

AGENDA
COMMITTEE OF MANAGEMENT FOR HURON LODGE

Meeting held Wednesday, March 15, 2023
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 September 23, 2022 – ***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 15, 2023 – ***attached.***
6. **Date of Next Meeting**
To be determined
7. **Adjournment**

Committee of Management for Huron Lodge

Meeting held September 23, 2022

A meeting of the Committee of Management for Huron Lodge is held this day commencing at 9:00 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:

Alina Sirbu, Executive Director, Long Term Care Administrator of Huron Lodge
Debbie Cercone, Interim Commissioner, Human & Health Services
Andrew Daher, Commissioner, Human & Health Services
Karen Kadour, Committee Coordinator

1. Call to Order

The Chair calls the meeting to order at 9:00 o'clock a.m. and the Committee considers the Agenda being Schedule A attached hereto, matters which are dealt with as follows:

2. Disclosure of Interest

None.

3. Adoption of the Minutes

Moved by Councillor Gill, seconded by Councillor Kaschak,
That the minutes of the meeting of the Committee of Management for Huron Lodge held June 30, 2022 **BE ADOPTED** as presented.
Carried.

4. In Camera

No In Camera session is held.

5. Business Items

5.1 Administrator's Report

A. Sirbu provides an overview of the Administrator's Report as follows:

- Huron Lodge was declared in outbreak on August 28, 2022. Enhanced infection control methods are being followed by all staff, visitors, contractors and residents not only within the outbreak area but across the entire home.
- The Ministry of Long-Term Care (MLTC) continues to issue numerous guidance documents and directives. The Huron Lodge Management team and staff continue to work together to ensure the safety of our residents, family members and colleagues.
- The MTC has implemented some initiatives as part of the "Plan to Stay Open: Health System Stability and Recovery".
- Huron Lodge continues to be under strict guidelines from the MTC in regards to containment and isolation of cases in staff, residents and visitors.
- Accommodation charges will be increasing starting October 1, 2022 and the residents and families have been advised of this increase.
- The province has announced that COVID-19 Prevention and Containment and PPE Funding will continue until March 2023 with a reduced amount in the later part of the year. Huron Lodge expects to receive \$783,700 for the 2022/23 funding year.
- Huron Lodge is in the second year of the 3 Year Medication Safety Technology funding program initiated by the MLTC. This funding supports the implementation technologies to support the secure and accurate electronic transmission and handling of prescription formation, security of drug supply, accurate administration of medication, oversight and monitoring of the medication use process and improve the home's functioning of the medication management system. The program will provide \$80,125 in funding this year and an additional \$80,125 next year to use for medication initiatives.
- In terms of a permanent personal support worker wage enhancement, the MLTC has announced that the \$3 wage enhancement is now permanent.
- An additional opportunity for the Government of Canada Grant is available in November and Huron Lodge will make application in order to complete Phase 3 of the Chrysalis project.
- New legislation specifies requirements for a continuous quality committee and its composition. Feedback from residents and families through the customer satisfaction surveys along with committee reports will form the foundation of the strategic plan for Huron Lodge.
- On July 5, 2022, the Windsor Essex County Health Unit conducted a compliance inspection, an Outbreak Response Inspection and a Food Premises Inspection. No violations were noted.

In response to a question asked by the Chair regarding the enhanced role of the Medical Director of Huron Lodge, A. Sirbu responds that Dr. O'Callahan is now under the new regulations from the Ministry of Health and Long Term Care and will be participating actively in all of their strategy meetings.

Councillor Gill asks if the Ministry has a long term plan for COVID funding.

A. Sirbu responds that the Ministry may continue their support of a certain level of COVID-19 containment funding while the strict regulations are in place.

Councillor Gill asks in term of a third party agency, what is the frequency of the inspections.

A. Sirbu responds that the inspections of the facility are unannounced and fluctuate as they want to see the day-to-day operations.

Councillor Kaschak asks in terms of the rates at Huron Lodge. are they comparable to the private sector or other long term care homes in the Windsor-Essex County area.

A. Sirbu responds that the rates are set by the Ministry and the rates are exactly the same for private, semi-private rooms and basic rooms.

Councillor Kaschak asks if wage enhancement for nurses through the Ministry of Health has been considered.

A. Sirbu responds that Huron Lodge has received \$5,000 through the Ministry which was a one-time fund that was distributed to the RN's and RPN's.

Moved by Councillor G. 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 (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 September 23, 2022.

Carried.

A. Sirbu reports that there has been some discontent expressed by the residents and family members due to the COVID-19 restrictions.

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 9:32 o'clock a.m.

CHAIR

COMMITTEE COORDINATOR



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

Inspection Report under the
Fixing Long-Term Care Act, 2021

London Service Area Office
130 Dufferin Ave, 4th Floor
London ON N6A 5R2
Telephone: 1-800-663-3775
LondonSAO.moh@ontario.ca

Original Public Report

Report Issue Date November 24, 2022

Inspection Number 2022_1626_0003

Inspection Type

- Critical Incident System
 Complaint
 Follow-Up
 Director Order Follow-up
 Proactive Inspection
 SAO Initiated
 Post-occupancy
 Other _____

Licensee

Corporation of the City of Windsor

Long-Term Care Home and City

Huron Lodge Long Term Care Home
Windsor

Lead Inspector

Jennifer Bertolin(740915)

Choose an item.

Additional Inspector(s)

Cassandra Taylor (725)
Julie D'Alessandro (739)

INSPECTION SUMMARY

The inspection occurred on the following date(s):
November 7th-10th, 2022 and November 14th-16th, 2022

The following intake(s) were inspected:

- Intake: #00001893-(Complaint)- related to medication management.
- Intake: #00002492-(CIS)- [CI: M631-000007-22] related to falls prevention and management.
- Intake: #00005259-(CIS)- [CI: M631-000014-22] related to falls prevention and management.
- Intake: #00007269-(CIS)- [CI: M631-000006-22] related to falls prevention and management.
- Intake: #00009084-(CIS)- [CI: M631-000015-22] related to falls prevention and management.

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

- Falls Prevention and Management

- Infection Prevention and Control (IPAC)
- Medication Management

INSPECTION RESULTS

WRITTEN NOTIFICATION#001: DUTY OF LICENSEE TO COMPLY WITH PLAN

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that a resident was transferred as per their plan of care.

Rationale and Summary

A Critical Incident System (CIS) report was submitted to the Ministry of Long-Term Care indicating that a resident had a fall and sustained an injury. The resident was admitted to the hospital for surgery. The resident was readmitted to the home with limited functions.

A record review was completed and found that the fall was a result of a staff member not transferring the resident as per their care plan. The Post Fall Investigation document, completed by registered staff, stated in the Summary and Plan section the care plan was not followed appropriately.

Review of the care plan indicated the transfer status of the resident was a two person assist with the use of an assistive device. Interview with the staff member confirmed they transferred the resident independently. During the interview with the staff member, it was confirmed that they knew where to locate the plan of care in the resident's room to confirm transfer status and did not reference it prior to transfer. The staff member stated in their interview that the resident was a one person transfer at the time of the fall. The Inspector confirmed with management that at the time of fall the resident's transfer status was a two person assist with the use of an assistive device.

Sources: Resident's records; Post Fall Investigation document: Interview with staff members and management

[740915]

WRITTEN NOTIFICATION#002: TRANSFERRING AND POSITIONING TECHNIQUES

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

Non-compliance with: O.Reg. 246/22, s. 40

The licensee was required to ensure that proper and safe transferring techniques were utilized post fall.

Rationale and Summary

A resident had a fall and sustained an injury. During an interview a staff member stated they transferred the resident with a co-worker by hooking their arms under the resident’s axilla and holding the back of the resident’s pants to lift them from the floor to the wheelchair.

The home’s Fall Prevention and Management Program Policy stated that a resident should have a head-to-toe assessment completed by registered staff prior to transfer, and the home’s Home Procedure Policy, stated a passive lift was to be utilized to transfer a resident off the floor. Staff member indicated they were aware that registered staff were to complete a head-to-toe assessment prior to moving the resident off the floor but stated they did not inform registered staff about the fall until after the resident was transferred into a wheelchair and brought to the nursing station.

A review of the resident’s progress notes indicated that registered staff were not aware of the fall and that the staff member and their co-worker did not use a passive lift to transfer the resident off the floor.

Sources: Resident’s records; Interview with staff member; Home’s Fall Prevention & Management Program Policy and Home Procedure Policy

WRITTEN NOTIFICATION#003: REQUIRED PROGRAMS

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

Non-compliance with: O.Reg. 246/22, s. 53 (1) 4.

The licensee failed to ensure that the pain management policy was complied with for a resident when they returned from hospital after a fall with a fracture.

In accordance with O. Reg 246/22 s. 53. (1) the licensee is required to ensure that the following interdisciplinary programs are developed and implemented in the home:

- 4. A pain management program to identify pain in residents and manage pain.

In accordance with O. Reg 246/22 s. 11. (1) where the licensee is required to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system,
 (b) is complied with.

Rational and Summary

A resident was identified as having had a fall and sustained an injury which required hospitalization. The resident's treatment plan was to return to the Long-Term Care home with a device to support healing. The resident was readmitted to the home with a significant change in condition and no pain assessment was completed.

The home's Pain Management policy stated in part that, "each resident must have a formal pain assessment on admission and be reassessed on readmission, quarterly and at significant condition changes. Staff are to complete a pain assessment utilizing a clinically appropriate instrument (pain custom e-assessment in Med e-Care), within 24 hours of admission, quarterly (according to the RAI-MDS 2.0 schedule), when a resident exhibits a change in health status or pain is not relieved by initial interventions."

During an interview with the management, they acknowledged that an assessment should have been completed.

Sources: Resident's records, the home's Pain Management Policy and interview with management

WRITTEN NOTIFICATION#004: PAIN MANAGEMENT PROGRAM

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

Non-compliance with: O.Reg. 246/22, s. 57 (2)

The licensee failed to ensure that when a resident's pain was not relieved by the initial interventions, that the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Rational and Summary

A resident was identified as having a fall and sustained an injury. The resident was readmitted to the home and continued with their regular scheduled pain management routine that included breakthrough doses of pain medication. After a bit of time, staff began documenting that the breakthrough dose of certain type of pain medication was not effective at times and placed the resident on the list for Physician rounds. The physician ordered a change in the pain management routine and to continue with the breakthrough pain medication. During this time an assessment designed to assess pain was not completed.

Review of the home's policy stated in part; that staff are to complete a pain assessment utilizing a clinically appropriate instrument (pain custom e-assessment in Med e-Care), within 24 hours of admission, quarterly (according to the RAI-MDS 2.0 schedule), when a resident exhibits a change in health status or pain is not relieved by initial interventions.

During an interview with management they indicated that a pain assessment should have been

completed and staff should follow the policy.

Sources: Resident's records, the home's Pain Management policy and interview with management.

[725]

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. Please include the inspection report # and the order or AMP #;
- (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
email: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.

- 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
email: 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.

HURON LODGE

*QUALITY
IMPROVEMENT PLAN*

2022

Quality Improvement Plan (QIP)

Narrative for Huron Lodge Long Term Care

July 6, 2022

OVERVIEW

Huron Lodge is a municipally owned long term care home located in Windsor, Ontario. Our home consists of 224 permanent residents. Each home area is divided into 7 units of 32 beds and includes a secure home area with enclosed courtyard to meet the needs of our residents that may tend to wander or explore. Our occupancy rate remains steadily over 97% and is home to residents ranging in age from 20 years old to 103 years old.

Our Quality Improvement Plan is aligned with the City of Windsor strategic action plan, our CARF accreditation and with L-SAA quality indicator requirements. Huron Lodge vision is : Make each day better than the one before. Windsor is a city full of history and potential, with a diverse culture, a durable economy and a healthy environment where citizens share a strong sense of belonging and a collective pride of place. Huron Lodge is a long term care facility committed to providing compassionate quality care in a home-like setting for those who require 24-hour nursing and personal care.

Our team is responsible for ensuring that resident's needs are met through programs and services in nursing, dietary, environmental, programming, and administrative services. To this end, a wide range of services are provided for all residents. This supports and facilitates resident's rights, independence, dignity, personal choice, and self-determination. The interdisciplinary team works together to provide various programs in the home with active involvement between staff, family, friends, volunteers, and the community.

Huron Lodge provides an opportunity to maintain self-esteem and self-worth for those who require long term care home placement in an environment that promotes the quality of life for residents, family and staff. Residents lead productive, active lives, in a friendly and caring environment. Huron Lodge has a medical director, one attending physician and 1 nurse practitioner that oversee the medical care for our residents. The

remainder of the care team includes over 200 nursing staff in the categories of registered nurse, registered practical nurses and personal support workers.

Additional team members consist of food service workers, cooks, adjuvants, volunteer coordinator, therapeutic recreation aids, social worker, environmental staff, finance staff, administrative supports and managers. Huron Lodge is also assisted by other service providers such as dieticians, hairdresser, physiotherapist, E.T nurse, physiotherapist assistants.

We focus on quality improvement in key indicators as set out by the Ministry of Long Term Care. We are responding to changes in the complexity of resident's health issues, restructuring in service delivery, and emerging best practices by developing creative new program initiatives.

Alina Sirbu, the home's administrator, acts as the designated lead for Quality Improvement and chairs the interdisciplinary committee meetings on a quarterly basis.

Strong feedback and involvement from Resident Council is shared monthly during the council's meetings during which the administrator provides regular updates, seeks input and reports back as requested.

DESCRIBE YOUR ORGANIZATION'S GREATEST QI ACHIEVEMENT FROM THE PAST YEAR

It is critical to note that while nearly every aspect of operations have been impacted by the pandemic, Huron Lodge is legislated to deliver very clearly defined type of services and that mandate has not changed.

The safety and well-being of our residents was, and always will be, our priority. Staff, residents and families have demonstrated exceptional flexibility and, in most cases, understanding to respond to this unprecedented situation.

While Huron Lodge has always operated from a "Resident First" perspective, COVID-19 has clearly demonstrated that care must consider the "whole" resident as well as their circle of support. Separation from friends and families, cancelled outings and group programs and disrupted routines have had a significant impact on the psychological and emotional well-being of residents. Although the actions taken protected the physical safety of residents, incredible flexibility on behalf of Huron Lodge and many redeployed

staff was required to address the mental health and psychosocial well being of our 224 residents.

Huron Lodge was able to assist the community throughout the pandemic period through various working groups and committees that have formed out of necessity to address large community health care needs. The Decanting Hospital Working Table, the Non-Hospital Leads Table, the Deceased Patient Care Table as well as Long Term Care/Retirement Homes (LTC/RH) Working Table became weekly support and implementation forums through which the Administrator was able to represent the sector and carry important messaging for implementation. The Leadership team worked diligently to address all internal implementation plans and greatly support these processes as some of them were beyond the provincial mandates and more geared towards local circumstances.

Huron Lodge also continued the Infection Control Practice partnership with Hotel-Dieu Grace Healthcare. The reports received by the Huron Lodge team continued to be very positive to the amount of work and measures in place to ensure everyone's safety inclusive of the outbreak times.

Our focus and goal is to improve the quality of life for our residents. While some components of those improvements may not be included in this plan, they are always monitored internally and through interdisciplinary team approach to look for trends and change ideas to implement. In 2022 Huron Lodge brought in the services from the E.T nurse. Wound care committee continues to play an active role in Wound Care Program in collaboration with the E.T nurse to promote a consistent and cohesive approach to wound care.

In addition our Resident Services division has made many strides in improving the recreation program we have for our 224 residents.

New programs have been developed in the home along with the introduction of new technology. While 2021 was still a challenging year for quality improvement in our recreation program due to pandemic restrictions, 2022 will bring even more improvements to make sure we are offering quality of life initiatives to all residents that call Huron Lodge home. Huron Lodge has started the Chrysalis project as a resident centered, psychosocial geared platform for transforming the physical environment and cultural approach to geriatrics, residents living with Dementia and an all around delivery of care within a new, revolutionary concept.

RESIDENT PARTNERING AND RELATIONS

Huron Lodge had great success with engaging residents in our annual satisfaction surveys. The method of survey distribution while clearly successful in obtaining lots of resident feedback was also effective in providing an opportunity for resident engagement while the survey was being administered. The Residents' Council also had a significant part in helping to develop both the survey questions and in deciding how the surveys would be administered.

Open and transparent dialogue occurs with families when bringing forward care concerns. Both the satisfaction survey results and the care concern information is shared with staff as part of our performance initiatives and are discussed in a broader sense at divisional meetings.

We openly share the results of Ministry of Health inspection reports and our accreditation survey results with our residents' council and as well post information about our quality initiatives in our monthly newsletter.

Individualized discussions with residents and families in regards to best practice and the long term care homes act occur during development of plans of care and during identification of resident needs and preferences. Health teaching is ongoing and education to residents, families and staff in areas of quality initiatives are identified and communicated.

Huron Lodge has worked with the Home and Community Care Services to ensure seamless transitions for those residents being admitted or transferred within the long term care system. We have partnered with our local hospitals through the Nurse Practitioner Outreach program to reduce hospital transfers. Our work was greatly supported by the medical director and our physician as their dedication and follow up on all residents' clinical issues turned a reactive approach into a proactive one. We continue to work closely with the Behavioural Supports teams as well as the Geriatric Mental Health Outreach Team to ensure we can provide the best services for our residents.

During these unprecedented times, Huron Lodge also continued the Chrysalis Project meant to redesign and implement a person-centered program in order to create a supportive environmental, clinical, psychosocial and technological framework to support healthy ageing. This project reduces isolation by encouraging the social participation of our residents that have a mental health diagnosis or symptoms of dementia. The

pandemic period was the catalyst for bringing this project to life due to the significant impact of isolation and risk of infection and subsequent psychosocial consequences in long-term care.

The main purpose of this project is to create an environment that is supportive of self-worth, recognizes individuality, and adapts clinical, environmental and technological methods to support the dementia journey considering reduced family interactions and other challenges in the context of a global pandemic.

Stakeholders such as the Ontario Health and long term care homes administrators also meet regularly as a focus group addressing communications strategies between the OH and long term care. The purpose of the group is to engage key stakeholders in determining opportunities to improve communications to and among patients, families and clinicians about the role of LTC in supporting appropriate placement.

Huron Lodge has become a sector leading agent for partnerships and communication during the pandemic period liaising the sector with local hospitals, public health unit, EMS and other agencies as required.

Qualitative Indicator

Indicator #1: Continued Expansion of the Chrysalis Program

In 2021 Huron Lodge began a quality improvement initiative modelled after the Butterfly Program in our dementia home area. Successful completion of that project occurred in early 2022. Huron Lodge will implement aspects of the Chrysalis Program in stages throughout the entire home. The first stage will be installation of individualized, custom door decals chosen by residents and/or their substitute decision makers. These door decals assist with room identification and provide a reminiscing opportunity for the residents to engage with our social worker on past neighbourhoods and homes, as well as family stories.

Measure:

Percentage of resident home areas that receive stage 1 of Chrysalis project.

Current Performance: 32 resident doorways/224 resident doorways=14.2% of available resident doorways

Target by end 2022 QIP: 224/224=100% of all resident rooms completed

Change Idea #1

Provide education on the Chrysalis program as a whole and phase one of the project to the residents and families.

Method:

Provide information at a Residents' Council meeting on the project and implement any feedback received. Include information in the resident newsletter. Provide an information handout for families, post information in the elevators. Send out a phone communication to all family members with information on the project.

Process Measure:

- Presentation by social worker at Residents' Council Meeting
- Newsletter Submission
- Family Handout prepared for families to take
- Posting of Information in elevators
- Phone Communication sent to all resident family contacts

Target:

100% compliance with above before project start date.

- Presentation by social worker at Residents' Council Meeting -June 2022
- Newsletter Submission-June 2022
- Family Handout-May 2022
- Posting of Information in elevators-June 2022
- Phone Communication-June 2022

Change Idea #2

Each resident and/or their substitute decision maker will have an opportunity to choose their own door design and engage in a reminisce session. The goal of this project is to provide residents with a one on one session to reminisce about their homes from the past and to facilitate each resident's personal choice of colour and design.

Method

The social worker will meet with each resident (and/or SDM) individually to provide residents a one on one session where they are able to engage in a reminisce session and select a door decal of their choosing.

Process Measure

Selection of one home area at a time. Social worker will complete 32 selections in person (or by email or telephone if required for SDM). Anticipated building completion October 2022.

Target

All 32 selections completed by following time lines:

- First Unit -June 2022
- Second Unit-July 2022
- Third Unit-August 2022
- Fourth Unit-August 2022
- Fifth Unit-September 2022
- Sixth Unit-October 2022

Quantitative Indicators

Indicator #1: Reduction of Pressure Ulcers

Wound care in long-term care presents challenges that are unique to this sector of health care. Many LTC residents are frail elderly who have multifactorial co-morbidities, which place them at a higher risk of pressure injury. As a clinical quality indicator, choosing pressure ulcers as an improvement area means to develop a wound care program that would educate staff, implement best practices, decrease the prevalence of pressure injury and decrease the cost of care delivery, resulting in better efficacy and improved outcomes.

Target

Provincial 3.3 %

Huron Lodge 3.5 %

Target justification

Huron Lodge strategic direction in improving residents' clinical outcomes aligned with provincial average

Change idea #1

Wound care committee to meet monthly to review stats regarding pressure ulcers, causes and develop strategies plan for addressing prevention of pressure ulcers

Process measure

MDS/Rai data monthly on residents that triggered for pressure ulcers and monthly wound care report by in house wound care nurse

Change idea #2

Consulting services with the ET nurse

Process measure

Monthly assessments and follow up on residents clinical data while promoting and reinforcing best wound care practices when rounding with registered staff

Change idea #3

Education for registered and frontline staff around prevention of wounds, staging wounds and assessment of equipment/supplies needs to decrease incidence of pressure ulcers.

Process measure

Staff completing survey on education needs assessment and feedback from survey post education

Change idea #4

Participating in trial of new wound care products as well as pressure relief devices

Process measure

Data tracking on wounds and interventions through wound care committee meetings

Indicator # 2: Reduction in Number of ED Visits

The ability of a long term care to decrease ED visits while still providing best clinical outcomes relies on strong physician support as well as buy-in from residents and families about the benefits of care delivered in the home environment. Families need to be reminded that staff have developed a relationship with the resident and are confident they can provide effective care without causing the anxiety and stress that can result from an ED transfer.

Target

Provincial	4.8 %
Huron Lodge	4.0 %

Target justification

Data collected for MDS RAI and provincial data for LTC emergency admissions

Change idea #1

Utilization of Nurse practitioner

Process measure

Analysis of data around emergency visits (most common transfers related to) and develop plan in collaboration with the nurse practitioner to help decrease ED visits

Change idea #2

Family education upon admission and at care conferences as well as during physician and nurse practitioner rounds

Process measure

Analysis of data around emergency visits (most common transfers related to) and develop plan in collaboration

Change Idea #3

Initiate education and screening for improvement in early detection of diagnosis which could lead to ED that were potentially avoidable

Process Measure

NP will review all hospital transfers and debrief with registered staff and nursing office for lessons learned

Windsor-Essex County Health Unit

1005 Ouellette Avenue, Windsor ON N9A 4J8

LONG-TERM CARE HOME INSPECTION REPORT

Facility Inspected: Huron Lodge	Inspection #: IC1430147-0056970
Primary Owner: The Corporation of the City of Windsor [2019-041-90489]	Inspection Date: 16-Jan-2023
Site Address: 1881 Cabana Rd W Windsor ON N9G 1C7	Inspected By: Jelena Reeves
Site Phone: (519) 253-6060	Facility Type: Long-Term Care Home
Site Fax: (519) 977-8027	Inspection Type: Required
	Inspection Reasons: Compliance Inspection
	Violations: 0

N/O = Not Observed at Time of Inspection N/A = Not Applicable YES = In Compliance NO = Not in Compliance

Long-Term Care Home**Facility Operation**

- | | |
|--|-----|
| 1. Premises is free from every condition that may be a health hazard | YES |
| 2. A written policy or procedure for an on-going surveillance program is available and implemented | YES |
| 3. A written policy or procedure to calculate baseline rates of respiratory infections is available and implemented | YES |
| 4. A written policy or procedure for staff attendance during illness and exhibition of symptoms is available and implemented | YES |
| 5. A written policy or procedure for an on-going staff education and orientation program is available and implemented | YES |
| 6. A written policy or procedure for infection prevention and control is available and implemented | YES |
| 7. A written policy or procedure for animal stay/visitation is available and implemented | YES |
| 8. An Infection Control Practitioner (ICP) has been designated for the facility | YES |
| 9. Routine audits and monitoring of Infection Prevention and Control practices are conducted | YES |

Food Samples

- | | |
|--|-----|
| 10. The premise has maintained appropriate food samples from every meal served as required | YES |
|--|-----|

General Sanitation & Maintenance

- | | |
|--|-----|
| 11. Institutional facility is maintained in a clean and sanitary condition | YES |
| 12. Floors and carpets are maintained in a clean and sanitary manner and maintained in good repair | YES |
| 13. Furnishings and equipment is maintained in a clean and sanitary manner and maintained in good repair | YES |
| 14. Instruments are transported, reprocessed and stored appropriately | YES |
| 15. Cleaning and disinfection products are appropriately used | YES |
| 16. Appropriate cleaning and disinfection practices are followed | YES |
| 17. Supplies are handled in a manner preventing contamination | YES |
| 18. Laundry room is maintained in a clean and sanitary manner with required supplies | YES |
| 19. Soiled laundry is handled appropriately | YES |
| 20. Clean laundry is handled appropriately | YES |
| 21. Waste is handled and disposed of appropriately | YES |
| 22. Sharps are handled and disposed of appropriately | YES |

Facility Contact: The Corporation of the City of Windsor [2019-041-90489]
Facility Address: 1881 Cabana Rd W, Windsor ON N9G 1C7

- 23. Hand washing stations are adequately supplied and used properly YES
- 24. Alcohol-based hand rub products are supplied and used appropriately YES
- 25. Personal protective equipment (PPE) is supplied and used appropriately YES
- 26. Appropriate signage for additional precautions is posted and followed YES

Sanitary Facilities

- 27. Bathroom facilities are adequately constructed, maintained and supplied YES
- 28. Bathrooms are maintained in a clean and sanitary manner YES

Storage & Labelling

- 29. Chemicals and medications are stored and labeled appropriately YES
- 30. Personal and hygienic items are stored appropriately YES

IPAC Measure

- 31. Owner/operator is ensuring physical distancing is practiced amongst staff and patrons within the premises. YES
- 32. Cleaning and disinfecting of the premises using a disinfectant that is effective against COVID-19 and is approved by Health Canada. YES
- 33. Workplace wellness and practices are in accordance with COVID-19 guidelines. YES
- 34. Screening signage is posted upon entry of the facility. YES
- 35. Hand hygiene is in accordance with COVID-19 guidelines. YES

Long-Term Care Home - Outbreak Control

Outbreak Control Measures

- 36. Confirmed or suspected outbreaks are reported as soon as identified YES
- 37. Written policies or procedures for outbreak management are available and implemented YES
- 38. A written policy for resident and staff immunization is available and implement YES
- 39. A written policy or procedure on staff exclusion during an outbreak is available and implemented YES
- 40. A written policy or procedure for specimen collection, transportation and laboratory testing is available and implemented YES
- 41. Facility has a written policy or procedure on for outbreak communication with stakeholders YES
- 42. Facility reports suspected cases to the health unit as soon as possible YES
- 43. Outbreak Management Team coordinates outbreak response activities YES
- 44. Resident surveillance systems are in place YES
- 45. Staff surveillance systems are in place YES
- 46. Resident control measures are in place YES
- 47. Staff control measures are in place YES
- 48. Outbreak notification system is in place YES
- 49. Non-essential procedures and appointments are cancelled for the duration of the outbreak YES
- 50. Hand hygiene is enhanced for the duration of the outbreak YES
- 51. Personal protection equipment (PPE) is available and used appropriately YES
- 52. Environmental cleaning and disinfection is enhanced for the duration of the outbreak YES

Inspection Times

Inspection Start Time
16-Jan-2023 11:30 AM

Facility Contact: The Corporation of the City of Windsor [2019-041-90489]

Facility Address: 1881 Cabana Rd W, Windsor ON N9G 1C7

Inspection End Time

16-Jan-2023 01:10 PM

Action(s) Taken

Inspection Outcome: Satisfactory - No Action Required; Actions Taken: Education Provided

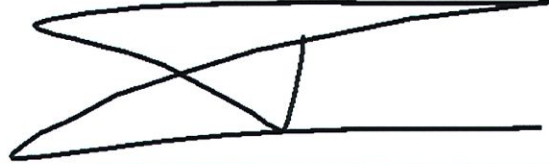
Closing Comments:

Conditions were satisfactory at the time of inspection.

I have read and understood this report:



Lauren Meyer



Jelena Reeves

Windsor-Essex County Health Unit

1005 Ouellette Avenue, Windsor ON N9A 4J8

LONG-TERM CARE HOME INSPECTION REPORT

Facility Inspected: Huron Lodge	Inspection #: IC1430147-0056972
Primary Owner: The Corporation of the City of Windsor [2019-041-90489]	Inspection Date: 16-Jan-2023
Site Address: 1881 Cabana Rd W Windsor ON N9G 1C7	Inspected By: Jelena Reeves
Site Phone: (519) 253-6060	Facility Type: Long-Term Care Home
Site Fax: (519) 977-8027	Inspection Type: Demand/Request
	Inspection Reasons: Outbreak Response
	Violations: 0

Opening Comments and Observations:

COVID-19 OB #2268-2023-00031

N/O = Not Observed at Time of Inspection N/A = Not Applicable YES = In Compliance NO = Not in Compliance

Long-Term Care Home

Facility Operation

1. Premises is free from every condition that may be a health hazard YES
2. A written policy or procedure for an on-going surveillance program is available and implemented YES
3. A written policy or procedure to calculate baseline rates of respiratory infections is available and implemented YES
4. A written policy or procedure for staff attendance during illness and exhibition of symptoms is available and implemented YES
5. A written policy or procedure for an on-going staff education and orientation program is available and implemented YES
6. A written policy or procedure for infection prevention and control is available and implemented YES
7. A written policy or procedure for animal stay/visitation is available and implemented YES
8. An Infection Control Practitioner (ICP) has been designated for the facility YES
9. Routine audits and monitoring of Infection Prevention and Control practices are conducted YES

Food Samples

10. The premise has maintained appropriate food samples from every meal served as required YES

General Sanitation & Maintenance

11. Institutional facility is maintained in a clean and sanitary condition YES
12. Floors and carpets are maintained in a clean and sanitary manner and maintained in good repair YES
13. Furnishings and equipment is maintained in a clean and sanitary manner and maintained in good repair YES
14. Instruments are transported, reprocessed and stored appropriately YES
15. Cleaning and disinfection products are appropriately used YES
16. Appropriate cleaning and disinfection practices are followed YES
17. Supplies are handled in a manner preventing contamination YES
18. Laundry room is maintained in a clean and sanitary manner with required supplies YES
19. Soiled laundry is handled appropriately YES

Facility Contact: The Corporation of the City of Windsor [2019-041-90489]

Facility Address: 1881 Cabana Rd W, Windsor ON N9G 1C7

20. Clean laundry is handled appropriately	YES
21. Waste is handled and disposed of appropriately	YES
22. Sharps are handled and disposed of appropriately	YES
23. Hand washing stations are adequately supplied and used properly	YES
24. Alcohol-based hand rub products are supplied and used appropriately	YES
25. Personal protective equipment (PPE) is supplied and used appropriately	YES
26. Appropriate signage for additional precautions is posted and followed	YES
Sanitary Facilities	
27. Bathroom facilities are adequately constructed, maintained and supplied	YES
28. Bathrooms are maintained in a clean and sanitary manner	YES
Storage & Labelling	
29. Chemicals and medications are stored and labeled appropriately	YES
30. Personal and hygienic items are stored appropriately	YES
IPAC Measure	
31. Owner/operator is ensuring physical distancing is practiced amongst staff and patrons within the premises.	YES
32. Cleaning and disinfecting of the premises using a disinfectant that is effective against COVID-19 and is approved by Health Canada.	YES
33. Workplace wellness and practices are in accordance with COVID-19 guidelines.	YES
34. Screening signage is posted upon entry of the facility.	YES
35. Hand hygiene is in accordance with COVID-19 guidelines.	YES
<u>Long-Term Care Home - Outbreak Control</u>	
Outbreak Control Measures	
36. Confirmed or suspected outbreaks are reported as soon as identified	YES
37. Written policies or procedures for outbreak management are available and implemented	YES
38. A written policy for resident and staff immunization is available and implement	YES
39. A written policy or procedure on staff exclusion during an outbreak is available and implemented	YES
40. A written policy or procedure for specimen collection, transportation and laboratory testing is available and implemented	YES
41. Facility has a written policy or procedure on for outbreak communication with stakeholders	YES
42. Facility reports suspected cases to the health unit as soon as possible	YES
43. Outbreak Management Team coordinates outbreak response activities	YES
44. Resident surveillance systems are in place	YES
45. Staff surveillance systems are in place	YES
46. Resident control measures are in place	YES
47. Staff control measures are in place	YES
48. Outbreak notification system is in place	YES
49. Non-essential procedures and appointments are cancelled for the duration of the outbreak	YES
50. Hand hygiene is enhanced for the duration of the outbreak	YES
51. Personal protection equipment (PPE) is available and used appropriately	YES
52. Environmental cleaning and disinfection is enhanced for the duration of the outbreak	YES

Facility Contact: The Corporation of the City of Windsor [2019-041-90489]

Facility Address: 1881 Cabana Rd W, Windsor ON N9G 1C7

Inspection Times

Inspection Start Time
16-Jan-2023 11:30 AM
Inspection End Time
16-Jan-2023 01:10 PM

Action(s) Taken

Inspection Outcome: Satisfactory - No Action Required; Actions Taken: Education Provided

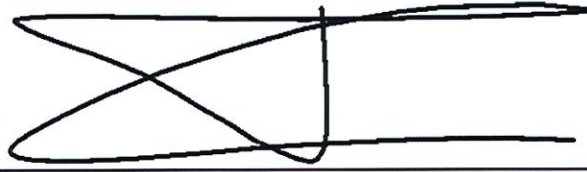
Closing Comments:

Conditions were satisfactory at the time of outbreak investigation.
No IPAC concerns noted.

I have read and understood this report:



Lauren Meyer



Jelena Reeves

Windsor-Essex County Health Unit

1005 Ouellette Avenue, Windsor ON N9A 4J8

PERSONAL SERVICE SETTING INSPECTION REPORT

Facility Inspected: Huron Lodge	Inspection #: IC1430147-0056973
Primary Owner: Diana O'Connor [2018-027-0002130]	Inspection Date: 16-Jan-2023
Site Address: 1881 Cabana Rd W Windsor ON N9G 1C7	Inspected By: Jelena Reeves
Site Phone: (519) 253-6060	Facility Type: Barber Shop/Hair Salon
	Inspection Type: Required
	Inspection Reasons: Compliance Inspection
	Violations: 1

YES = In Compliance N/O = Not Observed at Time of Inspection NO = Not In Compliance N/A = Not Applicable

Barber Shop/Hair Salon

Operation: General Condition

1. Premises free from every condition that may constitute a health hazard YES
2. Results are posted in accordance with the inspector's request YES

Operation: Notice of Intention, Operation, Additional Services, Construction

3. Notice provided for additional services, operation during renovation or construction N/A

Operation: Information & Record Keeping

4. Information about client seeking personal services are obtained YES
5. Adequate record of information provided to client seeking services is maintained YES
6. Disinfection records are maintained N/A
7. Accidental exposures to blood or bodily fluid records are maintained YES
8. Records retention is adequate YES

Operation: Prohibited Services

9. Premises free from prohibited services and free of articles used in prohibited services YES

Operation: Sanitation

10. Premises is free from every condition that may adversely affect the sanitary operation of the premises **NO**

Follow up by: 16-Jul-2023

Observed several chairs inside the premise made of absorbent material.

Ensure all furniture is made of smooth and impermeable material.

- (i) Furniture is NOT maintained in good repair, easily cleanable, of smooth and impermeable material

Operation: Setting Requirements

11. Premises is equipped with at least one handwashing station YES
12. Lighting and ventilation is adequate YES
13. Adequate waste receptacles and storage space is provided for sanitary operation and maintenance YES
14. At least one sink provided for the purpose of reprocessing re-usable equipment YES

Equipment: Maintenance

15. Equipment is maintained in good repair and in sanitary condition YES

Equipment: Cleaning, Disinfection, Sterilization

16. Reusable equipment is cleaned and disinfected or sterilized adequately YES

Facility Contact: Diana O'Connor [2018-027-0002130]
Facility Address: 1881 Cabana Rd W, Windsor ON N9G 1C7

Equipment: Single-Use Equipment

- 17. Single-use equipment and instruments are discarded immediately YES
- 18. Used sharps are handled appropriately N/A

Equipment: Products On-Site

- 19. Products used in the setting are stored and used appropriately YES

Operators

- 20. Operator is adequately trained in health and safety, and proper infection prevention and control practices YES
- 21. Personal service provider hygiene is adequate YES

Inspection Times

Inspection Start Time
16-Jan-2023 11:30 AM
Inspection End Time
16-Jan-2023 01:10 PM

Contacts Present During Inspection

Diana O'Connor

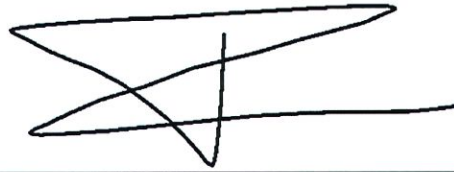
Action(s) Taken

Inspection Outcome: Problems Noted - Re-Inspection Required; Actions Taken: Disclosure Sign Posted, Education Provided; IPAC Lapse: IPAC Lapse - Not Applicable

I have read and understood this report:



Diana O'Connor



Jelena Reeves

Windsor-Essex County Health Unit

1005 Ouellette Avenue, Windsor ON N9A 4J8

FOOD PREMISES INSPECTION REPORT

Facility Inspected: Huron Lodge	Inspection #: FS1430147-0057379
Primary Owner: The Corporation of the City of Windsor [2019-041-90489]	Inspection Date: 25-Jan-2023
Site Address: 1881 Cabana Rd W Windsor ON N9G 1C7	Inspected By: Jelena Reeves
Site Phone: (519) 253-6060	Facility Type: Long-Term Care Home
Site Fax: (519) 977-8027	Inspection Type: Re-Inspection
	Inspection Reasons: Follow-up
	Violations: 0
	Certified Food Handler: On Hand: 1 Required: 1

N/A = Not Applicable N/O = Not Observed at Time of Inspection YES = In Compliance NO = Not In Compliance

Long-Term Care Home

Operation and Maintenance

1. Premises is free from every condition that may be a health hazard N/A
2. Results of inspections are posted in accordance with the inspector's request N/A
3. Premises is free from every condition that may adversely affect the sanitary operation of the premises N/A
4. General housekeeping is satisfactory N/A
5. The premises is supplied with adequate potable hot and cold running water N/A
6. Separate handwash stations are provided with the required supplies N/A
7. Garbage and wastes are maintained in a satisfactory manner N/A
8. Levels of illumination is maintained during all hours of operation N/A
9. The ventilation system is adequately maintained N/A

Equipment

10. All equipment, utensils, and multi-service articles are adequately constructed and maintained N/A
11. All equipment or utensils that come in direct contact with food are adequately maintained N/A
12. Single-service containers and articles are kept in a sanitary manner N/A
13. Surfaces of equipment and facilities other than utensils are cleaned and sanitized as required N/A
14. Adequate storage space is provided for potentially hazardous food N/A
15. Accurate indicating thermometers are provided for equipment used for refrigeration or hot-holding of food N/A
16. Table covers, napkins or serviettes are maintained in a satisfactory manner N/A
17. Cloths and towels used for cleaning, drying or polishing utensils are maintained in a satisfactory manner N/A

Food Handling

18. Food is obtained from an approved source N/A
19. All food is protected from contamination and adulteration N/A
20. Ice is made from potable water and is stored and handled in a sanitary manner N/A
21. Potentially hazardous foods are maintained at proper internal temperatures N/A
22. Frozen foods are kept frozen N/A
23. Records for the purchase of food are retained on the premises for at least a year N/A

Facility Contact: The Corporation of the City of Windsor [2019-041-90489]

Facility Address: 1881 Cabana Rd W, Windsor ON N9G 1C7

Eggs

24. Only approved graded eggs found on premises N/A

Personnel

25. At least one food handler or supervisor on-site has completed food handler training (If yes, please document certification provider and number) N/A

26. Every operator and food handler who comes in contact with food and or utensils does so in a proper manner N/A

Sanitary Facilities

27. Sanitary facilities provided and maintained as required N/A

Cleaning and Sanitizing

28. Manual dishwashing equipment and procedures are satisfactory N/A

29. Mechanical dishwashing equipment is properly constructed, designed, and maintained YES

30. Utensils and multi-service articles are cleaned and sanitized as required N/A

31. Concentration of sanitizing agent is adequate N/A

32. Other sanitizing agents are approved and used appropriately. N/A

Storage of Substances

33. Toxic and poisonous substances are properly labeled, stored, and used N/A

Pest Control

34. Adequate protection against pests is provided N/A

Meat and Meat Products

35. Meat is properly obtained, labeled, handled, prepared, and stored N/A

Milk and Milk Products

36. Repackaged milk products are adequately identified N/A

Inspection Times

Inspection Start Time
25-Jan-2023 02:30 PM

Inspection End Time
25-Jan-2023 02:45 PM

Contacts Present During Inspection

Cathy Harris

Action(s) Taken

Inspection Outcome: Satisfactory - No Action Required; Actions Taken: Disclosure Sign Posted

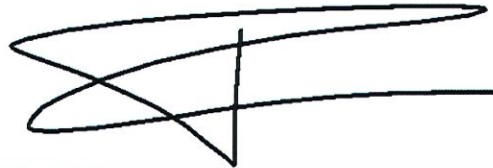
Closing Comments:

Conditions were satisfactory at the time of re-inspection.

I have read and understood this report:



Cathy Harris



Jelena Reeves

Appendix 4

City of Windsor Fire & Rescue Services
(Fire Department Name) Nom du service d'incendie
815 Goyeau Street, Windsor, ON
(Fire Department Address) Adresse du service d'incendie
N9A 1H7 519-253-6573
(Postal Code/Code Postal) (Phone Number/Numéro de téléphone)

<p style="text-align: center;">Inspection Order (Made pursuant to the <i>Fire Protection and Prevention Act, 1997</i>) Ordre donné par un inspecteur (en vertu de la <i>Loi de 1997 sur la prévention et la protection contre l'incendie</i>)</p>

Fire Department Reference # _____
N° de réf. du service d'incendie | _____

To/À

CITY OF WINDSOR CITY HALL WINDSOR ON N9A 6S1

An inspection of the following described property (Une inspection de la propriété décrite ci-dessous)
OWNED

(owned or occupied / qui appartient ou qui est occupée)

by you namely (par vous, à savoir)

CARE OCCUPANCY

(house, multi-unit residential building, store, school, hotel, factory, etc. / maison, immeuble multirésidentiel, magasin, école, hôtel, usine, etc.)

located in the municipality of (située dans la municipalité de)

WINDSOR, ON.

At (à l'adresse suivante)

1881 CABANA RD W

(street address or lot number / numéro et nom de rue ou numéro de lot)

was made on (a été effectuée le)

2022 09 21

Y/A M/M D/J

The reasons for the Order are:

SEE APPENDIX A

Therefore, pursuant to Clause (g) of Subsection (1) of Section 21 of the *Fire Protection and Prevention Act, 1997, S.O. 1997, c4*, it is ordered that

The work in this Order must be completed by (achevés au plus tard le)

2022 10 21

Y/A M/M D/J

Dave O'Neil

(print name of Inspector / nom de l'inspecteur en caractères d'imprimerie)

Les motifs de cet ordre sont les suivants :

VOIR L'ANNEXE A

En conséquence, conformément à l'alinéa (g) du paragraphe 21 (1) de la *Loi de 1997 sur la prévention et la protection contre l'incendie, L.O. 1997, chap. 4*, il est ordonné ce qui suit :

Les travaux exigés par le présent ordre doivent être

This Order was served upon

CITY OF WINDSOR

on (le)

2022 09 21

Le présent ordre a été signifié à

Y/A M/M D/J

By/Par

personal service/livraison en mains propres

electronic transmission/courriel

A copy of this Order was provided to the Chief Building Official where the Order requires repairs, alterations or installations. [s. 22(3)] / Une copie de cet ordre a été remise au chef du service du bâtiment compétent car des réparations, modifications ou installations sont ordonnées. [par. 22(3)]

City of Windsor Fire & Rescue Services
(Fire Department Name) Nom du service d'incendie

815 Goyeau Street, Windsor, ON
(Fire Department Address) Adresse du service d'incendie

N9A 1H7 519-253-6573
(Postal Code) (Phone Number)
(Code Postal) Numéro de téléphone

<p style="text-align: center;">Inspection Order (Made pursuant to the <i>Fire Protection and Prevention Act, 1997</i>)</p> <p style="text-align: center;">Ordre donné par un inspecteur (en vertu de la <i>Loi de 1997 sur la prévention et la protection contre l'incendie</i>)</p>
--

Fire Department Reference # _____
N° de réf. du service d'incendie | _____

Appendix A / Annexe A

Note to Inspector: Please see technical guideline "TG-01-2012 Fire Safety Inspections and Enforcement" for instructions.
Note à l'intention de l'inspecteur: Veuillez consulter le document TG-01-2012, intitulé « Fire Safety Inspections and Enforcement » pour obtenir des instructions.

The reasons for the Order are / Les motifs de cet ordre sont les suivants :

22 118757 1881 CABANA RD W|

O. Reg. 213/07 Div B - 2.8.2.1.

- (1) A fire safety plan shall be prepared, approved and implemented in buildings and premises to which this Section applies.
- (2) A fire safety plan shall
 - (a) provide for the emergency procedures to be followed in case of fire, including
 - (i) sounding the fire alarm,
 - (ii) notifying the fire department,
 - (iii) instructing occupants on procedures to be followed when the fire alarm sounds,
 - (iv) evacuating occupants, including special provisions for persons requiring assistance,
 - (v) procedures for use of elevators, and
 - (vi) confining, controlling and extinguishing the fire,
 - (b) provide for the appointment and organization of supervisory staff to carry out fire safety duties,
 - (c) provide for the training of supervisory staff and the instruction of other occupants in their responsibilities for fire safety,
 - (d) include documents and diagrams showing the type, location and operation of the building fire emergency systems,
 - (e) provide for the holding of fire drills and set out fire drill procedures,
 - (f) provide for the control of fire hazards in the building,
 - (g) provide for the maintenance of building facilities provided for the safety of occupants, and
 - (h) provide for alternative measures to be provided for the safety of occupants during a shutdown of any or all fire protection equipment or systems.
- (3) The fire safety plan shall be kept in the building or premises in an approved location.
- (4) The fire safety plan shall be reviewed as often as necessary, but at least every 12 months, and shall be revised as necessary so that it takes into account changes in the use or other characteristics of the building or premises.
- (5) Before demolition or construction, including hot surface applications, commences in or on the building or premises, the fire safety plan shall be revised to incorporate
 - (a) temporary alternative measures for the fire safety of the occupants during the demolition or construction, and

City of Windsor Fire & Rescue Services
(Fire Department Name) Nom du service d'incendie

815 Goyeau Street, Windsor, ON
(Fire Department Address) Adresse du service d'incendie

N9A 1H7 519-253-6573
(Postal Code) (Phone Number)
(Code Postal) Numéro de téléphone

Inspection Order

(Made pursuant to the *Fire Protection and Prevention Act, 1997*)

Ordre donné par un inspecteur

(en vertu de la *Loi de 1997 sur la prévention et la protection contre l'incendie*)

(b) temporary procedures to control fire hazards associated with the demolition or construction, including procedures to mitigate risks to adjacent buildings.

(6) The revised fire safety plan prepared under Sentence (4) or (5) shall be implemented.

(7) In the case of a care occupancy, care and treatment occupancy and retirement home, any training of supervisory staff carried out under a fire safety plan shall be recorded.

(8) The original or a copy of at least the most recent and the immediately preceding record referred to in Sentence (7) shall be retained in the building for a period of at least two years after being prepared and shall be made available to the Chief Fire Official for examination on request.

REMEDY

AN UPDATED FIRE SAFETY PLAN MUST BE PREPARED, APPROVED AND FULLY IMPLEMENTED IN YOUR BUILDING.

AN UPDATED FIRE FIGHTER'S FIRE SAFETY PLAN IS ALSO REQUIRED.

FORWARD TWO COPIES OF EACH REQUIRED DOCUMENT TO THE LOCAL FIRE DEPARTMENT FOR APPROVAL PURPOSES.

O. Reg. 213/07 Div B - 2.8.3.2.

(1) Subject to Sentences (2), (3), (4) and (5), a fire drill shall be held for the supervisory staff at least once during each 12-month period.

(2) A fire drill shall be held for the supervisory staff at least monthly in

(a) a supported group living residence or intensive support residence regulated under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008,

(b) a care occupancy,

(c) a care and treatment occupancy,

(d) a detention occupancy, and

(e) a day care centre for children, including a day nursery, as defined in the Day Nurseries Act, but excluding

(i) private-home day care, as defined in the Day Nurseries Act,

(ii) an extended day program or third party program operated under section 259 of the Education Act, and

(iii) a day nursery or part of a day nursery, as defined in the Day Nurseries Act, that is operated in a school, as defined in the Education Act, and that provides services only to children who are pupils of a board, as defined in the Education Act.

(3) In a school, as defined in the Education Act, and a private school, as defined in the Education Act, a total evacuation fire drill shall be held

(a) if the school or private school is in session during the fall term, at least three times during that term,

(b) if the school or private school is in session during the spring term, at least three times during that term, and

City of Windsor Fire & Rescue Services
(Fire Department Name) Nom du service d'incendie

815 Goyeau Street, Windsor, ON
(Fire Department Address) Adresse du service d'incendie

N9A 1H7 519-253-6573
(Postal Code) (Phone Number)
(Code Postal) Numéro de téléphone

<p style="text-align: center;">Inspection Order (Made pursuant to the <i>Fire Protection and Prevention Act, 1997</i>)</p> <p style="text-align: center;">Ordre donné par un inspecteur (en vertu de la <i>Loi de 1997 sur la prévention et la protection contre l'incendie</i>)</p>
--

- (c) if the school or private school is in session during the summer, at least three times or at least once a month during the period it is in session, whichever is less.
- (4) For an extended day program or third party program operated under section 259 of the Education Act, or for a day nursery or part of a day nursery described in Subclause (2)(e)(iii), a total evacuation fire drill shall be held
 - (a) if the program, day nursery or part of a day nursery is in operation during the fall term, at least three times during that term,
 - (b) if the program, day nursery or part of a day nursery is in operation during the spring term, at least three times during that term, and
 - (c) if the program, day nursery or part of a day nursery is in operation during the summer, at least three times or at least once a month during the period it is in operation, whichever is less.
- (5) A fire drill for supervisory staff shall be held at least every three months in a building to which Subsection 3.2.6. of Division B of the Building Code applies.
- (6) In addition to the requirements of Sentence (2), in a care occupancy, a care and treatment occupancy or a retirement home, a fire drill for supervisory staff shall be carried out at least once during each 12-month period for an approved scenario representing the lowest staffing level complement in the occupancy in order to confirm that the requirements of Sentence 2.8.2.2.(1) have been met.

REMEDY

DOCUMENTATION REQUIRED SHOWING THAT MONTHLY TRAINING OF SUPERVISORY STAFF IS OCCURRING.

|

Terms of Reference Committee of Management for Huron Lodge

Composition

The Committee of Management will be composed of the three (3) members appointed by City Council.

Term of Office

The term of office for members of the Committee of Management shall coincide with the term of office for the members of City Council.

Appointment of Policies and Vacancies

Members of the Committee of Management will be chosen according to the provisions of Part 22 of the City of Windsor Procedures By-Law 98-2011.

Meetings and Procedures

The Committee of Management will meet a minimum of three times a year.

The Committee of Management will appoint a Chair from among its members.

The Chair will call the members to order as the Committee of Management of Huron Lodge to conduct such business as appropriate under the provisions the *Fixing Long Term Care Act 2021* and the Duties of the Committee of Management as set out in these Terms of Reference.

The process for all meetings of the Committee of Management for Huron Lodge shall be as set out in the City of Windsor By-Law 98-2011 for Standing Committees, including notice of meetings, meeting conduct, open and closed meetings, and public notice of meetings and minutes.

Duties

The Committee of Management may provide information reports to Municipal Council. The duties of the members of the Committee of Management are set out in the *Fixing Long Term Care Act, 2021*. These duties are as follows:

- A) Where a licensee is a corporation, every director and every officer of the corporation shall ensure that the corporation complies with all requirements under this Act.; and
- B) To take such measures as necessary to ensure that Huron Lodge complies with all requirements of the *Fixing Long Term Care Act, 2021*; and

- C) Specifically to take such measures as necessary to ensure that Huron Lodge complies with all requirements in the Resident's Bill of Rights, being Part II of the *Fixing Long Term Care Act, 2021*; and
- D) To report their suspicion to the Director (Ministry of Health and Long-Term Care) of: improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident, abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or risk of harm to the resident, unlawful conduct that resulted in harm or a risk of harm to a resident; misuse or misappropriation of a resident's money, and
- E) To report their suspicion to the Local Health Integration Network of misuse or misappropriation of funding provided to the licensee under the Act or the *Local Health System Integration Act, 2006*;

In fulfilling its duties, the Committee of Management may wish to:

- Receive reports from the Administrator of Huron Lodge and Executive Director of Long-Term Care, or other persons with respect to the administration of Huron Lodge and the fulfillment of the duties and obligations under the *Fixing Long Term Care Act, 2021*.
- Provide opportunities for attendance, reports, and presentations from family members, residents and community members.

Strategic Objectives

Huron Lodge provides for the physical, psychological, spiritual, social and cultural needs of its residents and develops and maintains a home-like atmosphere that promotes a feeling of friendship, vitality and enjoyment of living.

The Committee of Management as a Committee of City Council supports 20 Year Strategic Vision: Quality of Life: Great place to go to school, raise a family and retire.

Huron Lodge provides services that support the community's commitment through continuing to support citizens with diverse needs in all stages of life and create an accessible environment.

Staff Resources

The City Clerk will provide administrative support to the Committee of Management. The Clerk shall carry out any duties to implement the Committee of Management's decisions and ensure that the Terms of Reference, Agenda and other related information are posted on the Corporation of the City of Windsor's website as required.

Members will not receive remuneration.