

**AGENDA**  
**COMMITTEE OF MANAGEMENT FOR HURON LODGE**

Meeting to be held on Tuesday, December 9, 2025, at 10:00 o'clock a.m.  
Meeting Room 140, 350 City Hall Square West

- 1. Call to Order**
- 2. Disclosure of Interest**
- 3. Minutes**  
Adoption of the minutes of the meeting held September 9, 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 December 9, 2025 – ***attached***
- 6. Date of Next Meeting**  
To be determined.
- 7. Adjournment**

**Committee of Management for Huron Lodge**  
Meeting held September 9, 2025

A meeting of the Committee of Management for Huron Lodge is held this day commencing at 2:00 o'clock p.m. in Room 522b, 350 City Hall Square West, there being present the following members:

Councillor Ed Sleiman, Chair  
Councillor Jo-Anne Gignac  
Councillor Fred Francis

***Also present are the following resource personnel:***

Alina Sirbu, Executive Director Long Term Care Home, Administrator of Huron Lodge  
Dana Paladino, Acting Commissioner, Human & Health Services  
Brenlee Martin, Manager Administration, Human & Health Services

**2. Disclosure of Interest**

None disclosed

**3. Minutes**

Moved by Councillor Fred Francis, seconded by Councillor Jo-Anne Gignac,  
That the minutes of the Management for Huron Lodge of its meeting held June 12,  
2025, **BE ADOPTED** as presented.  
Carried.

**4. In Camera**

Moved by Councillor Fred Francis, seconded by Councillor Jo-Anne Gignac to  
move In Camera at 2:05 o'clock p.m. for discussion on 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 Jo-Anne Gignac to move back into public session at 2:15 o'clock p.m.**

Verbal Motion is presented by Councillor Jo-Anne Gignac, seconded by Councillor Fred Francis,

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

- Provides an update relating to inspections, residents and the satisfaction survey.
- The last inspection at Huron Lodge resulted in zero issues.
- In terms of quality improvement, Huron Lodge is continuing to use the provincial standards and indicators as best practices and comparators.
- The Resident's Council of Huron Lodge continues to lead resident-focused initiatives throughout the home. Council members are eagerly anticipating in an exciting and engaging Residents' Council Week in September as they celebrate their ongoing contributions to life at Huron Lodge.
- Continuing to see many residents that are affected by mental health which requires a multidisciplinary clinical approach regarding the level of antipsychotic medication and the reduction of it while ensuring their safety and well being.
- In this last quarter there were no significant changes communicated by the Ministry of Long-Term care.
- Ontario Health is organizing a patient advocacy day at Windsor Regional Hospital. This day is meant to bring together residents and patients different health care agencies such as Windsor Regional, Hotel Dieu Grace Leamington Erie Shores along with different long term care homes and others. Huron Lodge will have a booth at the event to be held on September 26, 2025. The event will include networking between participants as well as highlight the lived experience in the delivery of health care services and settings of goals and outcomes.
- Councillor Jo-Anne Gignac remarks that the number of residents coming in with acute issues is more prevalent today and asks if a data baseline can be established. She refers to the number of patients on antipsychotics and states that if that baseline had been established 10 years ago, the data would show how the numbers have increased. She asks if this information can be provided to the province. Alina Sirbu responds that a review of the reports over the last 12 years can be done in order to see the trend in the use of antipsychotics. She advises through her participation through the Windsor-Essex Ontario Health Team Committee; she has been relaying that information to the Ministry.

Moved by Councillor Fred Francis, seconded by Councillor Jo-Anne Gignac,  
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 June 12, 2025, and ending September 9, 2025.  
Carried.

## **6. Date of Next Meeting**

The next meeting will be held on Tuesday, December 9, 2025, at 10:00 o'clock a.m.

## **7. Adjournment**

There being no further business, the meeting is adjourned at 2:28 p.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: December 9, 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 September 9, 2025, and ending December 3, 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 September 9, 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**

**Building Preparedness: Insights from Ontario’s Long-Term Care Dementia Initiative**

The Ontario Long Term Care Association (OLTCA) is still hosting KnowledgeBREAK webinar series featuring guest speakers that offer virtual peer support on long-term care best practices and operational solutions. The next KnowledgeBREAK webinar will share an overview of The Dementia Preparedness Initiative (DCPI), specifically focusing on

the Summary of Findings from the initiative conducted. The information shared will give an insight into Dementia Care practices in LTC, in Ontario, highlighting education and training, current Dementia models utilized, and future aspirations for the sector. Huron Lodge continues to build capacity internally for the roll out of a new dementia program.

## Emergency Planning Attestation Form

The Fixing Long-Term Care Act, 2021 (FLTCA) requires long-term care homes to have emergency plans in place for dealing with a range of emergency situations, including outbreaks of communicable diseases, outbreaks of a disease of public health significance, epidemics or pandemics. The Act also requires that every long-term care home attest to the fact that these requirements are being met by submitting an attestation form to the Director on an annual basis. Homes are expected to submit the attestation form by December 31. Huron Lodge completed this November 26, 2025.

## Ministry of Long-Term Care Inspections

Ministry of Long-Term Care inspectors attended Huron Lodge August 12 -13, 2025, to complete an inspection on a Critical Incident. There were no findings of non-compliance at the conclusion of the inspection. **(Appendix A)**

Ministry of Long-Term Care inspectors attended Huron Lodge November 5 -7, 2025, to complete an inspection on a Critical Incident. There were no findings of non-compliance at the conclusion of the inspection. **(Appendix B)**

## Other Business:

### 1. Financial

The Ministry of Long-Term Care (MLTC) has announced the continuation of key one-time funding streams for the 2025-26 fiscal year. Building on previous years' allocations, the sustained momentum and consistency of these programs underscore the commitment to delivering impactful results and supporting these objectives. The following section outlines each funding stream, along with a brief description and the allocation for the 2025-26 year.

Funding Name	Description	2025-26 Allocation
Comprehensive Minor Capital	Funding to be used for minor capital repairs of building or equipment to support IPAC protocols,	\$98,160

	respond to the LTC regulatory standard, and falls prevention programs.	
Integrated Technology Solutions Program	Directed towards improving quality of care for the home using technological tools.	\$92,388
Consolidated Infection Prevention and Control (IPAC) Supports Program	To assist homes to be responsive to evolving conditions and priorities to prepare and plan for outbreaks and illnesses by funding IPAC professionals and training needs.	\$242,712

## 2. Quality Improvement

### CQI

The fourth-quarter CQI Committee meeting for 2025 was held on November 24, 2025. During the meeting, members discussed current trends in quality indicators and reviewed progress toward the quality improvement goals established for 2025. The committee will continue to meet quarterly throughout 2026.

### Residents' Council Involvement

The Residents' Council of Huron Lodge continues to lead resident-focused initiatives across the home. Council members participated in fundraising for the Alzheimer Society through a coffee break initiative, raising \$360.

In September, the Council hosted several events during Residents' Council Week, including a sponsored KFC luncheon, an ice cream sundae social, and the Annual Car Show and BBQ fundraiser, which raised over \$1,000 for resident initiatives. During this week, three members of the Council's leadership team received the Long-Term Care Community Engagement Presentation award. This recognition honors residents who make meaningful contributions to their home and enhance the long-term care community and quality of care. The Residents' Council will continue to receive monthly quality improvement updates.

## **Palliative Care Committee**

The Palliative Care Committee remains committed to delivering compassionate, resident-centered, end-of-life care for residents and their families. The committee continues to provide a wide range of training for staff, residents, and families. Recently, it hosted its first Caregiver and Resident Informational Session on Palliative Care, featuring keynote speaker Janet Elder, a consultant with the Palliative Pain & Symptom Management Program of Southwestern Ontario. The home is participating in Fundamentals of Palliative Care training sessions, which enhance staff skills in discussing all aspects of dying and death and introduce strategies that support meaningful change in the illness experience.

In collaboration with the Residents' Council, the committee attended a presentation by a representative from the David Suzuki Foundation on the development of a Memorial Garden. The presentation emphasized the use of native plants and symbolic memorial elements. Further development of the Memorial Garden will continue in the spring of 2026. The committee will maintain quarterly meetings to review best practices and advance initiatives related to pain management and palliative care.

## **Resident and Family Satisfaction Surveys**

### **Resident Satisfaction Survey**

The 2025 Resident Satisfaction Survey has been reviewed and approved by Residents' Council members. As outlined in the Quality Improvement Plan, which includes having Council leadership participate in 100 percent of orientation sessions, a new question was added: *"Do you feel resident input during staff orientation helps new team members understand what makes this place feel like home?"* The survey has been finalized, and the social work team has begun meeting with residents to assist those who wish to complete and submit a survey.

### **Family Satisfaction Survey**

The 2025 Family Satisfaction Survey, along with instructions for completion and submission, will be distributed in December either via email or mail (according to family/caregiver preference). The home will await survey data before tabulating results. A report outlining the findings will be completed in 2026.



## **Quality Improvement Plan (QIP)**

Health Quality Ontario (HQO) has released the priority issues for all healthcare sectors, including long-term care, for the 2026/2027 QIP cycle. These priorities remain access and flow, equity, experience, and safety. Within these priority areas are optional indicators that will be assessed, addressed, and reported in Huron Lodge's QIP for the coming year.

Huron Lodge will continue to compare its current performance to provincial benchmarks and regional targets, evaluating successes and identifying areas for improvement. HQO is offering upcoming webinars and FAQ sessions, which the QI Lead will attend to inform the development of next year's plan.

## **Quality Improvement Indicators Update (as of September 9<sup>th</sup>, 2025)**

### **Falls:**

*Current score: 12.85 %*

*4-quarter average: 10.18 %*

*Provincial average: 16.20 %*

For the quality indicator of Falls in the last 30 days, our current scores continue to score below the provincial average. New admissions this quarter continue to come to us having a history of falls and being high risk prior to admission to Huron Lodge. Of the new admissions this quarter, 16/17 residents came to us with falls in the last 30-180 days prior to admission, and 9 of these residents had a serious fall with fracture prior to admission to Huron Lodge. Fall precaution devices (fall mats, bed alarm systems, chair alarms and hi/low beds) continue to be implemented with existing residents and on admission to reduce the risk of injury.

A new Post Fall Huddle Form has been created to review residents who have had an increase in falls within a few days/within their new admission period. 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, unit huddles are conducted by QI RPNs to educate staff on ways they can decrease fall risk in our highest risk residents, and their plan of care is updated to assist staff in identifying our high fall risk residents.

To date, all registered staff have had in person training regarding our *Fall Policies and Procedures/Head Injury Routine Policy* by the Fall Lead Assistant Director of Care/Staff Development Coordinator. Regular in-service education is to continue to ensure interdisciplinary collaboration continues in supporting our high fall risk residents.

Lastly, lighting is being updated in the home to assist in decreasing fall risk for some of our visually impaired residents.

### **Antipsychotics:**

*Current score: 25.17%*

*4-quarter average: 24.08%*

*Provincial average: 20.00%*

We continue to closely monitor residents prescribed antipsychotics from admission onward, with routine reassessments to ensure appropriate use. A building wide review recently took place, with 79 residents being assessed. Of those 79, 15 were potential candidates for reduction per nursing review. So far, 11 have had their medications reduced or discontinued. These residents will be routinely reassessed by our physicians to determine if continued reduction or discontinuation remains appropriate.

We inherit a significant portion of our residents with antipsychotics from the hospital, with an average of 38.25% of admissions coming to us with an antipsychotic already prescribed across the past 4 quarters. All admissions are reviewed 6 weeks after coming to us to determine if these medications remain appropriate.

Our commitment to minimizing antipsychotic use is reinforced by non-pharmacological strategies for behaviour management. Gentle Persuasive Approach trained staff, robust involvement of Huron Lodge's Activities department, and comprehensive assessments by the Behavioural Supports Ontario team continue to provide individualized interventions that prioritize resident dignity and quality of life.

### **Wounds:**

Worsened stage 2-4 pressure injuries	New stage 2-4 pressure injuries
<i>Current score: 4.41%</i>	<i>Current score: 4.69%</i>
<i>4-quarter average: 5.31%</i>	<i>4-quarter average: 5.19%</i>
<i>Provincial average: 2.30%</i>	<i>Provincial average: 1.80%</i>

Compliance with Ministry standards and the Fixing Long-Term Care Act remains a central priority of the skin and wound program. Our QI Team has developed new tools to audit performance, track compliance rates and trends, and identify

areas for improvement. Our Skin Wellness Associate Nurse (SWAN) trained QI nurses continue to play an essential role in delivering high-quality care by using risk-based assessments to identify residents at highest risk for pressure injuries, allowing us to better allocate resources and implement timely preventive measures.

We continue to inherit a significant number of wounds on admission, with 45% of new residents this past quarter presenting with a pressure injury. All new admissions receive a full head-to-toe assessment and individualized care plan within 24 hours.

Looking ahead, we are preparing to launch PointClickCare's enhanced wound application, a collaborative project involving our staff development coordinator, QI nurses, and the wound lead Assistant Director of Care. This improved platform will greatly expand the data available to nursing and dietary teams, helping to strengthen resident outcomes and inform future quality initiatives.

#### **Restraints:**

*Current score: 1.13%*

*4-quarter average: 1.27%*

*Provincial average: 1.50%*

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 three of our residents – all having removal of bedrails. 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 two, 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 September 29, 2025, completing three inspections including:

- A Facility Compliance Inspection: Zero violations were noted on the attached report. **(Appendix C)**
- A Food Premises Compliance Inspection: Zero violations were noted on the attached report. **(Appendix D)**

- An Outbreak Response Investigation: Zero violations were noted on the attached report. **(Appendix E)**

The Ministry of Labour attended Huron Lodge October 9, 2025, completing one inspection:

- Field Visit Report – Occupational Illness: No orders were issued. **(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 Huron Lodge's Veteran Program. Huron Lodge supports residents who have served by recognizing their contributions from the moment of admission through to annual commemorative events. Veterans are identified upon admission, and their profiles are updated in our documentation software with a poppy symbol for clear recognition. Relevant information is also incorporated into admission memos, 'All About Me' documents, and memory boxes when desired.

Through collaboration with the Huron Lodge's Social Workers and Legion Branch 594, veterans have access to a range of supports, including health services, financial guidance, and other veteran-specific resources. This partnership ensures ongoing connection, advocacy, and meaningful engagement.

Each November, the home undertakes a series of activities to honor veterans and build a sense of community. Veterans receive commemorative door-hanging wreaths, and they and their families are invited to the annual Remembrance Day ceremony hosted by the local Legion. Huron Lodge secures poppies for all residents and creates several visual displays, including the names of current and past veterans in the main lobby and an outdoor "We Remember" exhibit featuring garden poppies and Canadian flags.

During the ceremony, veterans are formally acknowledged, supported by team members, and invited to place their poppy on the main wreath. Each veteran is also presented with a commemorative quilt as a gesture of appreciation.

Together, these practices foster a strong sense of belonging, celebrate service and sacrifice, and contribute to a meaningful and enriched living environment for all residents.

Respectfully submitting this report for your information.



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



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**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:** August 13, 2025

**Inspection Number:** 2025-1626-0003

**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): August 12 - 13, 2025

The following intake(s) were inspected:

- Intake: #00152790 -Critical Incident (CI) # M631-000033-25 - relating to allegations of abuse.

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

Prevention of Abuse and Neglect

## INSPECTION RESULTS

During the course of this inspection, the inspector(s) made relevant observations, reviewed records and conducted interviews, as applicable. There were no findings of non-compliance.



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

### Public Report

**Report Issue Date:** November 7, 2025

**Inspection Number:** 2025-1626-0004

**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): November 5-7, 2025

The following intake(s) were inspected:

- Intake: #00159696 CI# M631-000039-25 related to continence care of resident.

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

Continence Care  
 Reporting and Complaints

### INSPECTION RESULTS

During the course of this inspection, the inspector(s) made relevant observations, reviewed records and conducted interviews, as applicable. There were no findings of non-compliance.

**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

29-Sep-2025 01:10 PM

**LONG-TERM CARE HOME INSPECTION  
REPORT**

<b>Facility Inspected:</b> Huron Lodge	<b>Inspection #:</b> IC1430147-0093692
<b>Primary Owner:</b> The Corporation of the City of Windsor [2019-041-90489]	<b>Inspection Date:</b> 29-Sep-2025
<b>Site Address:</b> 1881 Cabana Rd W Windsor ON N9G 1C7	<b>Inspected By:</b> Jelena Reeves
<b>Site Phone:</b> (519) 253-6060	<b>Facility Type:</b> Long-Term Care Home
<b>Site Fax:</b> (519) 977-8027	<b>Inspection Type:</b> Required
	<b>Inspection Reasons:</b> Compliance Inspection
	<b>Violations:</b> 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 # IC1430147-0093692

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Inspection End Time

29-Sep-2025 01:10 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

29-Sep-2025 12:00 PM

Inspection End Time

29-Sep-2025 01:10 PM

**Contacts Present During Inspection**

Elwira Rudowicz

**Action(s) Taken**

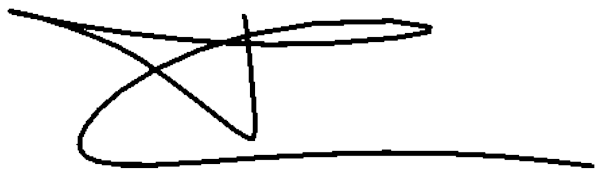
Inspection Outcome: Satisfactory - No Action Required; Actions Taken: Education Provided

**Closing Comments:**

Conditions were satisfactory at the time of inspection.

**I have read and understood this report:**

Reena 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

29-Sep-2025 01:10 PM

**FOOD PREMISES INSPECTION REPORT**

<b>Facility Inspected:</b> Huron Lodge		<b>Inspection #:</b>	FS1430147-0093689
<b>Primary Owner:</b>	The Corporation of the City of Windsor [2019-041-90489]	<b>Inspection Date:</b>	29-Sep-2025
<b>Site Address:</b>	1881 Cabana Rd W Windsor ON N9G 1C7	<b>Inspected By:</b>	Jelena Reeves
<b>Site Phone:</b>	(519) 253-6060	<b>Facility Type:</b>	Long-Term Care Home
<b>Site Fax:</b>	(519) 977-8027	<b>Inspection Type:</b>	Required
		<b>Inspection Reasons:</b>	Compliance Inspection
		<b>Violations:</b>	0
		<b>Certified Food Handler:</b>	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 # FS1430147-0093689

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Inspection End Time

29-Sep-2025 01:10 PM

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

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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. YES

**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 YES

**Inspection Start/End Time****Inspection Times**

Inspection Start Time

29-Sep-2025 12:00 PM

Inspection End Time

29-Sep-2025 01:10 PM

**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:**

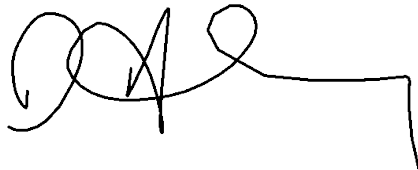
Conditions were satisfactory at the time of inspection.

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

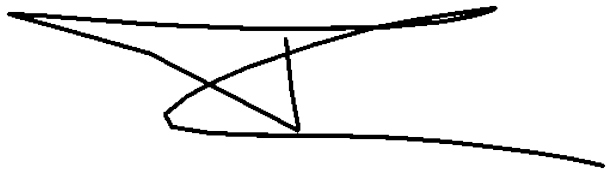
**Facility Address:** 1881 Cabana Rd W, Windsor ON N9G 1C7

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I have read and understood this report:



Deborah Hodgson



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

29-Sep-2025 01:10 PM

**LONG-TERM CARE HOME INSPECTION  
REPORT**

<b>Facility Inspected:</b> Huron Lodge <b>Primary Owner:</b> The Corporation of the City of Windsor [2019-041-90489] <b>Site Address:</b> 1881 Cabana Rd W Windsor ON N9G 1C7  <b>Site Phone:</b> (519) 253-6060 <b>Site Fax:</b> (519) 977-8027	<b>Inspection #:</b> IC1430147-0093690 <b>Inspection Date:</b> 29-Sep-2025 <b>Inspected By:</b> Jelena Reeves <b>Facility Type:</b> Long-Term Care Home <b>Inspection Type:</b> Demand/Request <b>Inspection Reasons:</b> Outbreak Response  <b>Violations:</b> 0
<b>Opening Comments and Observations:</b> Respiratory OB #2268-2025-00122	

**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 # IC1430147-0093690

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Inspection End Time

29-Sep-2025 01:10 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              | 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 | 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

29-Sep-2025 12:00 PM

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

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

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Inspection End Time  
29-Sep-2025 01:10 PM

**Contacts Present During Inspection**

Elwira Rudowicz

**Action(s) Taken**

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

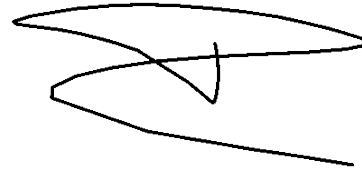
**Closing Comments:**

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

**I have read and understood this report:**



Reena Bhullar



Jelena Reeves



Ministry of Labour, Immigration,  
Training and Skills DevelopmentOccupational  
Health and Safety

## Field Visit Report

Page 1 of 1

OHS Case ID: 8955DSDTJDL

Field Visit no: 8955DSDTJDL-8955-FV001

Visit Date: 2025-OCT-09

Field Visit Type: INITIAL

Workplace Identification:

HURON LODGE HOME FOR SENIORS

Notice ID:

1881 CABANA ROAD WEST, WINDSOR, ON CA N9G 1C4

Telephone:  
(519) 253-6060JHSC Status:  
ActiveWork Force #:  
350

Completed %:

Persons Contacted: Elwira Rudowicz - Assistant Director of Care  
Mark Murphy - JHSC Worker Rep.

Visit Purpose: Report of Occupational Illness

Visit Location: Office

Visit Summary: No Orders Issued

## Detailed Narrative:

This meeting with the Ministry of Labour, Immigration and Skills Development (MLITSD) is in response to an occupational illness report received from the employer documenting a worker occupational illness.

## DISCUSSIONS/FINDINGS:

The employer states that one worker had symptoms of enterovirus. An outbreak (#2268-202500122) among residents was declared on September 26 2025 and rescinded on October 5 2025. The worker reported symptoms on Friday October 3 2025, and the event was reported on October 6 2025.

Workplace parties indicated that they continue to follow Ministry of Health guidelines. Workplace procedures/protocols were reviewed.

## Measures of Infection control include:

- Personal Protective Equipment (PPE) provided in appropriate sizes
- Training in infection control and PPE use
- Audits with follow-up from the Infection Control staff
- Warning signage on client's doors
- Return to work personalized education for affected employees

Recipient	Inspector Data	Worker Representative
Name <u>Elwira Rudowicz</u>	<b>Franz Schumacher</b>	Name <u>Mark Murphy</u>
Title <u>ADOC</u>	O.H.S.A. & B.O.S.T.A INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 903-9904 Fax: (519) 288-1321	Title <u>Activity Coordinator</u>
Signature <u>[Signature]</u>	Signature <u>[Signature]</u>	Signature <u>[Signature]</u>

You are required under the Occupational Health and Safety Act to post a copy of this report in a conspicuous place at the workplace and provide a copy to the health and safety representative or the joint health and safety committee if any. Failure to comply with an order, decision or requirement of an inspector is an offence under Section 66 of the Occupational Health and Safety Act. You have the right to appeal any order or decision within 30 days of the date of the order issued and to request suspension of the order or decision by filing your appeal and request in writing on the appropriate forms with the Ontario Labour Relations Board, 505 University Ave., 2nd Floor, Toronto, Ontario M5G 2P1. You may also contact the Board by phone at (416) 326-7500 or 1-877-339-3335 (toll free), mail or by website at <http://www.oltb.gov.on.ca/> for more information.

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