

AGENDA
COMMITTEE OF MANAGEMENT FOR HURON LODGE
Meeting to be held June 12, 2025, at 9:00 a.m.
Meeting Room 522a, 350 City Hall Square West

1. **Call to Order**
2. **Disclosure of Interest**
3. **Minutes**
Adoption of the minutes of the meeting held March 4, 2025 – ***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 June 12, 2025 – ***attached***
6. **Date of Next Meeting**
September 9th or 10th, 2025
7. **Adjournment**

Committee of Management for Huron Lodge

Meeting held March 4, 2025

A meeting of the Committee of Management for Huron Lodge is held this day commencing at 9:00 o'clock a.m. in Room 140, 350 City Hall Square West, there being present the following members:

Councillor Ed Sleiman, Chair
Councillor Fred Francis

Regrets received from:

Councillor Jo-Anne Gignac

Also present are the following resource personnel"

Alina Sirbu, Executive Director Long Term Care Home, Administrator of Huron Lodge
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 of Management considers the Agenda being Schedule A attached hereto, matters which are dealt with as follows:

2. Disclosure of Interest

None disclosed.

3. Minutes

Moved by Councillor Fred Francis, seconded by Councillor Ed Sleiman,
That the minutes of the Committee of Management for Huron Lodge of its meeting held December 12, 2024 **BE ADOPTED** as presented.
Carried.

4. In Camera

Moved by Councillor Fred Francis, seconded by Councillor Ed Sleiman to move In Camera at 9:01 o'clock a.m. for discussion of the following items:

Reference: s. 239 (2)(b) – Personal matters about identifiable individuals, including municipal or local board employees – Resident matters

Motion Carried.

Discussion on the items of business.

Verbal Motion is presented by Councillor Fred Francis, seconded by Councillor Ed Sleiman to move back into public session at 9:10 o'clock a.m.

**Moved by Councillor Fred Francis, seconded by Councillor Ed Sleiman,
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 meeting held March 4, 2025 at the next regular meeting.**

Moved by Councillor Fred Francis, seconded by Councillor Ed Sleiman,
That the verbal In Camera report relating to the personal matter about identifiable individual(s) 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

Alina Sirbu, Executive Director Long Term Care Home, Administrator of Huron Lodge advised that news from the Ministry was recently received regarding the placement of Huron Lodge in the phase of the new interRAI LTCF Transition to commence October 1, 2025. She notes that the team will be working throughout the summer to familiarize with this new methodology for assessments and what are the potential consequences regarding funding as well as training all registered staff.

Alina Sirbu advises that all long-term care facilities are mandated to have a more comprehensive program with goals, objectives and measurable outcomes for dementia care. She adds that Huron Lodge continues to develop stage 5 of the Chrysalis program which fully supports residents with dementia.

Alina Sirbu reports that the Ministry of Long-term Care inspections are being held on a frequent basis. From a financial perspective, she reports that they had a few streams that are specialized for clinical issues such as skin and wounds with professional growth training for the staff.

Alina Sirbu remarks that the Residents' Council continues to be strong, thoroughly informed and consulted in the home to uphold resident-centred voices and choices. She adds that the Palliative Care Committee continues to remain focused on supporting compassionate care at end-of-life for their residents and families.

In terms of the Resident Satisfaction Surveys, Alina Sirbu advises that the results will be provided for the next meeting of the Committee of Management.

Alina Sirbu states they have a fulsome Quality Improvement Program that is publicly reported and shared with both Resident Council as well as Family Council. From an IPAC perspective she reports that the Ministry of Labour has continued with their new process of conducting inspections on the first or second day of every outbreak. They are also looking at how staff may report infectious disease to ensure that the process is followed which Huron Lodge was found to be in compliance.

Alina Sirbu refers to a new addition to the minutes – “Shining Moments: Celebrating our Successes”. She indicates that the Ministry looked at ways to further involve the residents into the operations of the home. She notes that a member of the Residents' Council has been invited to be part of the orientation and training of the new staff. She remarks that this resident was a “star” who stood before those being trained and provided a presentation regarding what it means for him as a resident to receive the services of RN's, RPN's PSW's and dietary. This gentleman spoke from the heart and caused those in attendance to be moved to tears. Andrew Daher advises that “Shining Moments – Celebrating our Successes” will be a new section included in their quarterly reports that will highlight the stories and good feedback from the residents.

In response to a question asked by the Chair regarding if the inspections by the Ministry are random, Alina Sirbu responds that the inspections are always unannounced.

Councillor Fred Francis asks in terms of procurement, is Huron Lodge prepared if legislation comes down from Queens Park to buy goods from Ontario/Canada. Alina Sirbu responds that the majority of their medical supplies are Canadian made and have Canadian manufacturers and suppliers. They always favour local suppliers for food items. As it relates to repairs to the building, they are leaning on support with Facilities and/or the procurement process locally. Andrew Daher responds they have been working with the Office of the Chief Administrative Officer who has requested that every city department review (if the tariffs go through), what the impact will be on their department. Alina Sirbu adds that Premier Ford has had a clear focus on long term care and was trying to offset some of the costs prior to this to ensure that the residents in long term care are appropriately served. If there is direction that they have to go, there will be a slice of exemptions if needed to address health care issues.

Moved by Councillor Fred Francis, seconded by Councillor Ed Sleiman,
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 starting December 12, 2024 and ending March 4, 2025.

Carried.

6. Date of Next Meeting

The next meeting will be held on Wednesday, June 18, 2025 at 9:30 a.m. in a room to be determined.

7. Adjournment

There being no further business, the meeting is adjourned at 9:25 o'clock a.m.

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:

Author: Alina Sirbu

Report Date: June 12, 2025

Clerk’s File #:

To: Huron Lodge Long-Term Care Home 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 starting March 4, 2025, and ending June 12, 2025.

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 June 12, 2025.

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) Updates

MLTC Update - Ontario Drug Benefit Payments

Based on consultations with key partners, the MLTC announced that the Ontario government will be maintaining the fee-per-bed capitation rate of \$1,500 for fiscal year 2025-26 to support the ongoing delivery of high-quality pharmacy services to long-term care residents in Ontario. The Ontario government will continue to

consult with long-term care homes and stakeholders on pharmacy services with a view to supporting high quality care for long-term care residents.

Ministry of Long-Term Care Inspections

The Ministry of Long-Term Care (MLTC) attended Huron Lodge February 3–7, 2025, to complete their Critical Incident Inspection. Huron Lodge received one written notification each regarding housekeeping and infection prevention and control, and one compliance order regarding bed rails. **(Appendix A)**

Other Business:

1. Financial

Huron Lodge has collaborated with CLRI-Bruyere to deliver palliative care training to the staff of the home. In addition, CLRI-Bruyere has provided one-time funding in the amount of \$7670 to offset the salaries for those employees who have received the training. The training was delivered in February with the funds received in May of this year.

On March 21, 2025, the MLTC announced it is providing a top-up to the already existing one-time funding for Infection Prevention and Control (IPAC) Leads. The additional funding equates to \$12,168 to be used to offset the salaries for an IPAC Lead in the home. IPAC leads are those employees whose primary responsibility is to deliver, implement, lead and provide oversight over the home's IPAC program for the continuous improvement of safety and quality of life for residents and staff.

2. Quality Improvement

CQI

The second quarter CQI committee meeting of 2025 is scheduled for June 16th, 2025. The committee is once again looking forward to welcoming a Huron Lodge Family Council representative to the meeting. At this meeting, the committee will be discussing current trends in quality indicators and progress toward quality improvement goals set for 2025.

Residents' Council Involvement

The robust Residents' Council of Huron Lodge continues to be thoroughly informed and consulted in the home to uphold resident-centred voices and choices; they continue to receive monthly quality improvement updates.

During the April meeting, Residents' Council was provided the Resident Satisfaction Survey Results and the Family Satisfaction Survey results to review. The Council reviewed the survey data, with members expressing contentment with the positive results of the survey. Feedback was elicited from Council members regarding the Home's quality improvement action planned based on survey results, and such feedback was provided. In May's Residents' Council meeting, the action plan was approved by Residents' Council and will be included in the Home's finalized internal quality improvement plan due June 30th. A copy of the finalized plan will be provided to Residents' Council, per legislative requirement, at their July meeting.

Palliative Care Committee

The committee remains focused on continuing to support compassionate care at end-of-life for our residents and families. The partnership continues to strengthen between the Palliative Care Committee and the Home's Resident's Council with the Council approving resource provision for families supporting loved ones at end of life. Residents' Council has generously agreed to provide funds for coffee, through the Home's Auxiliary-run Café, for families who want to remain at the bedside to support a loved one at end of life. On Friday, May 23rd, 2025, the Palliative Care Committee hosted the Home's annual Memorial Service to honour the residents who passed away in the past year. The event was well attended by both current residents and family members of past residents; those in attendance were able to share in a time of both remembrance and fellowship, with coffee and baked goods generously provided by Huron Lodge Auxiliary. The Committee was pleased to welcome a Residents' Council member to provide heartfelt closing remarks to the service, offering a personalized resident-centred approach to the event. The Committee continues to collaborate with Residents' Council on the initiation of a Memorial Garden at Huron Lodge. Although this project is in the preliminary stage, Residents' Council members are enthusiastic to provide feedback about how to commemorate the lives and memories of past fellow residents.

Resident and Family Satisfaction Surveys

Resident Satisfaction Survey

The results of the 2024 Resident Satisfaction Survey and Family Satisfaction Survey were reviewed by Residents' Council at their April meeting. Of the residents who engaged in the survey, 98% reported being happy with the communication Huron Lodge provides to its residents. Looking forward to areas for growth in 2025, we are striving to maintain resident satisfaction with care and service, and resident recommendation of Huron Lodge (both registering at 100% for 2024). In line with our Quality Improvement Plan for 2025/2026, we aim to improve resident satisfaction home/staff responsiveness to resident questions and/or

concerns; this data will be captured in our 2025 survey results, which will be available in early 2026. **(Appendix B)**

Family Satisfaction Survey

The data from the 2024 Family Satisfaction Survey was overwhelmingly positive. Survey respondents represented all Resident Home Areas and are consumers of services ranging from 2 months to 6 years. All those responding to the survey believe their loved one to be safe and secure in the Home. The Home is happy to report that 100% of families surveyed would recommend this home to others. In addition, 100% of families who responded agreed that Huron Lodge is a good or excellent place to live. **(Appendix C)**

Quality Improvement Plan (QIP)

The Huron Lodge quality improvement team continues to work toward the goals set for the 2025/2026 QIP year, as outlined in the Quality Improvement Plan submitted to Health Quality Ontario last quarter. We are happy to report that a quality indicator of focus for the current year - residents who have fallen in the past 30 days - continues to trend downward and is expected to continue in this vein as we introduce additional fall precaution devices over the next quarter. This strengthening of our falls reduction program aims to further reduce avoidable emergency department visits (also a 2025/2026 QIP priority indicator) that are a direct result of a fall in the home.

The priority indicator, percentage of residents with a UTI, has continually trended downward over the past quarter, which continues to be supported by enhanced peri-care education for frontline staff, targeting resident needs in the home. The home's QIP for the 2025/2026 cycle was completed, signed, and submitted to HQO on March 26th, 2025. A public copy of the report can be found on both the HQO website and the website for Huron Lodge.

Quality Improvement Indicators Update (as of June 4th, 2025)

Note – Provincial averages are not available currently, pending an update from Health Quality Ontario.

Falls:

Current score: 8.06%

4-quarter average: 9.77%

Provincial average: Not available (National Average: 16.9%)

For the quality indicator of Falls in the last 30 days, our current scores continue to trend downward. New admissions this quarter continue to come to us having a history of falls and being 'High Risk' prior to admission to Huron Lodge, causing a fluctuation in our numbers across each month. Fall precaution devices (fall mats, bed alarm systems, chair alarms and hi/low beds) continue to be implemented with these residents on admission to reduce the risk of injury.

At the end of May, we had our quarterly Falls and Restraint Committee review which consists of PSWs from each unit in the home, Quality Improvement RN/RPNs, as well as the Falls Assistant Director of Care (ADOC) lead. This involves looking at residents who have trended in increased/decreased falls over the past quarter and discussing and implementing new strategies to further decrease fall risk. Inventory of fall precaution device usage in the home is also overviewed, with Registered Staff and our QI committee updating a residents' plan of care as indicated. From this meeting, a new initiative in the home is being brought forward to label all our residents' fall prevention devices. This will allow for easier tracking among residents but also allows us to ensure that the residents plan of care remains up to date.

A new Post Fall Huddle Form has been created and implemented with QI RPNs for residents who have fallen 5+ times within the last year. This root cause analysis evaluation looks at physical, cognitive and environmental factors that may cause a resident to fall inclusive of a medication review. Following completion of this form, QI RPNs complete unit huddles to educate staff on ways they can decrease fall risk in our highest risk residents.

Physiotherapy is also looking this quarter at the impact their services have on decreasing falls between 2024 and 2025; any information obtained will be shared with the Fall ADOC lead.

Raised edge mattresses were a new product trialed in the home this quarter to aid in fall prevention, as part of our Bed Rail Reduction Program. For residents who are restless in bed, and high fall risk, bedrails may lead to an increased risk of entrapment. Bed entrapment occurs when a resident gets caught in the spaces between a bedrail, mattress, or other objects while in bed. One major misconception is that bed rails can assist in preventing falls, however, due to the risk for increased resident injury, bed rails are not recommended. Through our Bed Rail Reduction Program, we assessed all our residents in the home, and we were able to successfully remove bedrails for 115 of our residents, thus decreasing their risk of injury. Through assessment, it was determined that 93 residents required bedrails to assist with moving in and out of bed and were not at risk of using bedrails.

Antipsychotics:

Current score: 24.75%

4-quarter average: 22.68%

Provincial average: n/a

We continue to closely monitor residents prescribed antipsychotics from admission onward, with routine reassessments to ensure appropriate use. From January 2025 to present, 37% of new admissions have arrived with antipsychotic prescriptions. As of June 4, 2025, 17 residents on antipsychotics have been formally reviewed, with four identified as candidates for gradual dose reduction or discontinuation.

Our commitment to minimizing antipsychotic use is reinforced by a facility-wide focus on non-pharmacological management of responsive behaviours. This approach is supported through annual and as-needed staff training. Additionally, our Behavioural Support team collaborates directly with residents to develop individualized strategies, ensuring care is responsive to their needs and aligned with best practices.

Wounds:

Worsened Stage 2-4 Pressure Injuries	New Stage 2-4 Pressure Injuries
<i>Current score: 7.69%</i> <i>4-quarter average: 6.12%</i> <i>Provincial average: n/a</i>	<i>Current score: 6.72%</i> <i>4-quarter average: 5.64%</i> <i>Provincial average: n/a</i>

Our wound care program has made significant progress in 2025, demonstrating strong outcomes in both healing rates and advancements in clinical practice. To date, we have successfully healed five stage 1 pressure injuries and 20 stage 2 pressure injuries, contributing to an overall improvement in resident skin health. We currently have 30 active pressure injuries under management, with continuous monitoring and individualized care planning in place.

Notably, we have seen some remarkable success stories. One resident with a stage 4 pressure injury that had persisted for over four years has now fully healed under our care. Another resident with a complex stage 4 heel injury is nearing complete healing. These outcomes highlight the effectiveness of our evidence-based interventions and team approach, which is supported by our Nurse Practitioner, Nurse Specializing in Wounds, Ostomy & Continence (NSWOC) through the NLOT program.

In addition to traditional wound care strategies, we have introduced innovative therapies to further enhance healing. New technologies such as the GEKO nerve stimulation device and PICO negative pressure dressings have been incorporated into our practice, offering new avenues to support wound closure and improve resident outcomes. We remain committed to continuous improvement and the adoption of best practices to advance the quality of care we provide.

Restraints:

Current score: 1.53%

4-quarter average: 1.49%

Provincial average: Not available (National Average: 4.2%)

For the quality indicator of restraints, our current average scores continue to fluctuate based on resident admissions and discharges. Since the last quarter, we have been successful in implementing restraint reduction with two of our residents, one removing a tabletop that was a restraint, and one removing a tilt w/c as a restraint. Our registered staff continue to conduct a restraint review monthly on residents who currently have restraints. New interventions are trialed with residents to see if restraints can be reduced in the home.

3. Third-Party Agency Inspections

There have been three, third-party inspections since the last time the Committee of Management met. Administration is proud of the fact that there were no issues ordered, or violations noted in any of the third-party inspections.

The Windsor-Essex County Health Unit (WECHU) attended Huron Lodge May 5, 2025, completing three inspections including:

- May 5, 2025: A Facility Compliance Inspection. Zero violations were noted on the attached report. **(Appendix D)**
- May 5, 2025: A Food Premises Compliance Inspection. Zero violations were noted on the attached report. **(Appendix E)**
- May 5, 2025: An Outbreak Response Investigation. Zero violations were noted on the attached report. **(Appendix F)**

4. Shining Moments: Celebrating our Successes

In a world often filled with bad news, it's important to take a step back and celebrate the positive strides we've made. This section highlights the moments of achievement, innovation, and community spirit that not only showcase our collective efforts but also reflect our commitment to enriching the lives of those we serve. From outstanding milestones to heartwarming stories, these are the triumphs that remind us of the lasting impact we have on the residents we care for.

For this report, we'd like to highlight the integration of cutting-edge food service software at Huron Lodge. We are thrilled to announce the upcoming launch of an innovative software system in our Food Service Department, set to revolutionize our operations starting at the end of June 2025.

This state-of-the-art system, powered by Meal Suite and Synergy, will streamline all aspects of food service, from production to delivery, in the Residents Dining Room.

Key Features of the New System:

- **Real-Time Updates:** Integration with PointClickCare allows immediate updates to residents' dietary needs, ensuring personalized and accurate meal service
- **Enhanced Dining Experience:** Monitors located in serveries will replace traditional diet books, and monitors in dining rooms will be providing easy access to menu information for residents, families, and staff.
- **Efficient Order Management:** Personal Support Workers (PSWs) will use show plates and tablets to take residents' orders, which will be transmitted directly to monitors in the serveries for accurate prompt service.
- **Comprehensive Training:** All food service and nursing staff will receive thorough training on the new system to ensure seamless adoption and operation.

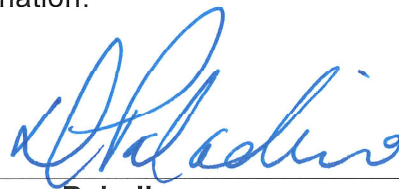
Meal Suite is a leading provider of foodservice software across North America, helping senior living and healthcare operators digitize their foodservice operations. Synergy is a robust software application that allows seamless sharing of a keyboard and mouse across multiple computers, enhancing productivity and efficiency

We are pleased to share our continued commitment to enhancing the quality of life for our residents through innovative service improvements. This new technology will facilitate the integration and efficient operation of our updated food service system, ultimately supporting a more refined and responsive dining experience.

Respectfully submitting this report for your information.



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



Dana Paladino
Commissioner, Human & Health Services



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

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: February 19, 2025

Inspection Number: 2025-1626-0001

Inspection Type:

Critical Incident

Licensee: Corporation of the City of Windsor

Long Term Care Home and City: Huron Lodge Long Term Care Home, Windsor

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 3, 4, 5, 6, 7, 2025

The following intake(s) were inspected:

- CI# M631-000020-24 - Respiratory outbreak
- CI# M631-000005-25 - Unexpected death of resident
- CI# M631-000008-25 - Enteric Outbreak

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

Infection Prevention and Control

Restraints/Personal Assistance Services Devices (PASD) Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Housekeeping

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

Non-compliance with: O. Reg. 246/22, s. 93 (2) (a) (ii)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

The licensee failed to ensure that the walls and floors of common spaces in the home areas were kept clean.

During a tour of the home it was observed that five of the seven home areas were noted to have walls that were in disrepair, dirt and dust on floors and debris on the walls between the handrails of the common spaces.

Sources: Observation on February 4, 2025.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)

Infection prevention and control program

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s. 102 (9) The licensee shall ensure that on every shift,
(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee failed to ensure that on every shift the infection symptoms for residents were recorded.

During a Respiratory outbreak a resident was in isolation and staff did not record the symptoms of infection for two shifts. During an Enteric outbreak a resident was on isolation and staff did not record the symptoms of infection for four shifts.

Sources: Record review for residents, interview with staff.

COMPLIANCE ORDER CO #001 Bed rails

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 18 (1) (a)

Bed rails

s. 18 (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

(a) the resident is assessed and the resident's bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;

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

The licensee shall:

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1. Amend or revise the Home's internal policies and procedures related to Bed Rails to clearly guide staff in evaluating bed systems and in assessing residents where bed rails are used, ensure they include:
 1. clear guidance for staff to assess residents where bed rails are used,
 2. the requirement for an interdisciplinary team to be involved in a resident's bed rail use assessment,
 3. the requirement for each resident that uses one or more bed rails to be assessed over a period of time while in bed to determine sleeping patterns, habits and potential safety risks posed by using one or more bed rails, and,
 4. the requirement for each resident that uses one or more bed rails to be reassessed if there is a change in cognition, mobility, transfer status or a change in the resident's overall health condition.
2. Develop a risk focused bed rail assessment tool in accordance with evidence-based practices or, if there are none, in accordance with prevailing practices, to minimize risk to the resident.
3. Complete an audit of resident bed systems in the home to determine which beds currently include any type of attached bed rail. Maintain a record of the audit including the date completed.
4. Complete the assessment developed under #2. of this order for each resident that utilizes a bed system with one or more rails attached as determined by #3 of this order.
5. Managers to review the revised policies and procedures developed in #1 and re-educate all registered staff and any other staff involved in bed rails management.

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6. Document and keep a record of the education provided, including topics covered, the names of the staff in attendance, date, and who provided the education.

Grounds

The licensee failed to minimize risk to residents when they did not assess the residents related to their use of bed rails.

The home's policy provided no direction to assess residents when bed rails were used. Staff indicated the home does not currently have a bed rail assessment in use at the home. The home reported that 186 residents were identified as having at least one bed rail. By not having an assessment related to bed rails the residents were at risk for injury or entrapment.

Sources: Bed Entrapment/Bed Rails policy, and staff interviews.

This order must be complied with by

April 28, 2025

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

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

Ministry of Long-Term Care

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

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If service is made by:

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

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Toronto, ON, M5S 1S4

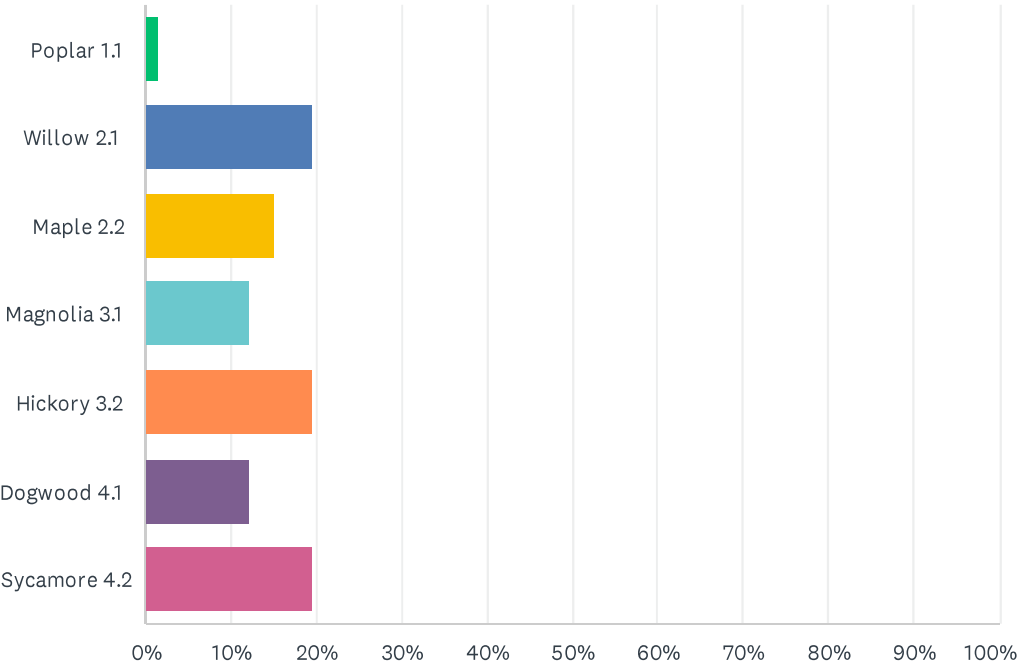
Director

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

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Q1 Home Area:

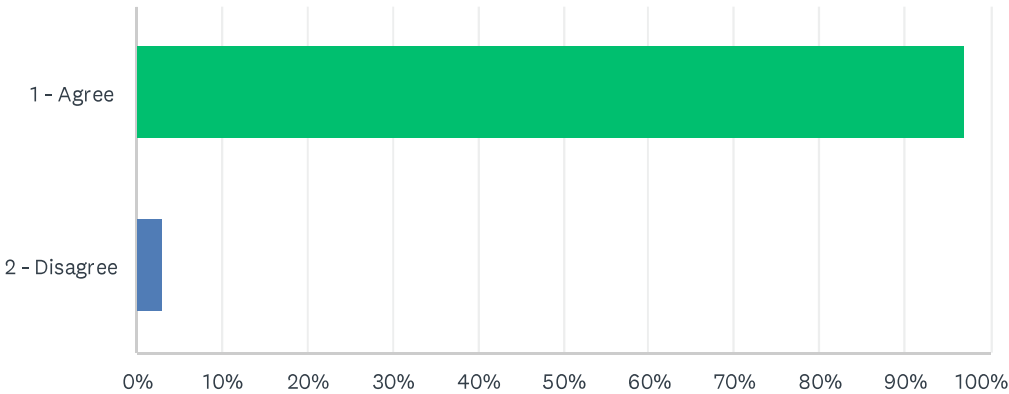
Answered: 66 Skipped: 0



ANSWER CHOICES	RESPONSES	
Poplar 1.1	1.52%	1
Willow 2.1	19.70%	13
Maple 2.2	15.15%	10
Magnolia 3.1	12.12%	8
Hickory 3.2	19.70%	13
Dogwood 4.1	12.12%	8
Sycamore 4.2	19.70%	13
TOTAL		66

Q2 The recreational programming meets my needs and provides an opportunity to participate in meaningful activities.

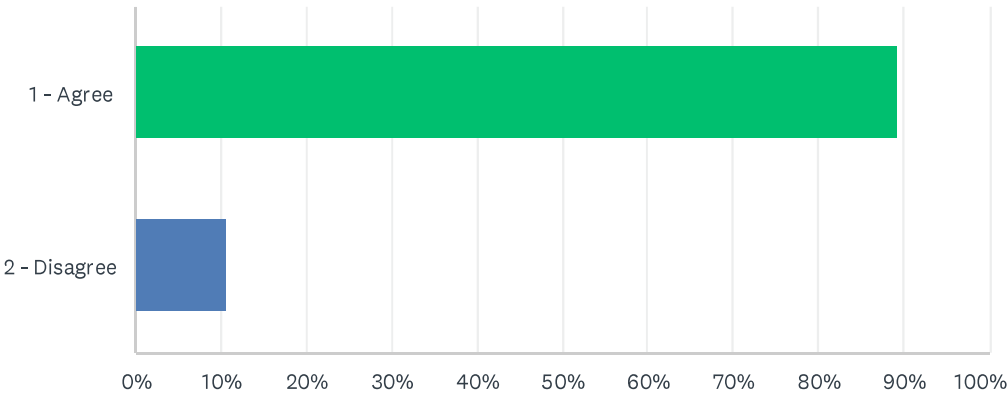
Answered: 65 Skipped: 1



ANSWER CHOICES		RESPONSES	
1 - Agree		96.92%	63
2 - Disagree		3.08%	2
TOTAL			65

Q3 My food and beverage preferences are considered.

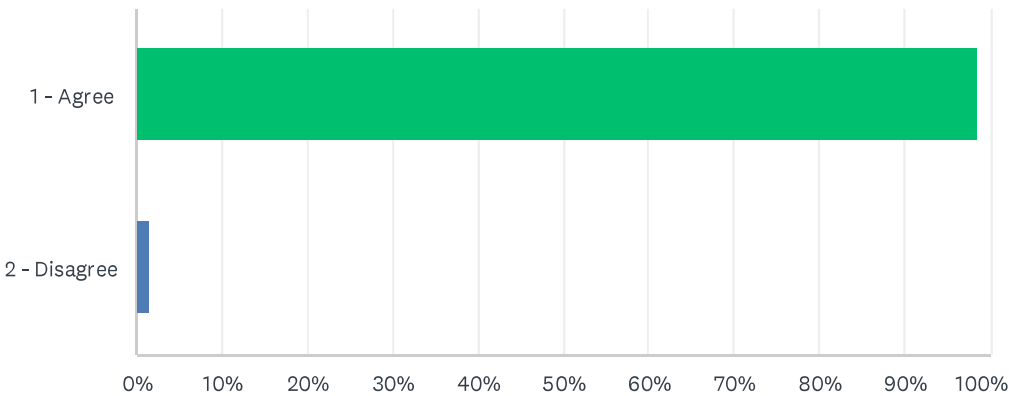
Answered: 66 Skipped: 0



ANSWER CHOICES		RESPONSES	
1 - Agree		89.39%	59
2 - Disagree		10.61%	7
TOTAL			66

Q4 There are adequate portions of food available.

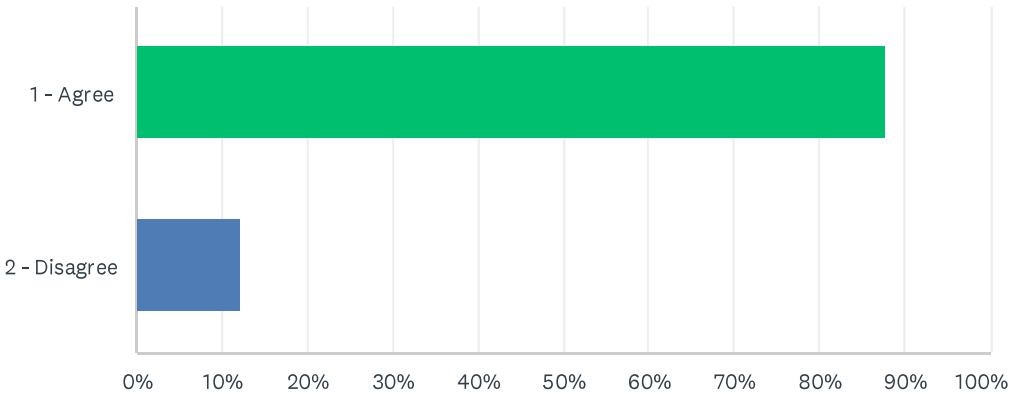
Answered: 66 Skipped: 0



ANSWER CHOICES		RESPONSES	
1 - Agree		98.48%	65
2 - Disagree		1.52%	1
TOTAL			66

Q5 There is a sufficient variety of food.

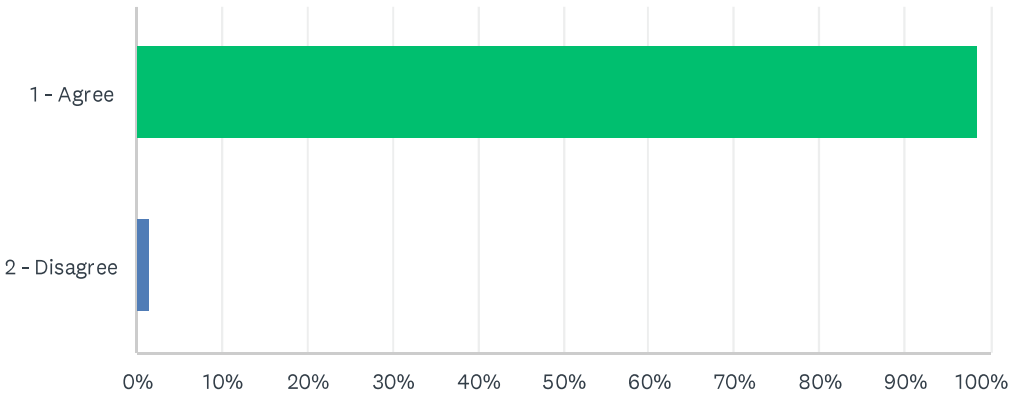
Answered: 66 Skipped: 0



ANSWER CHOICES		RESPONSES	
1 - Agree		87.88%	58
2 - Disagree		12.12%	8
TOTAL			66

Q6 Food Services Workers/Dietary Aides provide friendly quality service.

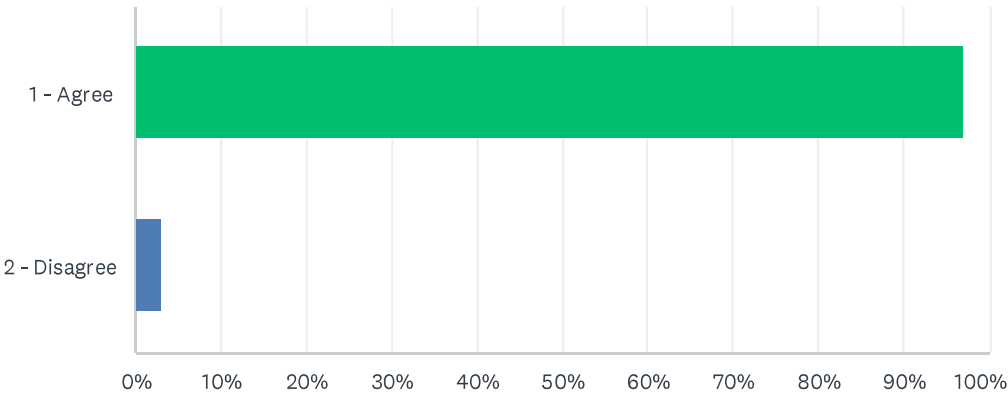
Answered: 65 Skipped: 1



ANSWER CHOICES		RESPONSES	
1 - Agree		98.46%	64
2 - Disagree		1.54%	1
TOTAL			65

Q7 I know who to contact with my questions or concerns.

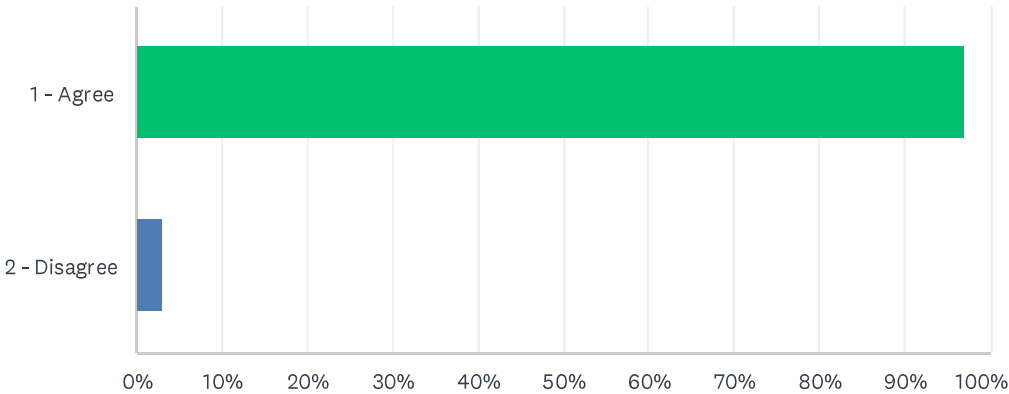
Answered: 66 Skipped: 0



ANSWER CHOICES		RESPONSES	
1 - Agree		96.97%	64
2 - Disagree		3.03%	2
TOTAL			66

Q8 I am satisfied that my questions and concerns are answered and/or followed up on.

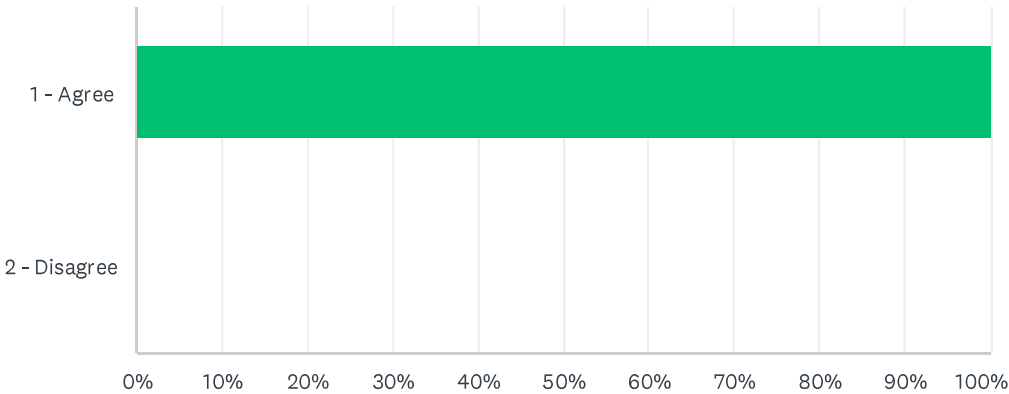
Answered: 66 Skipped: 0



ANSWER CHOICES	RESPONSES	
1 - Agree	96.97%	64
2 - Disagree	3.03%	2
TOTAL		66

Q9 Information and questions regarding my finances are dealt with efficiently.

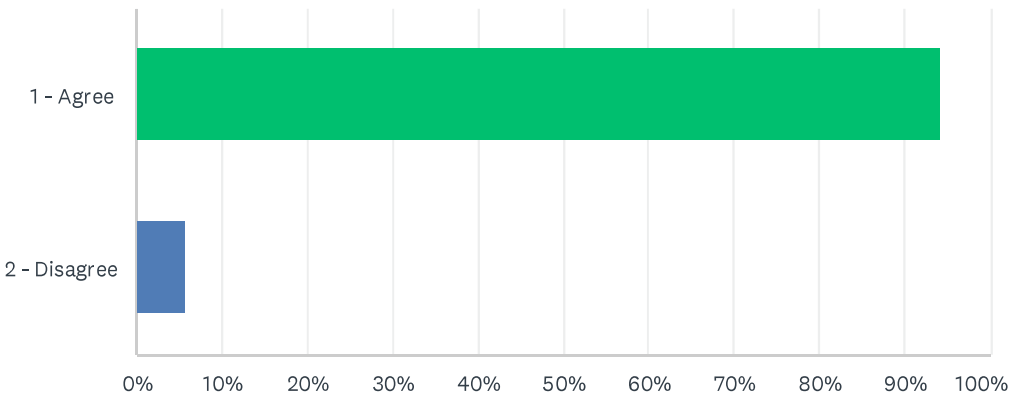
Answered: 26 Skipped: 40



ANSWER CHOICES	RESPONSES	
1 - Agree	100.00%	26
2 - Disagree	0.00%	0
TOTAL		26

Q10 The Physiotherapy service meets my needs.

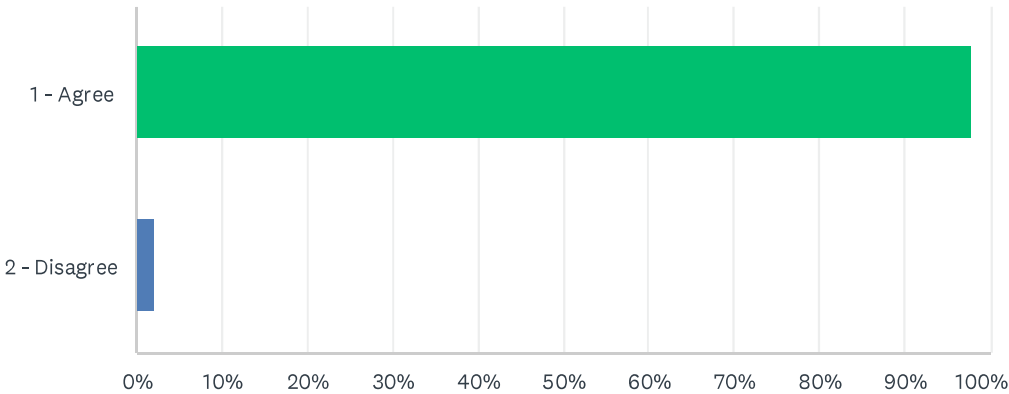
Answered: 52 Skipped: 14



ANSWER CHOICES	RESPONSES	
1 - Agree	94.23%	49
2 - Disagree	5.77%	3
TOTAL		52

Q11 The hairdressing service meets my needs.

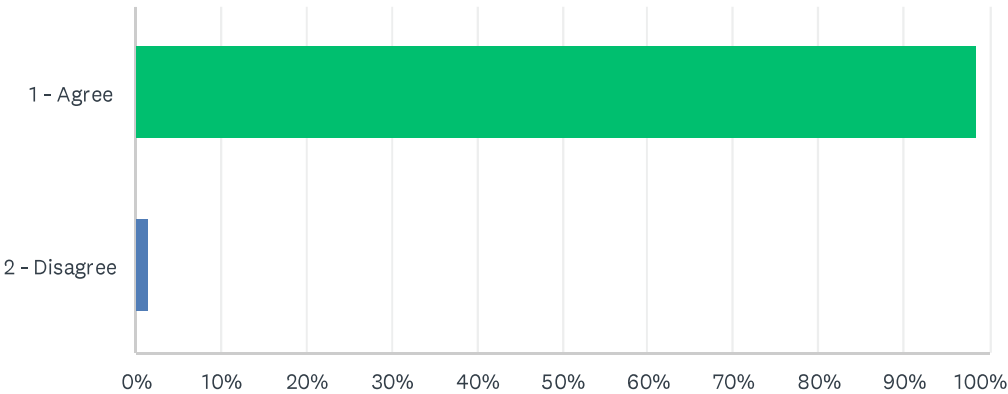
Answered: 48 Skipped: 18



ANSWER CHOICES		RESPONSES	
1 - Agree		97.92%	47
2 - Disagree		2.08%	1
TOTAL			48

Q12 Care is provided in a kind, friendly and gentle manner.

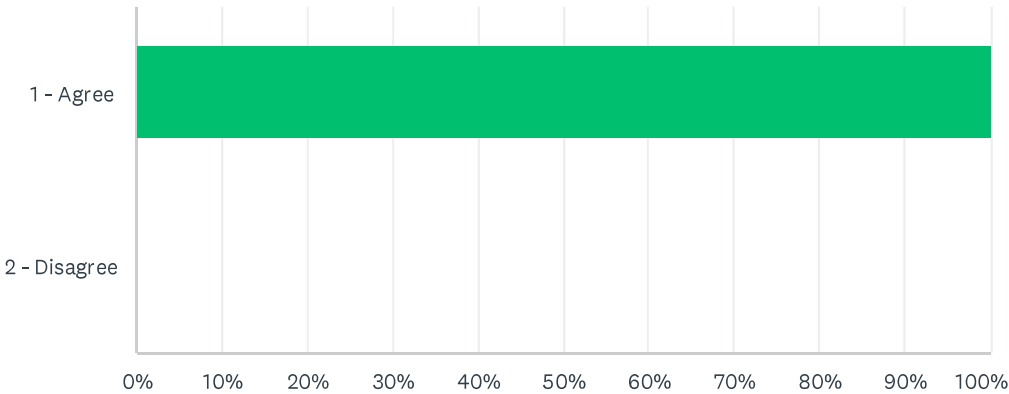
Answered: 65 Skipped: 1



ANSWER CHOICES		RESPONSES	
1 - Agree		98.46%	64
2 - Disagree		1.54%	1
TOTAL			65

Q13 Overall, I am satisfied with the quality of care and service at Huron Lodge.

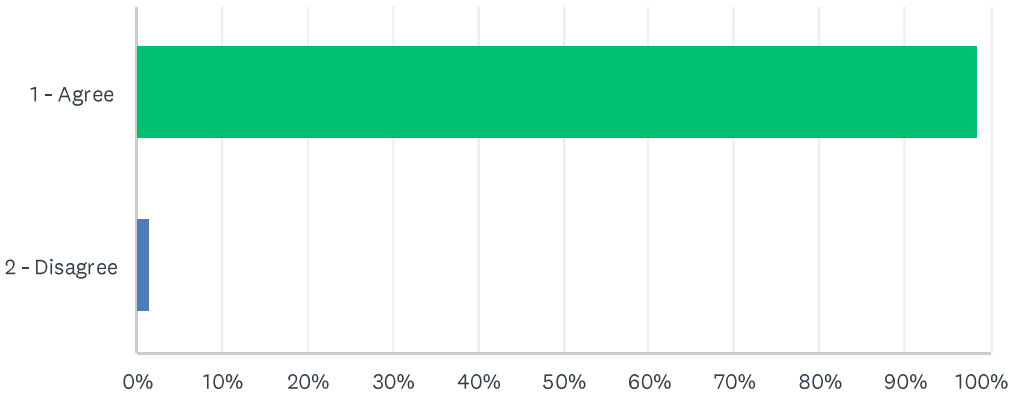
Answered: 66 Skipped: 0



ANSWER CHOICES		RESPONSES	
1 - Agree		100.00%	66
2 - Disagree		0.00%	0
TOTAL			66

Q14 I am happy with the communication and updates the home provides me.

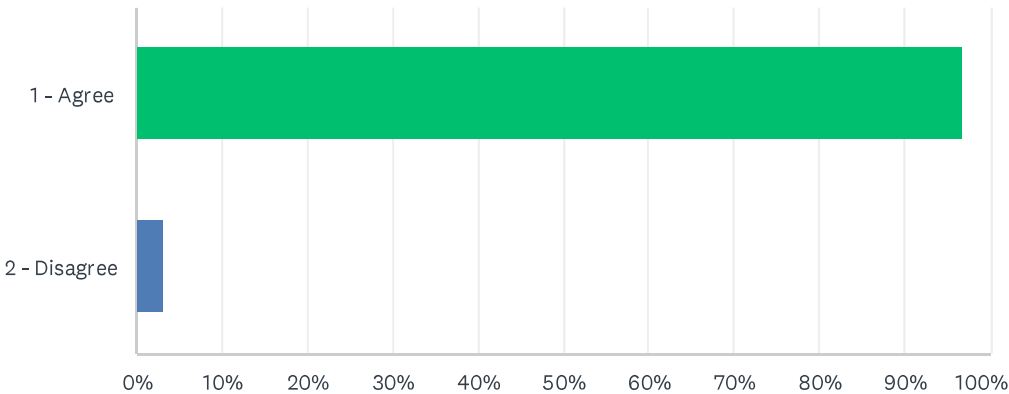
Answered: 65 Skipped: 1



ANSWER CHOICES	RESPONSES	
1 - Agree	98.46%	64
2 - Disagree	1.54%	1
TOTAL		65

Q15 The landscape/outdoor grounds improvements (i.e., gazebo, benches, tree planting) have contributed to the pleasant, welcoming atmosphere of the home.

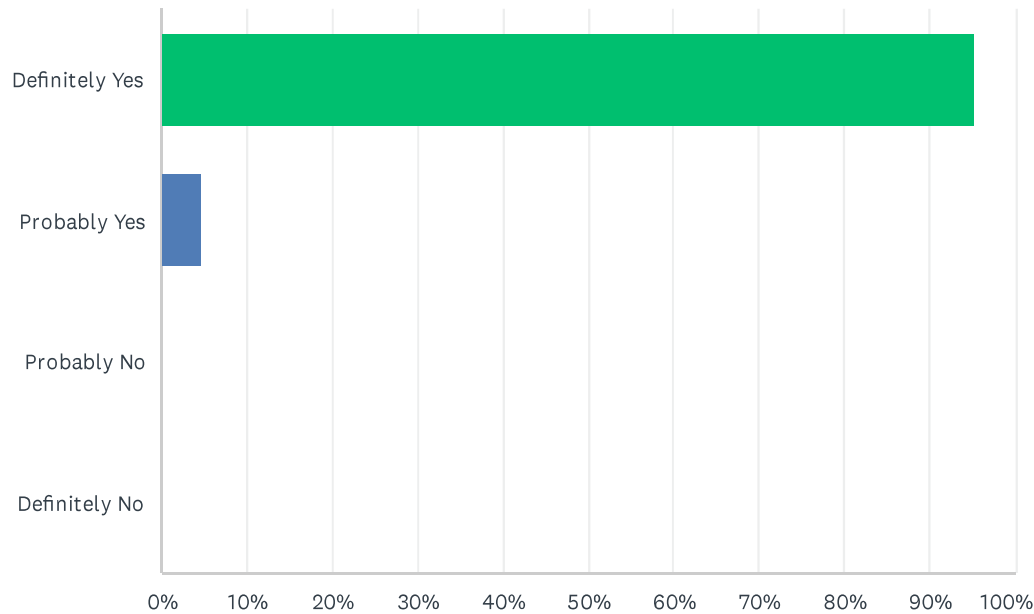
Answered: 64 Skipped: 2



ANSWER CHOICES		RESPONSES	
1 - Agree		96.88%	62
2 - Disagree		3.13%	2
TOTAL			64

Q16 I would recommend this nursing home to others (Please circle one).

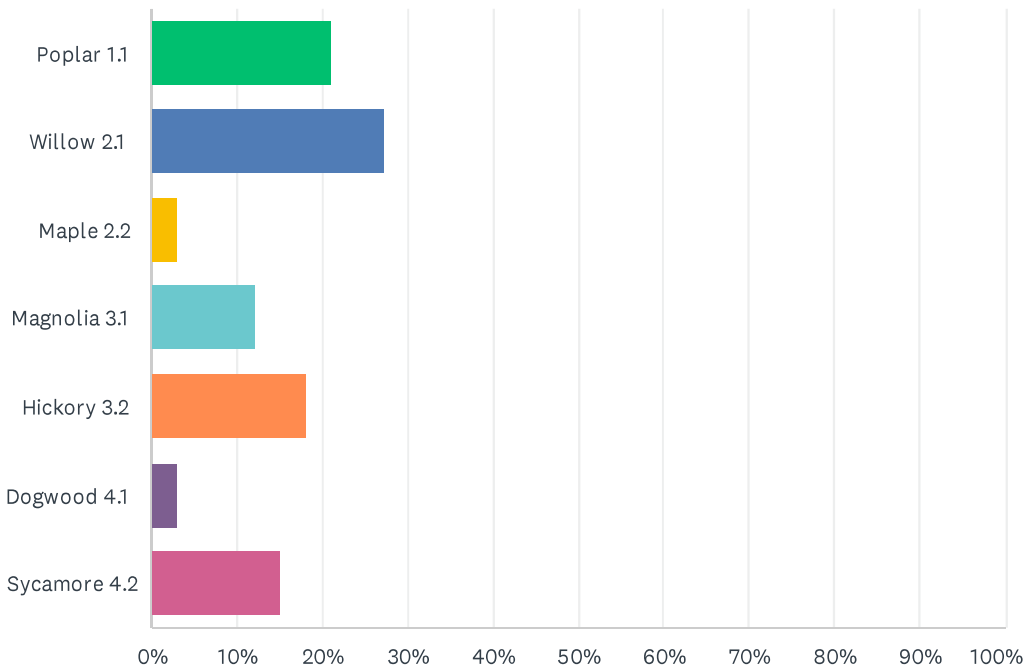
Answered: 65 Skipped: 1



ANSWER CHOICES	RESPONSES	
Definitely Yes	95.38%	62
Probably Yes	4.62%	3
Probably No	0.00%	0
Definitely No	0.00%	0
TOTAL		65

Q1 Home Area:

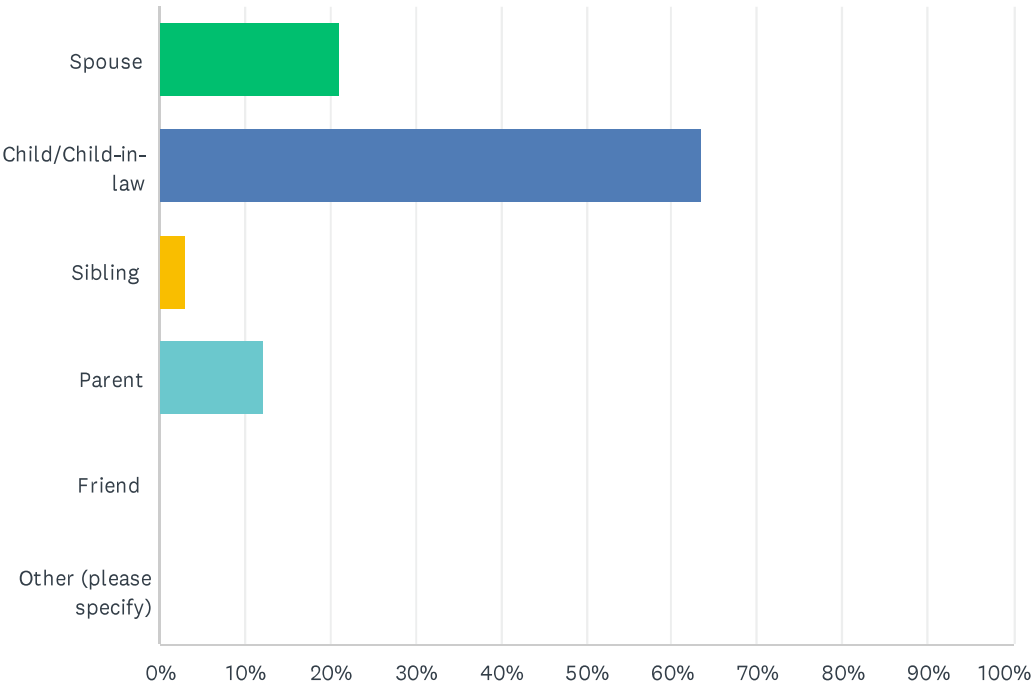
Answered: 33 Skipped: 0



ANSWER CHOICES	RESPONSES	
Poplar 1.1	21.21%	7
Willow 2.1	27.27%	9
Maple 2.2	3.03%	1
Magnolia 3.1	12.12%	4
Hickory 3.2	18.18%	6
Dogwood 4.1	3.03%	1
Sycamore 4.2	15.15%	5
TOTAL		33

Q2 Please indicate your relationship to resident.

Answered: 33 Skipped: 0



ANSWER CHOICES	RESPONSES	
Spouse	21.21%	7
Child/Child-in-law	63.64%	21
Sibling	3.03%	1
Parent	12.12%	4
Friend	0.00%	0
Other (please specify)	0.00%	0
TOTAL		33

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

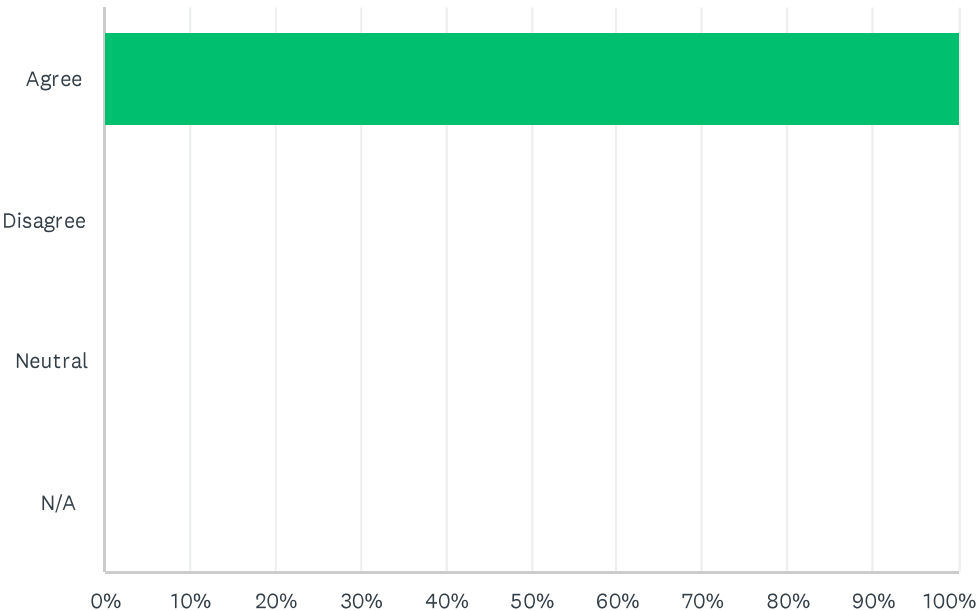
Q3 How long has your loved one lived at Huron Lodge?

Answered: 31 Skipped: 2

#	RESPONSES	DATE
1	1 year	2/21/2025 4:03 PM
2	3 years	2/21/2025 4:00 PM
3	3 1/2 months	2/21/2025 3:59 PM
4	1 year	2/21/2025 3:57 PM
5	6 months	2/21/2025 3:54 PM
6	5 1/2 years	2/21/2025 3:52 PM
7	5 years	2/21/2025 3:51 PM
8	6 months	2/21/2025 3:41 PM
9	1 1/2 years	2/21/2025 3:19 PM
10	3 1/2 years	2/21/2025 2:42 PM
11	6 years	2/21/2025 2:41 PM
12	2 months	2/21/2025 2:39 PM
13	1 year	2/21/2025 2:38 PM
14	2 years	2/21/2025 2:23 PM
15	3 months	2/21/2025 2:19 PM
16	1 year	2/21/2025 2:18 PM
17	5 years	2/21/2025 12:54 PM
18	2 years	2/21/2025 12:53 PM
19	2 years	2/21/2025 12:52 PM
20	1 year	2/21/2025 12:50 PM
21	2 years	2/21/2025 12:49 PM
22	3 months	2/21/2025 12:48 PM
23	4 years	2/21/2025 12:45 PM
24	1 1/2 years	2/21/2025 12:42 PM
25	3 years	2/21/2025 12:41 PM
26	15 months	2/21/2025 12:22 PM
27	1 1/2 years	2/21/2025 12:21 PM
28	5 months	2/21/2025 12:17 PM
29	5 years	2/21/2025 12:15 PM
30	5-6 months	2/21/2025 12:14 PM
31	7 months	2/21/2025 12:06 PM

Q4 As the Power of Attorney or Substitute Decision Maker, Huron Lodge provides an opportunity to be involved in decisions related to my loved one’s care.

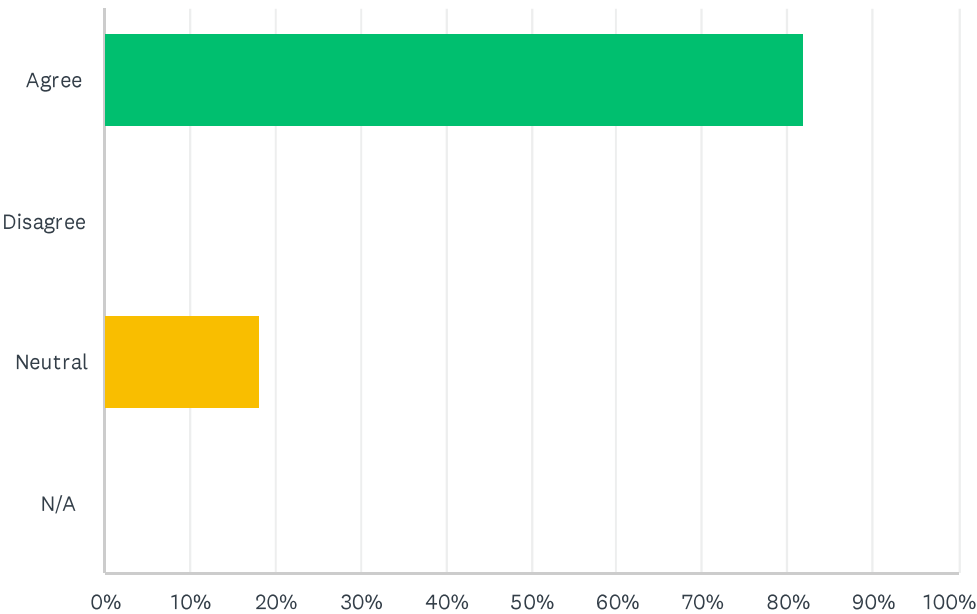
Answered: 32 Skipped: 1



ANSWER CHOICES	RESPONSES	
Agree	100.00%	32
Disagree	0.00%	0
Neutral	0.00%	0
N/A	0.00%	0
TOTAL		32

Q5 I know who to approach when there is a problem or concern.

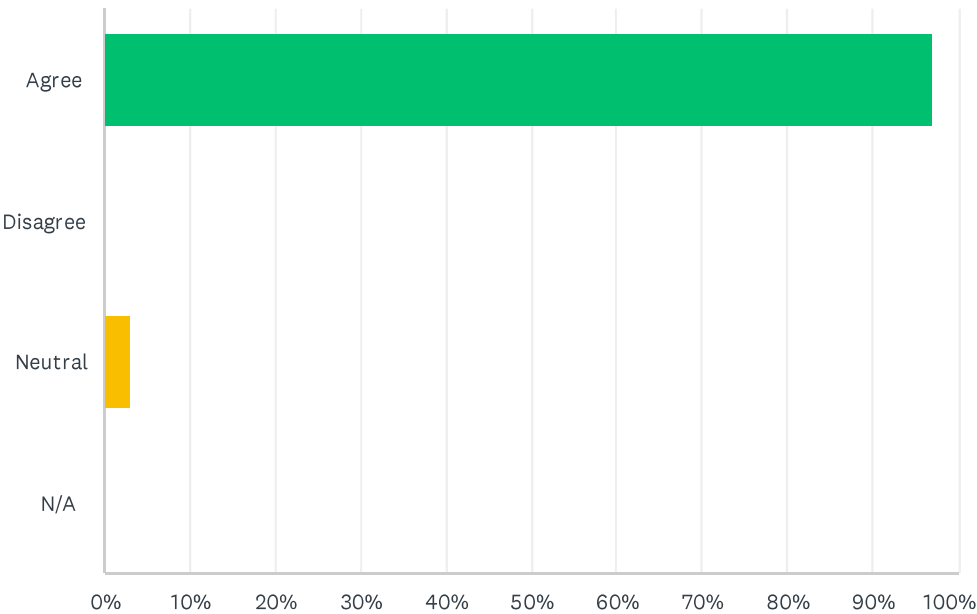
Answered: 33 Skipped: 0



ANSWER CHOICES	RESPONSES	
Agree	81.82%	27
Disagree	0.00%	0
Neutral	18.18%	6
N/A	0.00%	0
TOTAL		33

Q6 Staff provides care in a kind, friendly and caring manner.

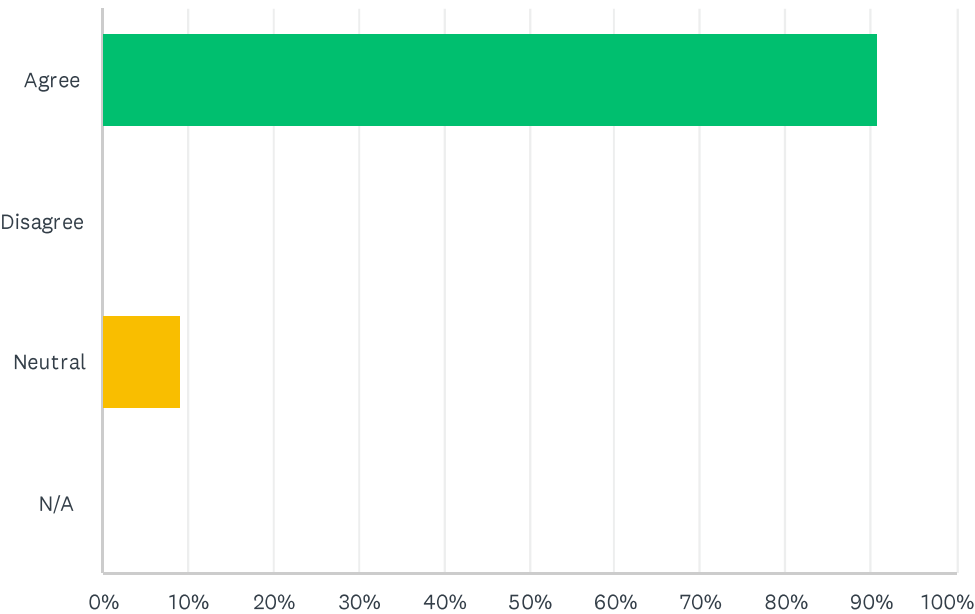
Answered: 33 Skipped: 0



ANSWER CHOICES		RESPONSES	
Agree		96.97%	32
Disagree		0.00%	0
Neutral		3.03%	1
N/A		0.00%	0
TOTAL			33

Q7 Attention is paid to personal care and grooming.

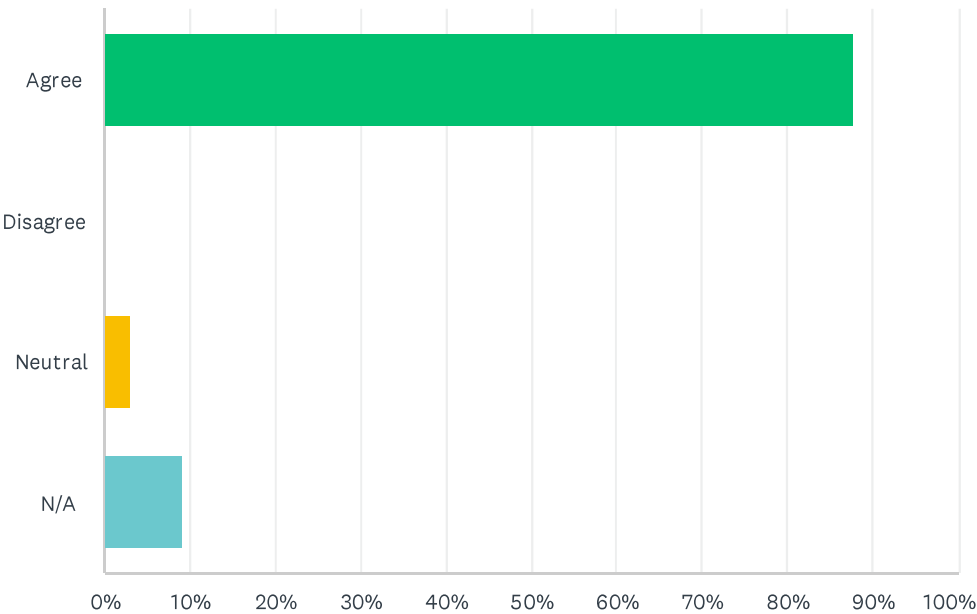
Answered: 33 Skipped: 0



ANSWER CHOICES	RESPONSES	
Agree	90.91%	30
Disagree	0.00%	0
Neutral	9.09%	3
N/A	0.00%	0
TOTAL		33

Q8 The hairdressing service meets my loved one’s needs.

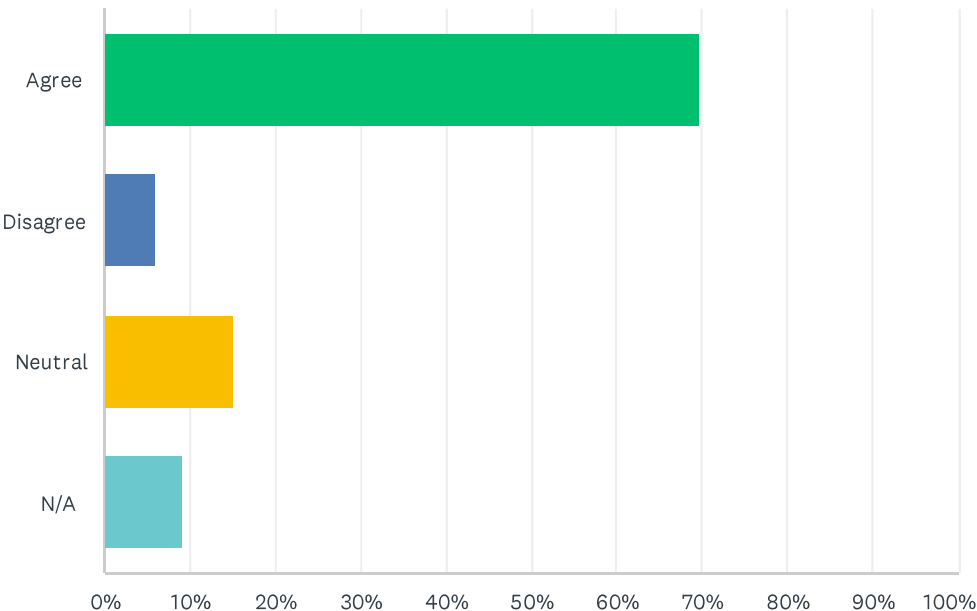
Answered: 33 Skipped: 0



ANSWER CHOICES	RESPONSES	
Agree	87.88%	29
Disagree	0.00%	0
Neutral	3.03%	1
N/A	9.09%	3
TOTAL		33

Q9 The physician is helpful and available for consultation as required.

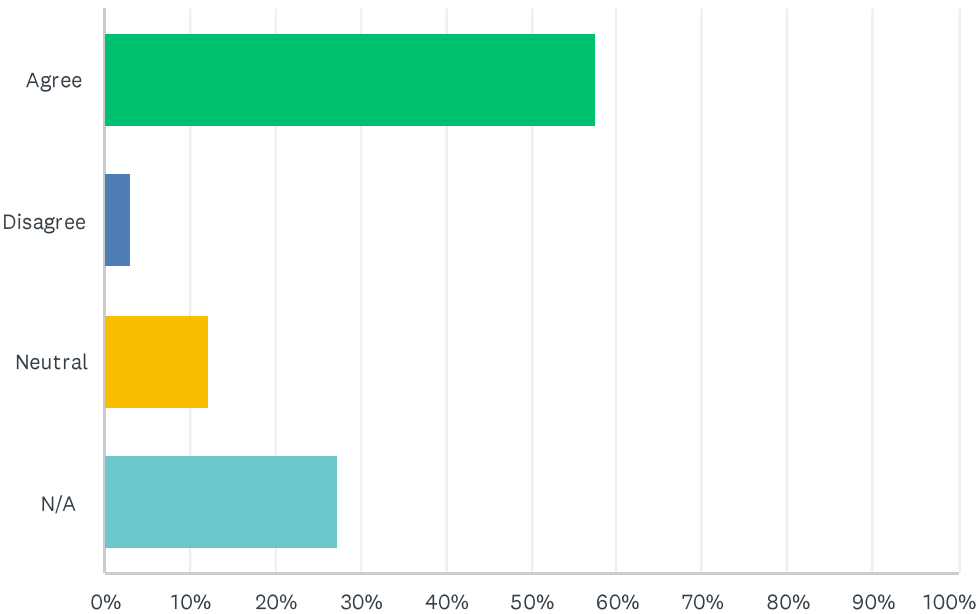
Answered: 33 Skipped: 0



ANSWER CHOICES	RESPONSES	
Agree	69.70%	23
Disagree	6.06%	2
Neutral	15.15%	5
N/A	9.09%	3
TOTAL		33

Q10 Physiotherapy service meets my loved one’s needs.

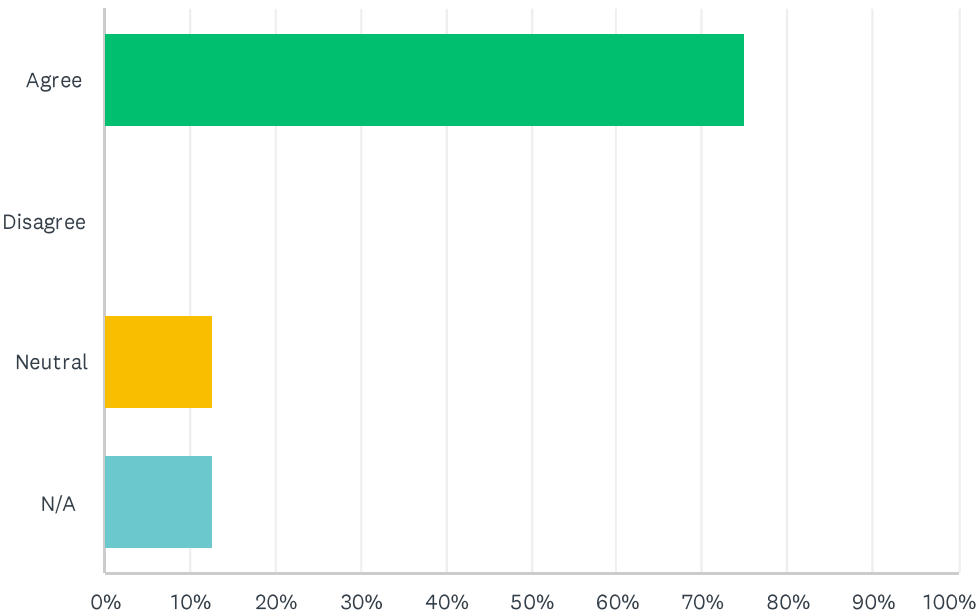
Answered: 33 Skipped: 0



ANSWER CHOICES		RESPONSES	
Agree		57.58%	19
Disagree		3.03%	1
Neutral		12.12%	4
N/A		27.27%	9
TOTAL			33

Q11 The recreation program enhances the quality of life of residents.

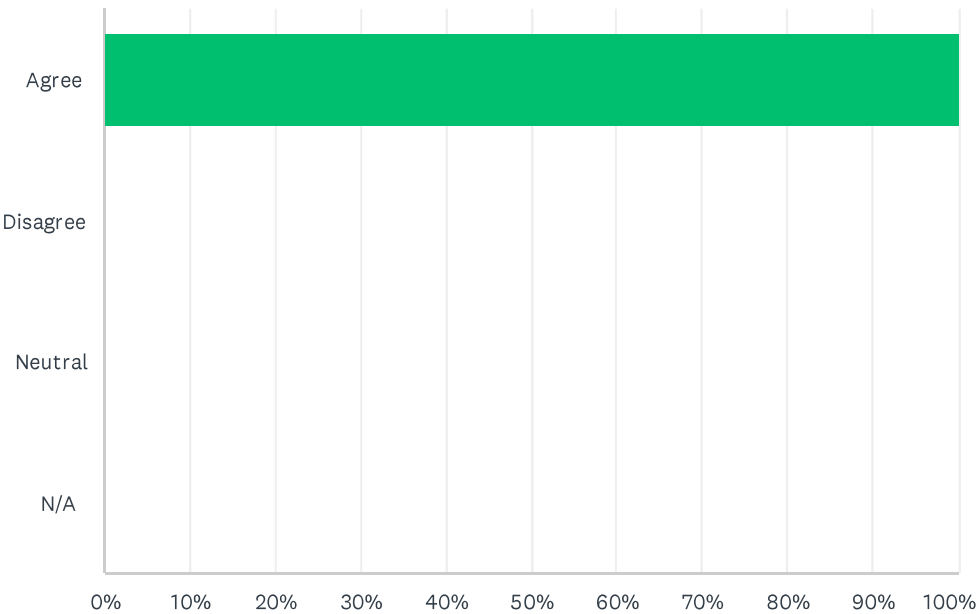
Answered: 32 Skipped: 1



ANSWER CHOICES		RESPONSES	
Agree		75.00%	24
Disagree		0.00%	0
Neutral		12.50%	4
N/A		12.50%	4
TOTAL			32

Q12 Cleanliness and general repair of the building is good.

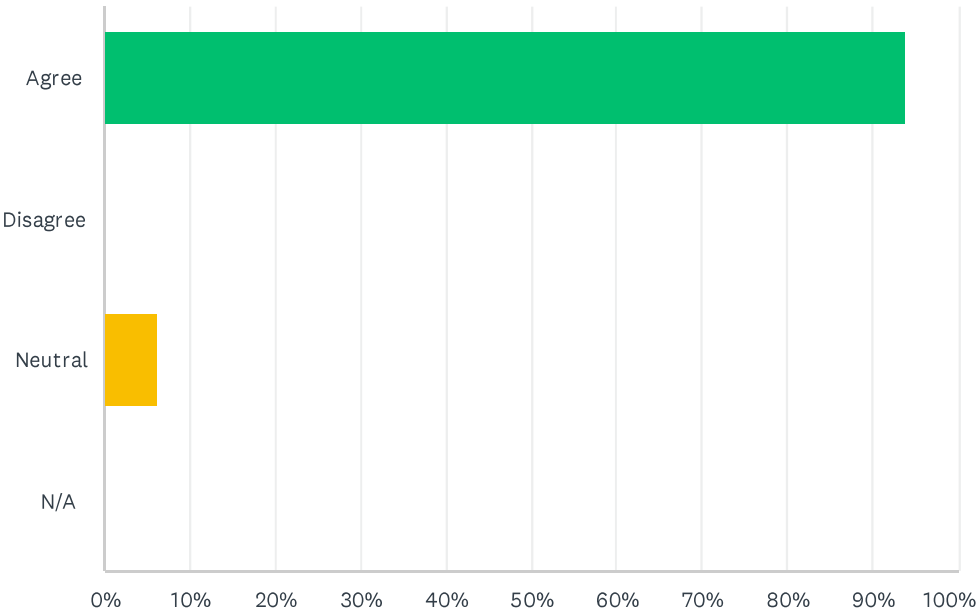
Answered: 33 Skipped: 0



ANSWER CHOICES	RESPONSES	
Agree	100.00%	33
Disagree	0.00%	0
Neutral	0.00%	0
N/A	0.00%	0
TOTAL		33

Q13 Huron Lodge provides regular communication updates throughout the year.

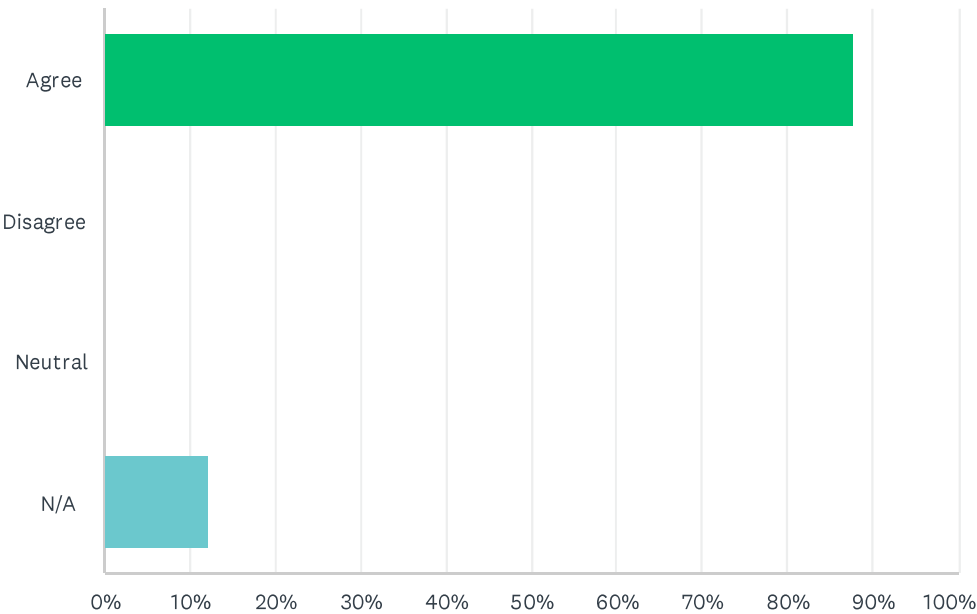
Answered: 32 Skipped: 1



ANSWER CHOICES	RESPONSES	
Agree	93.75%	30
Disagree	0.00%	0
Neutral	6.25%	2
N/A	0.00%	0
TOTAL		32

Q14 Managers are available and responsive to my questions/concerns.

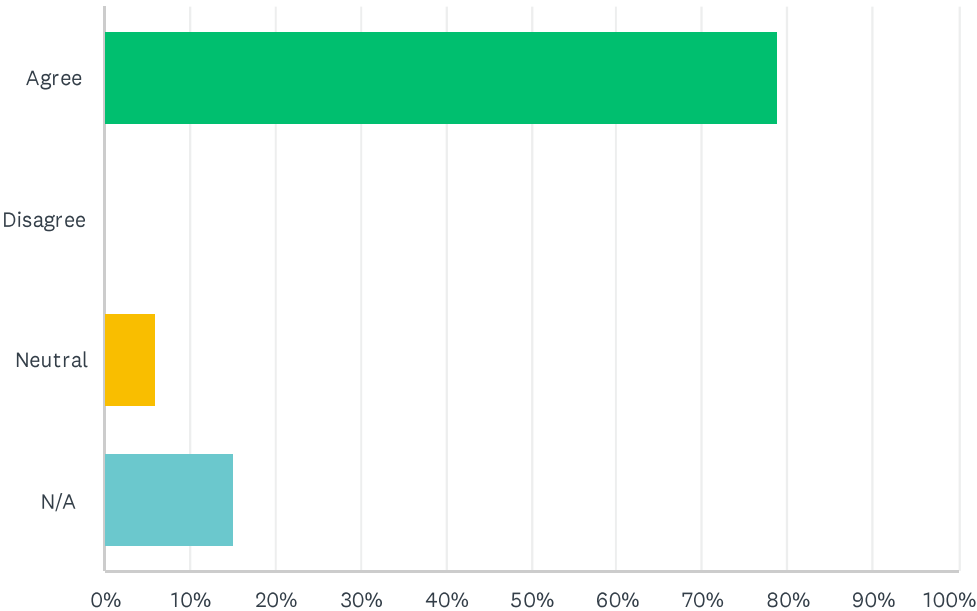
Answered: 33 Skipped: 0



ANSWER CHOICES		RESPONSES	
Agree		87.88%	29
Disagree		0.00%	0
Neutral		0.00%	0
N/A		12.12%	4
TOTAL			33

Q15 Huron Lodge specific business transactions and questions regarding finances are dealt with efficiently and confidentially.

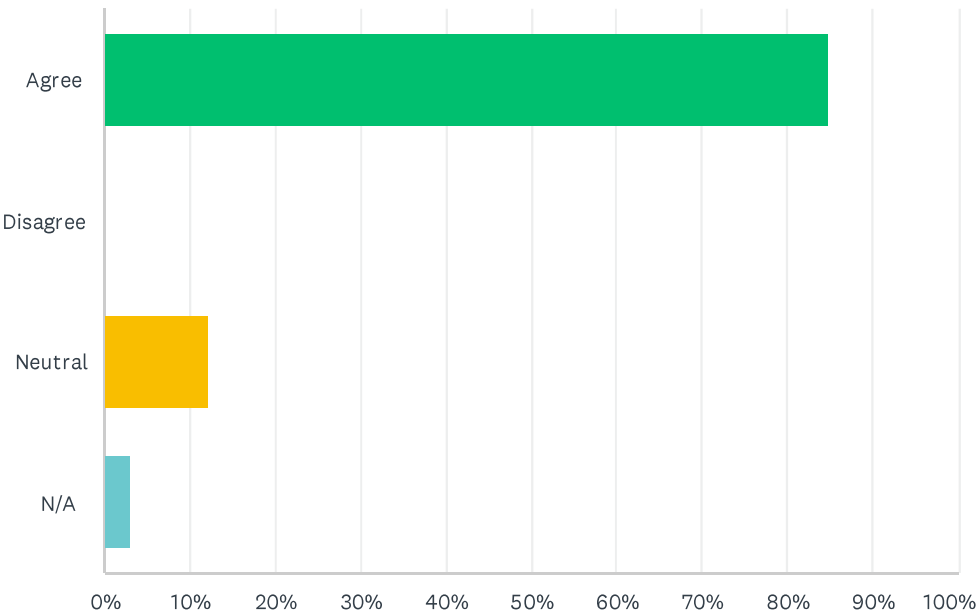
Answered: 33 Skipped: 0



ANSWER CHOICES	RESPONSES	
Agree	78.79%	26
Disagree	0.00%	0
Neutral	6.06%	2
N/A	15.15%	5
TOTAL		33

Q16 Meals are of good quality with a sufficient variety of items.

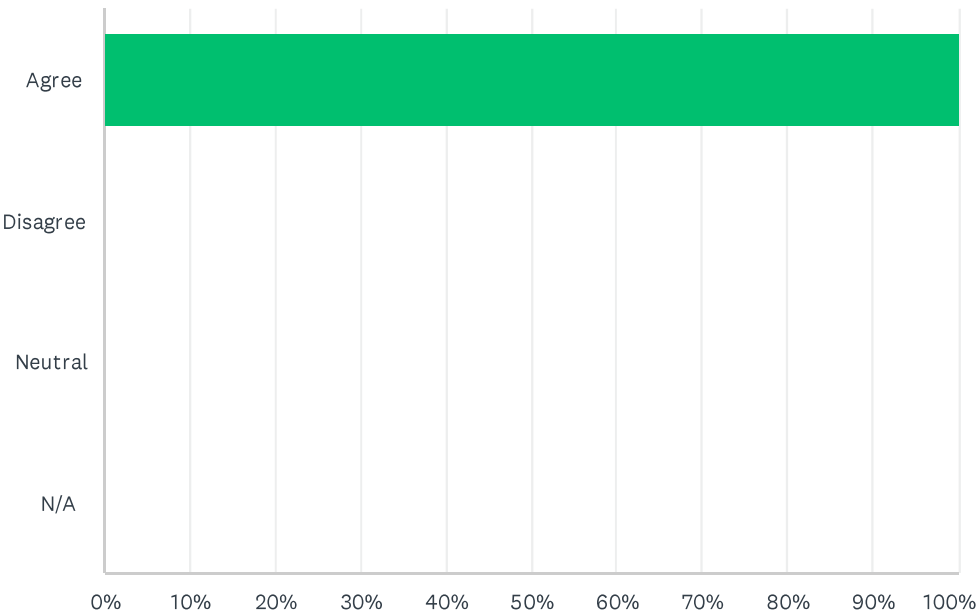
Answered: 33 Skipped: 0



ANSWER CHOICES	RESPONSES	
Agree	84.85%	28
Disagree	0.00%	0
Neutral	12.12%	4
N/A	3.03%	1
TOTAL		33

Q17 I believe my loved one is safe and secure in the home.

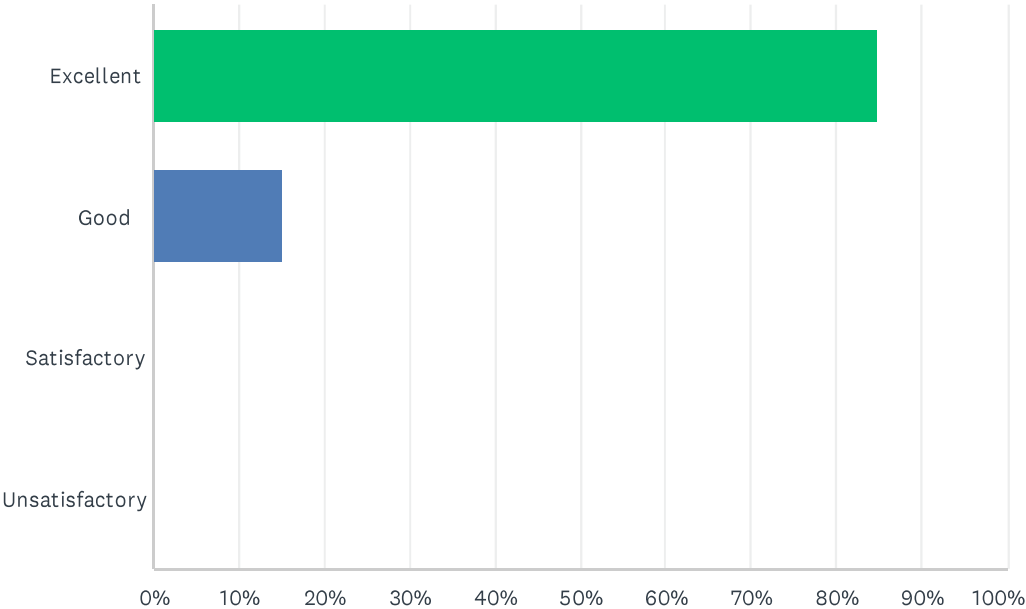
Answered: 33 Skipped: 0



ANSWER CHOICES	RESPONSES	
Agree	100.00%	33
Disagree	0.00%	0
Neutral	0.00%	0
N/A	0.00%	0
TOTAL		33

Q18 Please fill in this blank: Huron Lodge is a(n) _____ place to live.

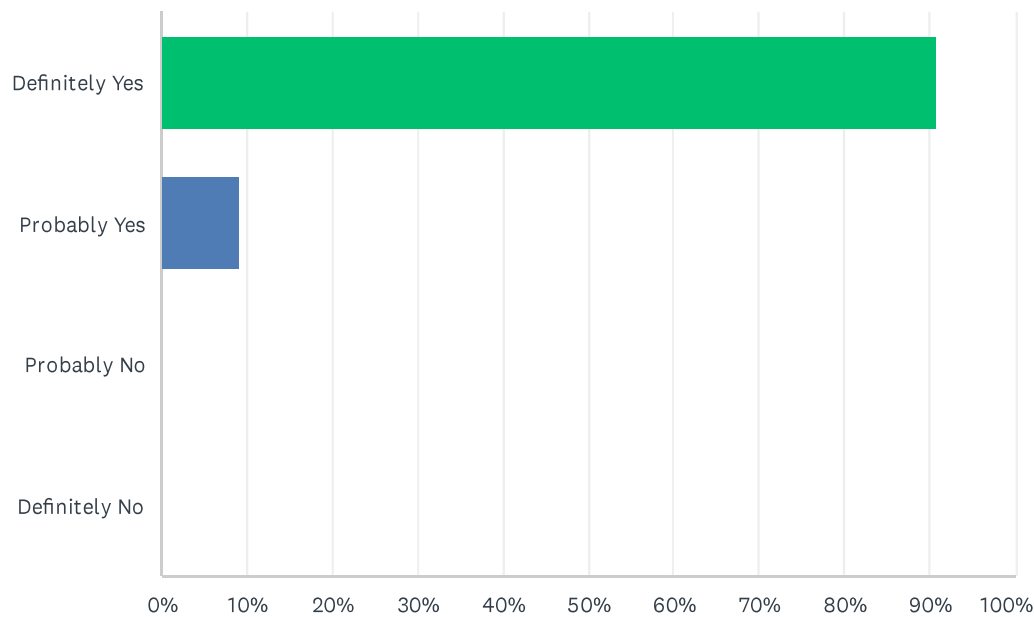
Answered: 33 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	84.85%	28
Good	15.15%	5
Satisfactory	0.00%	0
Unsatisfactory	0.00%	0
TOTAL		33

Q19 I would recommend this home to others.

Answered: 33 Skipped: 0



ANSWER CHOICES	RESPONSES	
Definitely Yes	90.91%	30
Probably Yes	9.09%	3
Probably No	0.00%	0
Definitely No	0.00%	0
TOTAL		33

Q21 If you would like to request a meeting with the Administrator to discuss any of your concerns please provide your name and telephone number and we will be in touch.

Answered: 3 Skipped: 30

ANSWER CHOICES	RESPONSES	
Name:	100.00%	3
Phone Number:	100.00%	3

#	NAME:	DATE
1	[REDACTED]	2/21/2025 3:52 PM
2	[REDACTED]	2/21/2025 2:43 PM
3	[REDACTED]	2/21/2025 12:51 PM
#	PHONE NUMBER:	DATE
1	[REDACTED]	2/21/2025 3:52 PM
2	[REDACTED]	2/21/2025 2:43 PM
3	[REDACTED]	2/21/2025 12:51 PM

Windsor-Essex County Health Unit

1005 Ouellette Avenue, Windsor ON N9A 4J8

Phone Number: (519) 258-2146

Fax Number: (519) 258-8672

Inspection End Time

05-May-2025 03:45 PM

**LONG-TERM CARE HOME INSPECTION
REPORT**

Facility Inspected: Huron Lodge	Inspection #: IC1430147-0089090
Primary Owner: The Corporation of the City of Windsor [2019-041-90489]	Inspection Date: 05-May-2025
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

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

Inspection # IC1430147-0089090

Page 1 of 2

Inspection End Time

05-May-2025 03:45 PM

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

-
- | | |
|--|-----|
| 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 |

Inspection Start/End Time**Inspection Times**

Inspection Start Time

05-May-2025 02:30 PM

Inspection End Time

05-May-2025 03:45 PM

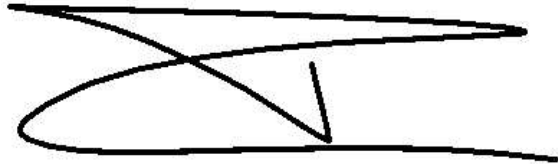
Action(s) Taken

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:

Rena Bhullar

Jelena Reeves

Windsor-Essex County Health Unit

1005 Ouellette Avenue, Windsor ON N9A 4J8

Phone Number: (519) 258-2146

Fax Number: (519) 258-8672

Inspection End Time

05-May-2025 03:45 PM

Appendix E

FOOD PREMISES INSPECTION REPORT

Facility Inspected: Huron Lodge	Inspection #: FS1430147-0089087
Primary Owner: The Corporation of the City of Windsor [2019-041-90489]	Inspection Date: 05-May-2025
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
	Certified Food Handler: On Hand: 1 Required: 1

N/O = Not Observed at Time of Inspection N/A = Not Applicable 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 | YES |
| 2. Results of inspections are posted in accordance with the inspector's request | YES |
| 3. Premises is free from every condition that may adversely affect the sanitary operation of the premises | YES |
| 4. General housekeeping is satisfactory | YES |
| 5. The premises is supplied with adequate potable hot and cold running water | YES |
| 6. Separate handwash stations are provided with the required supplies | YES |
| 7. Garbage and wastes are maintained in a satisfactory manner | YES |
| 8. Levels of illumination is maintained during all hours of operation | YES |
| 9. The ventilation system is adequately maintained | YES |

Equipment

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

Food Handling

- | | |
|---|-----|
| 18. Food is obtained from an approved source | YES |
| 19. All food is protected from contamination and adulteration | YES |
| 20. Ice is made from potable water and is stored and handled in a sanitary manner | YES |
| 21. Potentially hazardous foods are maintained at proper internal temperatures | YES |
| 22. Frozen foods are kept frozen | YES |

Inspection # FS1430147-0089087

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Inspection End Time

05-May-2025 03:45 PM

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

23. Records for the purchase of food are retained on the premises for at least a year YES

Eggs

24. Only approved graded eggs found on premises YES

Personnel

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

WECHU

2025-179

Expiry date: February 24, 2030

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

Sanitary Facilities

27. Sanitary facilities provided and maintained as required YES

Cleaning and Sanitizing

28. Manual dishwashing equipment and procedures are satisfactory YES

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

30. Utensils and multi-service articles are cleaned and sanitized as required YES

31. Concentration of sanitizing agent is adequate YES

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

Storage of Substances

33. Toxic and poisonous substances are properly labeled, stored, and used YES

Pest Control

34. Adequate protection against pests is provided YES

Meat and Meat Products

35. Meat is properly obtained, labeled, handled, prepared, and stored YES

Milk and Milk Products

36. Repackaged milk products are adequately identified N/O

Inspection Start/End Time**Inspection Times**

Inspection Start Time

05-May-2025 02:30 PM

Inspection End Time

05-May-2025 03:45 PM

Contacts Present During Inspection

Cathy Harris

Action(s) Taken

Inspection Outcome: Satisfactory - No Action Required; Actions Taken: Certified Food Handler - Management, Certified Food Handler - Non-Management, Disclosure Sign Posted, Education Provided

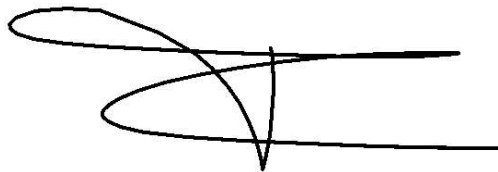
Closing Comments:

Conditions were satisfactory at the time of inspection.

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

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

I have read and understood this report:



Cathy Harris

Jelena Reeves

Windsor-Essex County Health Unit

1005 Ouellette Avenue, Windsor ON N9A 4J8

Phone Number: (519) 258-2146

Fax Number: (519) 258-8672

Inspection End Time

05-May-2025 03:45 PM

**LONG-TERM CARE HOME INSPECTION
REPORT**

Facility Inspected: Huron Lodge Primary Owner: The Corporation of the City of Windsor [2019-041-90489] Site Address: 1881 Cabana Rd W Windsor ON N9G 1C7 Site Phone: (519) 253-6060 Site Fax: (519) 977-8027	Inspection #: IC1430147-0089089 Inspection Date: 05-May-2025 Inspected By: Jelena Reeves Facility Type: Long-Term Care Home Inspection Type: Demand/Request Inspection Reasons: Outbreak Response Violations: 0
Opening Comments and Observations: Respiratory OB #2268-2025-00095	

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

Long-Term Care Home**Facility Operation**

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

Food Samples

10. The premise has maintained appropriate food samples from every meal served as required N/A

General Sanitation & Maintenance

11. Institutional facility is maintained in a clean and sanitary condition N/A
12. Floors and carpets are maintained in a clean and sanitary manner and maintained in good repair N/A
13. Furnishings and equipment is maintained in a clean and sanitary manner and maintained in good repair N/A
14. Instruments are transported, reprocessed and stored appropriately N/A
15. Cleaning and disinfection products are appropriately used N/A
16. Appropriate cleaning and disinfection practices are followed N/A
17. Supplies are handled in a manner preventing contamination N/A

Inspection # IC1430147-0089089

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Inspection End Time 05-May-2025 03:45 PM

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

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

-
- | | |
|--|-----|
| 18. Laundry room is maintained in a clean and sanitary manner with required supplies | N/A |
| 19. Soiled laundry is handled appropriately | N/A |
| 20. Clean laundry is handled appropriately | N/A |
| 21. Waste is handled and disposed of appropriately | N/A |
| 22. Sharps are handled and disposed of appropriately | N/A |
| 23. Hand washing stations are adequately supplied and used properly | N/A |
| 24. Alcohol-based hand rub products are supplied and used appropriately | N/A |
| 25. Personal protective equipment (PPE) is supplied and used appropriately | N/A |
| 26. Appropriate signage for additional precautions is posted and followed | N/A |

Sanitary Facilities

- | | |
|---|-----|
| 27. Bathroom facilities are adequately constructed, maintained and supplied | N/A |
| 28. Bathrooms are maintained in a clean and sanitary manner | N/A |

Storage & Labelling

- | | |
|--|-----|
| 29. Chemicals and medications are stored and labeled appropriately | N/A |
| 30. Personal and hygienic items are stored appropriately | N/A |

Long-Term Care Home - Outbreak Control**Outbreak Control Measures**

- | | |
|---|-----|
| 31. Confirmed or suspected outbreaks are reported as soon as identified | YES |
| 32. Written policies or procedures for outbreak management are available and implemented | YES |
| 33. A written policy for resident and staff immunization is available and implement | YES |
| 34. A written policy or procedure on staff exclusion during an outbreak is available and implemented | YES |
| 35. A written policy or procedure for specimen collection, transportation and laboratory testing is available and implemented | YES |
| 36. Facility has a written policy or procedure on for outbreak communication with stakeholders | YES |
| 37. Facility reports suspected cases to the health unit as soon as possible | YES |
| 38. Outbreak Management Team coordinates outbreak response activities | YES |
| 39. Resident surveillance systems are in place | YES |
| 40. Staff surveillance systems are in place | YES |
| 41. Resident control measures are in place | YES |
| 42. Staff control measures are in place | YES |
| 43. Outbreak notification system is in place | YES |
| 44. Non-essential procedures and appointments are cancelled for the duration of the outbreak | YES |
| 45. Hand hygiene is enhanced for the duration of the outbreak | YES |
| 46. Personal protection equipment (PPE) is available and used appropriately | YES |
| 47. Environmental cleaning and disinfection is enhanced for the duration of the outbreak | YES |

Inspection Start/End Time**Inspection Times**

Inspection Start Time

05-May-2025 02:30 PM

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
05-May-2025 03:45 PM

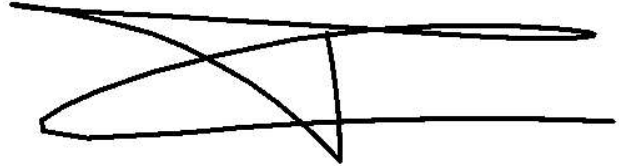
Action(s) Taken

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

Closing Comments:

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

I have read and understood this report:



Rena Bhullar

Jelena Reeves