked or another solution is reached that is acceptable to the Director
- A suspension order does not preclude the Director from revoking the same licence after it has been suspended

Enforcement – Offences

- Doubling the penalties on the conviction of an offence
- Every individual who is convicted of an offence under the Act is liable:
 - first offence – fine of not more than \$200,000 or to imprisonment for up to 12 months, or both
 - subsequent offence – a fine of not more than \$400,000 or to imprisonment up to 12 months or both

Enforcement – Offences

- Director or officer of a corporation that is the licensee of a non-profit LTC home may be liable to a fine of not more than \$4,000
- In every other case, the individual is liable to a fine of not more than \$200,000 for a first offence, and not more than \$400,000 for a subsequent offence
- Every corporation may be liable to a fine of not more than \$500,000 for a first offence and not more than \$1,000,000 for a subsequent offence

Compellability

- Not compellable as a witness in a civil suit or any proceeding unrelated to the enforcement of the Act
 - Director
 - Inspector
 - Person who, at the request of an inspector, accompanies an inspector
 - Person who makes an examination, test, inquiry or takes samples at the request of an inspector

Final Thoughts

- Review the proposed legislation and seek clarification as needed
- Stay abreast of implementation of the Act and its regulations
- Input into the draft regulations will be crucial
- Review your internal operations to assess your preparedness to implement changes
- Develop internal protocols for addressing new compliance and enforcement regime

Final Thoughts

- Anticipate enhanced roles for Councils by being proactive with residents and families
- Anticipate need for transparent reporting regarding direct hours of care targets
- Review IPAC program for compliance
- Seek guidance from colleagues, professionals, and OLTCA as needed



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CAO APPROVAL

The Chief Administrative Officer approved the following recommendation:

Report Number: CAO 9/2022

Approved: January 14, 2022

THAT the Executive Director/Administrator of Huron Lodge **BE AUTHORIZED** to sign the required attestation for the High Intensity Needs Fund (HINF) Program to be submitted to the Ministry of Long-Term Care, subject to being satisfactory in form to the City Solicitor and satisfactory in financial content to the City Treasurer.

Report Number: CAO 9/2022

Clerk's File: AH2022

Anna Ciacelli

Deputy City Clerk/Supervisor of Council Services

January 17, 2022

Department Distribution

Andrea Sayers	Financial Planning Administrator
Alina Sirbu	Executive Director of Long Term Care / Administrator
Jelena Payne	Commissioner, Human & Health Services
Shelby Askin Hager	Commissioner, Legal & Legislative Services
Joe Mancina	Commissioner, Corporate Services / Chief Financial Officer / City Treasurer
Jason Reynar	Chief Administrative Officer

External Distribution

High Intensity Needs Fund (HINF) Annual Attestation Form

All operators that request reimbursement through the HINF program must confirm compliance with the *High Intensity Needs Fund Policy Manual for Long-Term Care Homes* (attached as reference) and any other conditions of funding that apply to the policy.

Attestations must be signed by the highest-ranking officer/the operator of the facility.

Attestation of Compliance

Prepared in accordance with the Letter of Agreement for Ministry Direct Funding to Long-Term Care Homes, the High Intensity Needs Fund program and the applicable Ministry of Long-Term Care High Intensity Needs Fund Policy Manual for Long-Term Care Homes policy (“HINF Transfer Payment Program”).

To: Ministry of Long-Term Care (the “Ministry”)

From: [insert name of operator] (the “Operator”)

Date: [insert mm/dd/yyyy]

To the best of my knowledge and belief, all the assertions below are true.

This attestation is based on the Operator’s highest ranking officer’s confirmation, in the capacity of having principal responsibility for the financial activities of the Operator, that with regard to the HINF Transfer Payment Program, during the period of [insert start date] to [insert end date], the Operator has complied with its obligations as set out in the HINF Payment Program. In particular, I confirm that with respect to every expenditure claimed by the Operator for reimbursement through the HINF Transfer Payment Program:

1. The Operator:
 - (i) examined that all other resources and sources of funding that could cover the expenditure, including for example:
 - Level-of-Care (LOC) funding
 - Behavioural Supports Ontario (BSO) Program
 - Ontario Health (OH) Supporting Program
 - Community Care Program
 - COVID-19
 - Other funding sources

- (ii) determined that no funding source other than the HINF Transfer Payment Program is available to cover the expenditure; and
 - (iii) verified that the expenditure was for a need that could not be adequately met without accessing the HINF Transfer Payment Program.
2. The Operator completed and submitted claims for HINF Transfer Payment Program for the period of **April 2021 to March 2022** [insert date] after the requirements referred to in Section 3 of the HINF Claim Form have been completed in accordance with the HINF Transfer Payment Program.
 3. The Operator has and will ensure that it retains relevant documents to support that the claims are true, accurate and compliant with the HINF Transfer Payment Program and that demonstrate compliance with all applicable criteria and requirements. These records must be made available to the Ministry upon request.
 4. The Operator has put in place appropriate processes to ensure that key staff are aware of and understand the HINF Transfer Payment Program guidelines and eligibility requirements to ensure compliance.
 5. Funds that have been provided to the Operator by the Ministry as reimbursement for claims that have not met the eligibility requirements of the HINF Transfer Payment Program or where the Operator has overstated the amount of the claim will be recovered by the Ministry and will require the repayment of funding by the Operator.

[Insert Signature]

Name of the Highest Ranking Officer,
to sign on behalf of the Operator:

**[Insert Name of Highest Ranking
Officer]**

[Insert Position Title]

[Insert Telephone Number]

[Insert Email Address]

Date: **[insert
mm/dd/yyyy]**

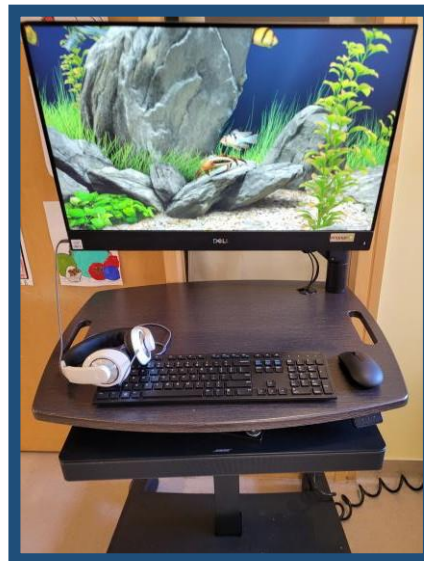
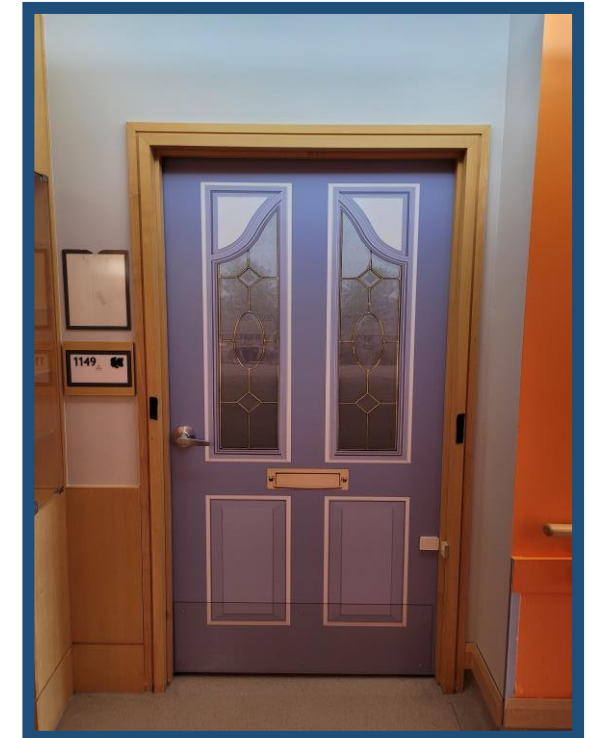
Come relax at our Bus Stop

Used as an exit diversion tool, our residents have a quiet area to sit at times when they are feeling over-stimulated, anxious or to unwind from their day.

State of the Art Technology

With more than 4,000 content applications that support the core dimensions of wellness, *"It's Never too Late"* Interactive Cart provides our residents and families with a key engagement tool for use at any time.

Welcome to Poplar



For more information
Please Contact
Andrew Francescone
Ext: 48272
afrancescone@citywindsor.ca

Chrysalis Project



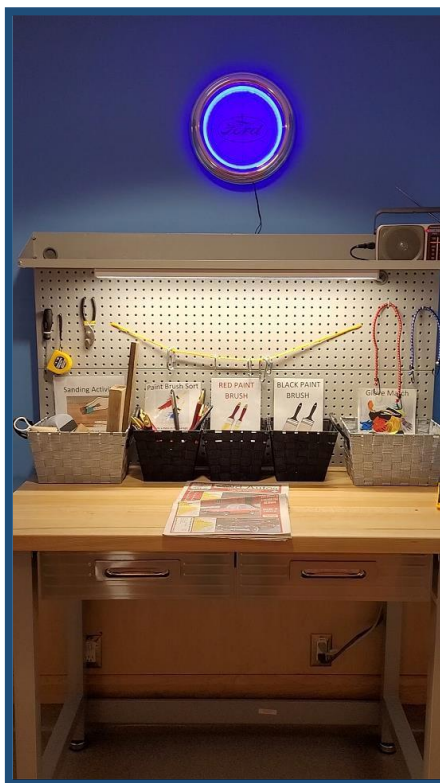
- Chrysalis means a safe and supportive environment that gives you a feeling of security and comfort
- Evidence-based best practices designed to recreate different life experiences for the 32 residents in Poplar living with dementia
- Promotes meaningful engagement, social inclusion, cognitive stimulation and emotional well-being
- Provide families with resources to support their loved one and to bring about a sense of family togetherness.

Creating meaningful Activities and Social Opportunities

Using innovative approaches to dementia programming our goal is to

- Reduce responsive behaviors by promoting resident-centered approaches
- Facilitate cognitive stimulation and emotional well-being.
- Increase Social Participation

Picture Shown : Montessori Garage Station



"Just living is not enough," said the butterfly, "one must have sunshine, freedom and a little flower."-Hans C. Andersen

Picture Shown : Flower Activity Wall



Picture Shown : Home-Making Activity Station



NEWS RELEASE

Ontario Announces New Ontario Health Team in Windsor-Essex

New Ontario Health Team Will Provide Better, Connected Care for Patients and Support Local Pandemic Response

February 10, 2022

TORONTO — As part of the Ontario government’s plan to end hallway health care and build an integrated health care system centered on the needs of patients, the province is partnering with Ontario Health to create a new Ontario Health Team in Windsor-Essex. The province will also provide up to \$1.1 million to help the Windsor Essex Ontario Health Team to seamlessly integrate health care services for patients and support the region’s continued response to COVID-19.

“An Ontario Health Team serving Windsor-Essex is another big step forward in ensuring patients can seamlessly access the health care services they need,” said Christine Elliott, Deputy Premier and Minister of Health. “Throughout the pandemic, Ontario Health Teams have been an essential part of the province’s COVID-19 response, and the Windsor Essex Ontario Health Team will continue to support the health and safety of local residents during the COVID-19 pandemic and in the future.”

Working together, the Windsor Essex Ontario Health Team will break down barriers in patients’ health care journeys to ensure they receive better and faster care that meet their unique needs. Patients will experience easier transitions from one provider to another with one patient record and one care plan being shared between their health care providers for a continuous patient story. The new team will also support the unique needs of underserved communities through the High Priority Communities Strategy, ensuring residents of these communities have equitable, culturally appropriate and safe access to preventative care, chronic disease management, and mental health and addictions services.

“The approval of our OHT is a strong endorsement for the tremendous teamwork and collaboration already underway,” said Claudia den Boer and Bruce Krauter, Co-Chairs, Windsor Essex OHT Steering Committee. “It will be serving our temporary foreign worker community, those living in high risk vulnerable communities such as shelters or those struggling with mental health, substance use challenges and other advancing chronic conditions like COPD. We look forward to building on these successes and improving the integration of care focused on the wellbeing of the Windsor Essex community.”

Ontario Health Teams are part of a new approach that brings together health care providers as one collaborative team to better coordinate care and share resources, and have been able to quickly and effectively respond to the COVID-19 pandemic. The new Windsor Essex Ontario Health Team is composed of over 45 local health care programs and service providers, including hospitals, primary care and community support providers, mental health and addictions agencies, long-term care and other social service providers.

With the addition of this new team, the province will have a total of 51 Ontario Health Teams, which cover 95 per cent of the province's population.

Quick Facts

- Through ongoing collaborative education and mobile efforts, the Windsor Essex Ontario Health Team plans to provide equitable, culturally safe, and coordinated outreach to vulnerable, high-risk, non-rostered, and under-serviced populations.
- At maturity, an Ontario Health Team is responsible for delivering care for their patients, understanding their health care history, easing their transition from one provider to another, directly connecting them to different types of care, and providing 24/7 help in navigating the health care system.
- Ontario Health Teams include providers and organizations from across health and community sectors, including primary care, hospitals, home and community care, mental health and addictions services, long-term care, and many others.
- Working across the entire continuum of care throughout the pandemic, Ontario Health Teams have supported a suite of initiatives that include leading local vaccine rollouts, supporting long-term care homes and other congregate care settings, distributing personal protective equipment, staffing assessment centres and leveraging virtual care.
- Ontarians can be confident that under an Ontario Health Team, they can continue to contact their health care providers as they always have to access the health care they need.
- The Ontario government will continue working with its health care partners until Ontario Health Teams are fully established across the province and everyone is supported by a team.

Operations Division Occupational Health and Safety

Field Visit Report

Page of 2

OHS Case ID: 04222RCSL112
Field Visit no: 04222RCSM113
Visit Date: 2022-FEB-03
Field Visit Type: INITIAL

Workplace Identification: HURON LODGE HOME FOR SENIORS
1881 CABANA ROAD WEST, WINDSOR, ON, CANADA N9G 1C4
Notice ID:

Telephone: (519) 253-6060
JHSC Status: Active
Work Force #: 300
Completed %:

Persons Contacted: JUE RYCKMAN, H&S MANAGER
Visit Purpose: OCCUPATIONAL ILLNESS REPORTED TO THE MINISTRY.
Visit location: TELECONFERENCE
Visit Summary: NO ORDERS ISSUED

Delivered Narrative:

As the Province is in the midst of dealing with the highly transmissible Omicron variant the Provincial Government has implemented additional measures to protect the capacity of the Ontario Healthcare System. Public Health Units may not have the capacity to provide the same level of case and contact management for all workplaces. It is the employer's responsibility to ensure workers are screened appropriately to ensure those with a higher likelihood of transmitting the virus are excluded from the workplace. It is more important than ever to ensure all the measures to stop the spread are in place and adhered to at your workplace:

- physical distancing
- Mask and PPE usage
- hand hygiene and sanitation practices
- screening
- worker awareness and training
- other relevant workplace specific controls

In addition to OHS compliance assistance and enforcement. Inspectors will promote and enforce the ROA requirements at workplaces.

Under the OHS Act, employers and supervisors must take every precaution reasonable in the circumstances for the protection of workers. Workers are required to wear any protective equipment required by their employer and to report any hazards they observe.

Reason for Visit:

The reason for this teleconference is to discuss the Covid19 occupational illness reported to the Ministry.

Four cases have been reported from January 2022. It is not clear as to where Covid was contracted. The full Covid19 program was discussed.

Signature section with fields for Recipient (Name, Title, Signature), Inspector (Name, Title, Address, Contact Info, Signature), and Worker Representative (Name, Title, Signature). Includes handwritten signatures and text.

You are required under the Occupational Health and Safety Act to provide a copy of this report to the health and safety representative or the joint health and safety committee if one exists. Follow the instructions on the back of the report to provide a copy to the health and safety representative or the joint health and safety committee. You may also provide a copy to the health and safety representative or the joint health and safety committee by email at hsc@ontario.ca or by mail to the Health and Safety Representative, Occupational Health and Safety, 7th Floor, Teton Ontario, 141 Dundas Street West, Toronto, Ontario M5G 2P1. You may also contact the eoo by phone at 1-800-324-7300 or 1-811-337-3333. For more information, visit the website at hsc.on.ca or the website at hsc.on.ca/homepage.html for more information.

The Government of Ontario wants to hear from you. You can provide feedback on this visit at 1-888-745-8888

Operations Division Occupational Health and Safety

Field Visit Report

OHS Case ID: 04222RCSL112
Field Visit no: 04222RCSM113 Visit Date: 2022-FEB-03 Field Visit Type: INITIAL

Workplace Identification: HURON LODGE HOME FOR SENIORS
1881 CABANA ROAD WEST, WINDSOR, ON, CANADA N9G 1C4 Notice ID:

During the visit, an opportunity was provided to discuss the following measures and procedures;

-Information & Instruction the employer will provide to protect workers- All workers are trained on the workplace Covid-19 policy and procedures.

•Physical distancing measures- The workplace has social distancing measures in place to protect all workers

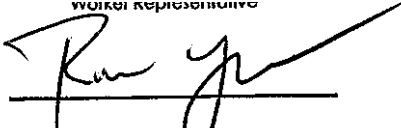

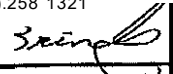
-Screening measures- All workers are screened prior to reporting for work,

-Cleaning and disinfecting- All high touch areas are cleaned frequently..

-PPE- All workers are required to wear masks if closer than 6' and at all times in the building.

Ontario Government wants to hear from you. You can provide feedback at 1-888-745-8888 or ontario.co/inspectionfeedback."

Pursuant to OHS/A/90 section 51, subsection (10a), THE EMPLOYER SHALL FORTHWITH POST A COPY OF THIS ENTIRE REPORT IN THE WORKPLACE WHERE IT WILL COME TO THE ATTENTION OF WORKERS AND SHALL PROVIDE COPIES OF THIS REPORT TO THE JHSC,

Recipient	Inspector's Name	Worker Representative
Name: LA VI f3/4 n	DOUG BRINK OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name: 
Title: Manager Safety & VJE	-4510 Rhodes Or, Ste 610, Windsor, ON N8W5K5 MOLOHSWINDSOR@ONFARIO.CA	Title: Labour Rep ENGINNER
Signature: 	Tel: (519) 816-9254 Fax: (519) 258 1321 Signature: 	Signature

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