

AGENDA
COMMITTEE OF MANAGEMENT FOR HURON LODGE
Meeting to be held December 12, 2024 at 9:00 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 12, 2024 – ***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 12, 2024 – ***attached***
 - 5.2 Committee of Management 2025 Dates, from 9am-10am**
 - March 4th or 5th
 - June 24th or 25th
 - Sept 9th or 10th
 - Dec 9th or 10th
- 6. Date of Next Meeting**
To be determined.
- 7. Adjournment**

Committee of Management for Huron Lodge
Meeting held September 12, 2024

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
Councillor Jo-Anne Gignac

Guests in attendance:

Gay Viecegli, Chair, CARP Long-Term Care Transformation Committee
Anne Dube, Secretary, CARP Long Term Care Transformation Committee
Viera Polak, Member at Large, CARP Long Term Care Transformation Committee

Also present are the following resource personnel:

Alina Sirbu, Executive Director Long Term Care, Administrator of Huron Lodge
Andrew Daher, Commissioner, Human & Health Services
Doran Anzolin, Executive Initiatives Coordinator
Karen Kadour, Committee Coordinator

1. Call to Order

The Chair calls the meeting to order at 9:06 o'clock a.m. and the Committee of Management for Huron Lodge considers the Agenda being Schedule A attached hereto, matters which are dealt with as follows:

2. Disclosure of Interest

None disclosed.

3. Adoption of the Minutes

Moved by Councillor Fred Francis, seconded by Councillor Jo-Anne Gignac,
That the minutes of the meeting of the Committee of Management for Huron Lodge held June 27, 2024 **BE ADOPTED** as presented.
Carried.

4. Presentation – CARP Long Term Care Transformation Committee

Gay Viecegli, Chair, Anne Dube, Secretary, and Viera Polak, Member at Large appear before the Committee of Management for Huron Lodge. The Presentation entitled “CARP Long-Term Care Transformation Committee – Care with Dignity” is **attached** as Appendix “A”, which was presented by Ms. Gay Viecegli.

Councillor Fred Francis thanks Ms. Viecegli, Ms. Dube and Ms. Polak for their Presentation.

Moved by Councillor Fred Francis, seconded by Councillor Jo-Anne Gignac,
That the Presentation by the CARP Long Term Care Transformation Committee entitled “CARP Long-Term Care Transformation Committee – Care with Dignity” **BE NOTED AND FILED.**

Carried.

5. In Camera

Moved by Councillor Fred Francis, seconded by Councillor Jo-Anne Gignac,
To move in Camera at 9:10 a.m. for the purpose of consideration of the following item of business.

Subject – Personal matter(s) about an identifiable individual – s. 239 (2)(b)

Discussion on the item of business.

Verbal Motion is presented by Councillor Fred Francis, seconded by Councillor Jo-Anne Gignac to move back into public session at 9:15 o'clock a.m.

**Moved by Councillor Fred Francis, seconded by Councillor Jo-Anne Gignac,
That the Clerk BE DIRECTED to transmit the recommendation(s) contained in the update discussed at the In-Camera Committee of Management for Huron Lodge meeting held September 12, 2024 directly to the Committee of Management for Huron Lodge at the next regular meeting.**

Moved by Councillor Fred Francis, seconded by Councillor Jo-Anne Gignac,
That the In Camera update relating to the personal matter about an identifiable individual, including municipal or local board employees **BE RECEIVED**, and further that Administration **BE REQUESTED** to proceed in accordance with the verbal direction of the Committee of Management for Huron Lodge.

Carried.

6. Business Items

6.1 Administrator's Report

Alina Sirbu states that the Province announced an upcoming change in regard to the process through which long term care receives funding leading towards a more comprehensive system with various data added into the assessments. She adds that several webinars and information sessions will be provided and the ministry are looking at early adopters. This is due to start in April 2026.

In response to a question asked by Councillor Jo-Anne Gignac regarding when would early adopters identify themselves, Alina Sirbu responds that the Ministry is asking for those nominations currently .

Alina Sirbu advises that from a financial perspective, they continue to use the funding from the Ministry to implement all of the advances that will allow Huron Lodge to provide better care with better outcomes. Huron Lodge is in process of implementation of Point of Care tablets which means the Personal Support Workers will be able to document patient care and a better flow of information to the Registered staff that do the clinical submissions that ultimately translate into funding .

Alina Sirbu reports from a CQI perspective, she is grateful for the Residents' Council that they have at Huron Lodge. The Residents' Council meets monthly, during which information on quality improvement initiatives and ministry directives/changes are communicated with an opportunity for residents to seek clarification and provide feedback on processes to improve their home. She adds that the Residents' Council is one of their success stories.

Alina Sirbu refers to the Palliative Care Committee who remain focused on continuing to support compassionate care at end-of-life for their residents and families.

The Family and Resident Satisfaction Surveys will be delivered to the residents in the near future.

Alina Sirbu advises that since the last meeting of the committee, there was an inspection from the Ministry with zero items noted for non-compliance.

Moved by Councillor Jo-Anne Gignac, seconded by Councillor Fred Francis,
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-Term Care sector **BE RECEIVED** for information and **APPROVED** for the period starting June 28, 2024, and ending September 12, 2024.

Carried.

7. Date of Next Meeting

The next meeting will be held on either December 12, 2024 or December 13, 2024 at 9:00 o'clock a.m.

8. Adjournment

There being no further business, the meeting is adjourned at 9:36 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: December 12, 2024

Clerk’s File #:

To: Huron Lodge Committee of Management

Recommendation:

THAT the report from the Administrator of Huron Lodge providing the Committee of Management with an update on issues related to resident care; the Ministry of Long-Term Care (MLTC); Ontario Health; Home and Community Care Support Services (HCCSS); and other initiatives that impact the Long Term-Care sector **BE RECEIVED** for information and **APPROVED** for the period starting September 13, 2024, and ending December 12, 2024.

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 December 12, 2024.

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

Screening Measures: Guidance Document for LTC Home Licensees

The MLTC has developed a guidance document addressing police record checks and tuberculosis screening measures that licensees are required to conduct under the Fixing Long-Term Care Act, 2021 (FLTCA) and Ontario Regulation 246/22 (Regulation). These screening measures provide a clear emphasis on

requiring a risk-free environment for care delivery ensuring the safety and security of residents, and include the following:

- **A Police Record Check (PRC):** required before a LTC licensee hires a staff member, accepts a volunteer, or permits a person to be a member of the licensee's board of directors, its board of management or committee of management or other governing structure (unless the person being screened is under 18 years of age).
Prospective staff and volunteers require a Vulnerable Sector Check (VSC) while prospective members of the licensee's board of directors, its board of management or committee of management or other governing structure require a Criminal Record Check (CRC).
- **Signed Declaration:** the licensee ensuring that it requires the person to provide the licensee with a signed declaration disclosing every charge, order, conviction, commencement of a proceeding and finding of guilt.
- **TB Screening:** licensees must ensure that TB screening is conducted in accordance with section 102 of the Regulation, as well as section 11.2 of the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, also to ensure the safety and security of all LTC residents.
- **Verifying the Authenticity of PRCs:** the MLTC is aware of instances where there have been fraudulent PRCs and tuberculosis screening documents for staff. Accordingly, it is important that these documents be verified for their authenticity.

Resident Engagement in Long-Term Care Home Operations and Decision Making

The Ministry of Long-Term Care is providing further opportunity for resident engagement by way of an upcoming webinar hosted by the Ontario Association of Residents' Councils (OARC). Several members of Huron Lodge's Resident Council attended the webinar.

New interRAI LTCF Transition Resources

The Ministry of Long-Term Care continues to send updates and resource materials on the new interRAI Long-Term Care transition.

Ministry of Long-Term Care Inspections

The Ministry of Long-Term Care (MLTC) attended Huron Lodge October 1-2, 2024, completing a Critical Incident Inspection. Huron Lodge had one non-compliance issued for remedial action. Where an incident occurs, in this case a resident fall, that causes an injury to a resident for which the resident is taken to hospital, but the licensee is unable to determine within one business day whether the injury has resulted in a significant

change in the resident's health condition, the licensee shall inform the Director of the MLTC of the incident, no later than three business days after the occurrence of the incident, and follow up with a report. Due to the fact that a gradual deconditioning occurred, rather than a significant change, the report was completed at a later assessment time, which did not impact the residents well being, however it exceeded the MLTC reporting timelines. (Appendix A)

The Ministry of Long-Term Care arrived at Huron Lodge November 18 to begin the Proactive Annual Inspection. The report, when ready, will be included in the next Committee of Management Administrator's Report.

Other Business:

1. Financial

There are no updates currently.

2. Quality Improvement –

CQI

The next CQI committee meeting is scheduled for December 9, 2024. The committee once again looks forward to welcoming a Huron Lodge Family Council representative to strengthen the collaborative relationship. At this meeting, the committee will be reviewing 2024 quality indicator data and quality improvement initiatives completed in the past year.

Huron Lodge's partnership with Aramark started in 2017 with the contract expiring in December of 2025. The Client Business Review Summary provides an overview of partnership performance in the areas of workforce, safety, operations and financials. (Appendix B)

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. The Council hosted multiple events during 2024 Residents' Council Week in September, including: a Coffee Break, which raised \$182 for the Alzheimer's Society; sponsored a KFC dinner and ice cream sundae treat in the home for all residents, and the Annual Car Show & BBQ, from which they raised over \$1000 for future Resident Council initiatives.

On Friday, December 6, 2024, the Resident Services department, with the support of Residents' Council, is hosting a "Santa's Workshop"; a day filled with festive activities for residents and families including hot chocolate, cookie decorating, games, and visiting with Santa himself. Last year, this event was a resounding success with much positive feedback received from our residents and their families.

Palliative Care Committee

The committee remains focused on continuing to support compassionate care at end-of-life for our residents and families. Representatives from the Palliative Care Committee have started working with partners from Ontario Centres for Learning, Research and Innovation in Long-Term Care (CLRI) at Bruyère in their program a *Collaborative Project to Sustain a Palliative Approach to Care in LTC*. This project seeks to improve the quality of life of Long-Term Care Home residents, their families, and healthcare providers by strengthening the palliative approach to care in LTCHs across Ontario. It brings together regional and provincial palliative experts to offer tailored education and coaching that addresses the unique needs of each LTC home enrolled in the project. Huron Lodge is excited to have completed the first stage of the project; an assessment of current strengths and areas for improvement.

Resident and Family Satisfaction Surveys

The 2024 Satisfaction Survey was launched November 1, 2024, and will close January 17, 2025.

Resident Survey

The 2024 Resident Satisfaction Survey draft was reviewed by Residents' Council at their October meeting. A new question was created based on previous feedback from the members (*"The landscape/outdoor grounds improvements [i.e., gazebo, benches] have contributed to the pleasant, welcoming atmosphere of the home"*). The 2024 survey was approved as presented to Residents' Council; no changes were made/suggested. The survey was finalized; the social work team has begun to meet with residents to support each resident wishing to participate in submitting a survey.

Family Survey

The 2024 Family Satisfaction Survey, with instructions for completion and submission, were sent out (via email and mail, per individual family/caregiver preference) in early November. Although some surveys have been submitted, the home will await additional survey data before tabulating the results. The report outlining the findings will be completed in early 2025.

Quality Improvement Plan (QIP)

Health Quality Ontario has released the Priority Issues for the province for all healthcare sectors, including long-term care, for the 2025/2026 QIP cycle. Within these Priority Issues, exist optional indicators that will be assessed, addressed, and reported on in Huron Lodge's QIP for the coming year. The standard requirement of each LTC home is to engage in a review of the previous cycle's successes and areas still needing improvement as well as set measurable goals for the next cycle. Further information sessions from HQO and the Ministry of Long-Term Care will be released over the next few weeks; the quality team within the home will participate in these webinars using the information communicated to inform the home-specific QIP that will be due March 31, 2025.

Quality Improvement Indicators Update (as of November 19, 2024)

Falls:

Current score: 9.14%
4-quarter average: 11.02%
Provincial average: 15.40%

For the quality indicator of falls that have occurred in the last 30 days, our current and 4-quarter average scores remain below the provincial average. We have seen an increase in our current score this quarter, as 13/17 of our new admissions this quarter have come to us having a history of falls and being 'High Risk' prior to admission to Huron Lodge. Fall precaution devices continue to be implemented with these residents to reduce the risk for injury and staff continue to perform increased monitoring of these residents. At the end of this month, we have our year end Falls and Restraint Committee review which consists of PSWs from each unit in the home, Quality Improvement RN/RPNs as well as the Falls ADOC lead. This involves looking at residents who have trended in increased/decreased falls over the past year and implementing new strategies to further decrease fall risk. Inventory of fall precaution device usage in the home is also overviewed.

Antipsychotics:

Current score: 24.59%
4-quarter average: 24.10%
Provincial average: 20.40%

Our indicator remains slightly above the provincial average, but still in an improved state from previous quarters. So far for the fourth quarter of the year, 57% of our admissions have come to us with antipsychotics prescribed. We continue to review these residents 6 weeks post admission to determine if they

are a suitable candidate for our pharmacist & physician to review for potential reduction or discontinuation of their antipsychotics.

Mood:

Current score: 40.0%
4-quarter average: 27.7%
Provincial average: 20.50%

Previous reports have noted a steady increase in this indicator. It was anticipated that it would come down over the following quarter with internal processes enabling consistency of coding, but it has not. A deeper review will be required to determine the root cause of this increase. Weekly auditing and follow up coordinated by our Clinical Care Coordinator and Quality Improvement nurses will occur to analyze any contributing factors, adjust our processes, or provide staff education as required.

We provide a therapeutic environment for all our residents supported by a facility wide commitment to resident centered care and a robust interdisciplinary team of GPA trained staff. Our social work and Behaviour Support Ontario team provide non-pharmacological support to residents experiencing mood issues or behavioural symptoms of dementia.

Wounds:

Worsened stage 2-4 pressure injuries	New stage 2-4 pressure injuries
<i>Current score: 6.63%</i>	<i>Current score: 7.01%</i>
<i>4-quarter average: 4.95%</i>	<i>4-quarter average: 4.37%</i>
<i>Provincial average: 3.40%</i>	<i>Provincial average: 3.20%</i>

Our score for new and worsening pressure injuries remains slightly above the provincial average. Ongoing audits occur to monitor our residents for proper positioning, repositioning, nutritional support, and wound status.

We have invested in the education and development of one of our quality improvements RPN who has used her training to develop a pilot project targeting our unit of highest concern. This initiative will be monitored by the wound care committee with potential for expansion to other units based on the results.

Additionally, we have integrated Point of Care, a digital charting platform, for our personal support workers. This has enabled an improved method of communicating resident needs and ensuring accountability amongst staff. This has already proven effective on review with staff who state they are much more easily able to identify residents of concern and ensure appropriate interventions are in place.

Restraints:

Current score: 1.16%
4-quarter average: 1.32%
Provincial average: 2.20%

For the quality indicator of restraints, our current and 4-quarter average scores remain below the provincial average. Our registered staff conduct a restraint review monthly on residents who currently have restraints in addition to a quarterly review of restraint reduction at our CQI meetings. New interventions are trialed with residents to see if restraints can be reduced in the home.

3. Third-Party Agency Inspections

There have been seven 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 inspections.

- A. The Ministry of Labour (MOL) attended Huron Lodge August 27, 2024, completing a Field Visit Report, to investigate an Occupational Illness for Pneumovirus. No orders were issued by the MOL, and no further action is required. (Appendix C)
- B. The Ministry of Labour (MOL) attended Huron Lodge October 30, 2024, completing a Field Visit Report, to investigate an occupational illness for COVID-19. No orders were issued by the MOL, and no further action is required. (Appendix D)
- C. The Ministry of Labour (MOL) attended Huron Lodge November 14, 2024, completing a Field Visit Report, to investigate an occupational illness for COVID-19. No orders were issued by the MOL, and no further action is required. (Appendix E)
- D. The Windsor-Essex County Health Unit (WECHU) attended Huron Lodge October 1, and November 4th, 2024, completing several inspections including:
 - October 1, 2024: An Outbreak Response Investigation. Zero violations were noted on the attached report. (Appendix F)
 - October 1, 2024: A Facility Compliance Inspection. Zero violations were noted on the attached report. (Appendix G)
 - October 1, 2024: A Food Premises Compliance Inspection. Zero violations were noted on the attached report. (Appendix H)
- E. The Windsor-Essex County Health Unit (WECHU) attended Huron Lodge November 4, 2024, completing an Outbreak Response Investigation. Zero violations were noted on the attached report. (Appendix I)

Respectfully submitting this report for your information.



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



Andrew Daher
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

Original Licensee Report

Report Issue Date: October 10, 2024

Inspection Number: 2024-1626-0003

Inspection Type:

Critical Incident

Licensee: Corporation of the City of Windsor

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

Lead Inspector

Aurelia Pristoleanu (000833)

Inspector Digital Signature

Aurelia
Pristoleanu

Digitally signed by Aurelia
Pristoleanu
Date: 2024.10.10 09:22:38
-04'00'

Additional Inspector(s)

Tawnie Urbanski (754) was present during this inspection.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 1-2, 2024

The following intake(s) were inspected:

- Intake: #00123068/CI #631-000012-24 - Fall of a resident

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

Infection Prevention and Control
Falls Prevention and Management

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

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reports re critical incidents

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

Non-compliance with: O. Reg. 246/22, s. 115 (4) (b)

Reports re critical incidents

s. 115 (4) Where an incident occurs that causes an injury to a resident for which the resident is taken to a hospital, but the licensee is unable to determine within one business day whether the injury has resulted in a significant change in the resident's health condition, the licensee shall,

(b) where the licensee determines that the injury has resulted in a significant change in the resident's health condition or remains unable to determine whether the injury has resulted in a significant change in the resident's health condition, inform the Director of the incident no later than three business days after the occurrence of the incident, and follow with the report required under subsection (5).
O. Reg. 246/22, s. 115 (4).

The licensee has failed to ensure that the Director was informed of an injury for which resident # 001 was taken to the hospital and that resulted in a significant change in health condition.

Rationale and summary

On July 25, 2024, resident #001 was injured as a result of a fall and was transferred to the hospital. Resident #001 returned next day from the hospital with diagnosis of Subluxation of cervical spine C1-C2.

Resident #001 passed away on August 1, 2024, and the Coroner's report indicated that this injury contributed to their death.

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

As a result of this injury, resident #001 suffered a gradual decline in their health condition. A CI # 631-000012-24 was submitted on August 1, 2024, exceeding the 3 business days after the incident.

In an interview with PSW # 104, it was indicated that, post fall, resident #001 required a gradual increase in assistance in their transfer and care.

In an interview with ADOC # 106, it was acknowledged that resident needed adjustments to their transfer after their return from the hospital and that the report to the Director was not submitted on time.

There was no harm or risk of harm to the resident as a result of the late reporting.

Sources: review of CI report; review of the resident's health care records; interviews with the ADOC and other staff.

[000833]

Client Business Review — September 5, 2024



EXPERIENCES THAT
ENGAGE

ENVIRONMENTS THAT
DELIVER



Huron Lodge

Alina Sirbu
Executive Director

Daryel Brisebois
Facilities Supervisor

ARAMARK

Kevin Hamer
Associate Vice President Operations,
Central Region

Nicole Estable
District Manager

Shannon Bryceland
General Manager

JJ Arsenault
Senior Director, Growth &
Enablement



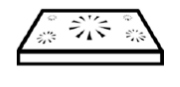





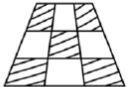



Karnvir Kang
Project Specialist, Growth &
Enablement

1. Safety Moment
2. About Aramark & Huron Lodge Partnership
3. Skilled and Engaged Workforce
4. Safety and Wellbeing
5. Operational Excellence
 - Housekeeping
 - Laundry
6. Financials

SAFETY MOMENT

SAFE Brief Slip/Trip/Fall Prevention



Introduction	 <p>Slips, trips, and falls can happen anywhere and can cause severe injuries. Most are preventable by being aware of your surroundings and being able to identify potential risks.</p> <p>Ask these questions:</p> <ol style="list-style-type: none"> 1. What conditions/behaviors may cause a slip, trip or fall? 2. What actions help prevent a slip, trip, or fall? 3. Do you know how to order from Shoes for Crews?
Conditions	<p>Conditions that increase chances for Slip/Trip/Fall incidents:</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="1006 506 1184 592">  <p>Dirty or greasy floors; clutter</p> </div> <div data-bbox="1261 506 1439 592">  <p>Loose tiles and uneven floors; cracks</p> </div> <div data-bbox="1541 492 1668 592">  <p>Water or ice on floors, carelessly placed objects</p> </div> </div>
Behaviors	<p>Behaviors that Increase chances for Slip/Trip/Fall incidents:</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="1031 671 1159 763">  <p>Wearing improper footwear</p> </div> <div data-bbox="1286 671 1414 763">  <p>Rushing and not watching where you are stepping; poor housekeeping</p> </div> <div data-bbox="1567 671 1668 763">  <p>Improper/insufficient signage</p> </div> </div>
Preventions	<p>Preventive actions that reduce chances for Slip/Trip/Fall incidents:</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="1031 849 1159 935">  <p>Report hazards; remove obstructions</p> </div> <div data-bbox="1286 849 1414 935">  <p>Maintain "clutter-free" work areas; use signage</p> </div> <div data-bbox="1541 849 1668 935">  <p>Wear Proper Shoes for Crews footwear</p> </div> </div>
Quiz	 <p>Question: What are some ways to prevent slips, trips and falls? Answer: Keep a tidy work area, manage spills on the floor properly, keep floor free of clutter, use the proper Shoes for Crews footwear.</p> <p>Question: What are a few behaviors that may contribute to slips, trips and falls? Answer: Rushing, not cleaning up spills.</p>
Role Play	 <p>Question: Look around the room and identify potential slip, trip or fall hazards. Answer: Discuss each hazard and a resolution for each (example: broken tile can be reported to maintenance; water droplets on floor should be wiped up quickly).</p>

ABOUT ARAMARK

ARAMARK

Aramark has been providing hospitality services in healthcare environments for over sixty years

\$16B
COMPANY

\$3B
HEALTHCARE
DIVISION

2B
PATIENT &
RESIDENT
MEALS SERVED
ANNUALLY

800
MILLION
SQUARE FEET
MAINTAINED

23,610
HEALTHCARE
EMPLOYEES

ARAMARK PRESENCE IN CANADA

3,500+
HEALTHCARE
EMPLOYEES

250+
HEALTHCARE
LOCATIONS

\$6B
PURCHASING
POWER
ANNUALLY

ACCOLADES





Partner since 2017
Contract expiry December 2025



Services Provided: Environmental Services & Laundry (Resident Clothing and General Linen)

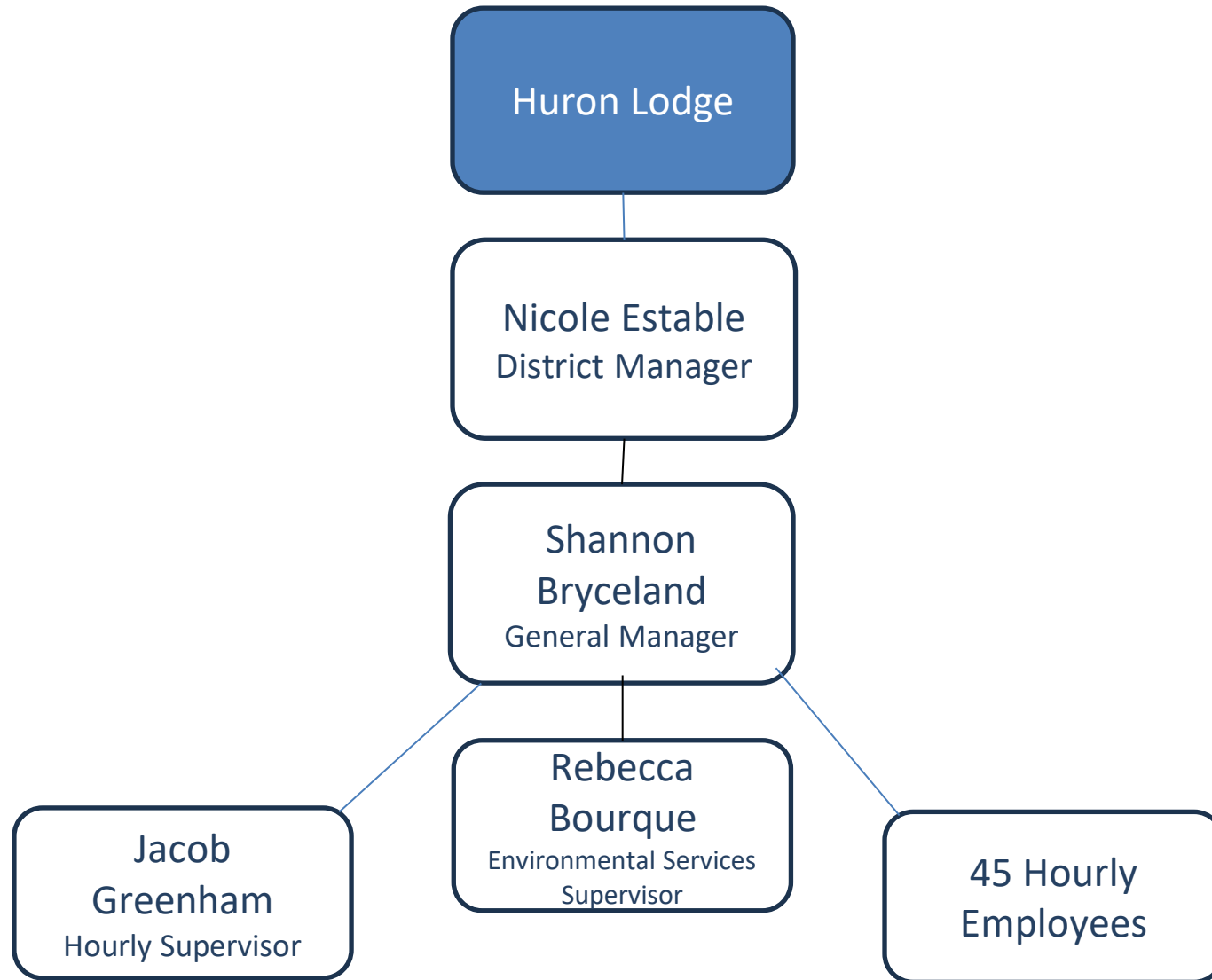


Active member of the leadership team



Additional opportunity to introduce new ideas to improve the resident experience while maintaining costs

ARAMARK HURON LODGE TEAM



ARAMARK REGIONAL TECHNICAL, FUNCTIONAL & OPERATIONS SUPPORT

- **OPERATIONS LEADERSHIP**
ALI ADAT, REGIONAL VP OPERATIONS
KEVIN HAMER, ASSOCIATE VP OPERATIONS
- **TECHNICAL SERVICES (EVS)**
JJ ARSENAULT, SR. DIRECTOR FACILITY SERVICES
KARN KANG, PROJECT SPECIALIST BUSINESS ANALYST
NATASH MOONEY, PROJECT SPECIALIST FACILITY SERVICES
TRICIA ZARYCKI, PROJECT SPECIALIST FACILITY SERVICES
- **OPERATIONAL EXCELLENCE**
MARY-ANNE THOMAS, SENIOR ANALYST
- **SAFETY & RISK MANAGEMENT (FOOD & HEALTH & SAFETY)**
RUPAL PATEL, SAFETY & RISK MANAGER
- **HUMAN & LABOUR RESOURCES**
FOUZIA KHAN, HR BUSINESS PARTNER
- **CORPORATE PURCHASING**
IMRAN ALI, DIRECTOR, SUPPLY CHAIN
- **FINANCE & LEGAL**
MASOOD MALIK, DIRECTOR, FINANCE
- **SUSTAINABILITY**
MICHAEL YARMOWICH

PARTNERSHIP PERFORMANCE

SKILLED & ENGAGED WORKFORCE

SAFETY & WELLBEING

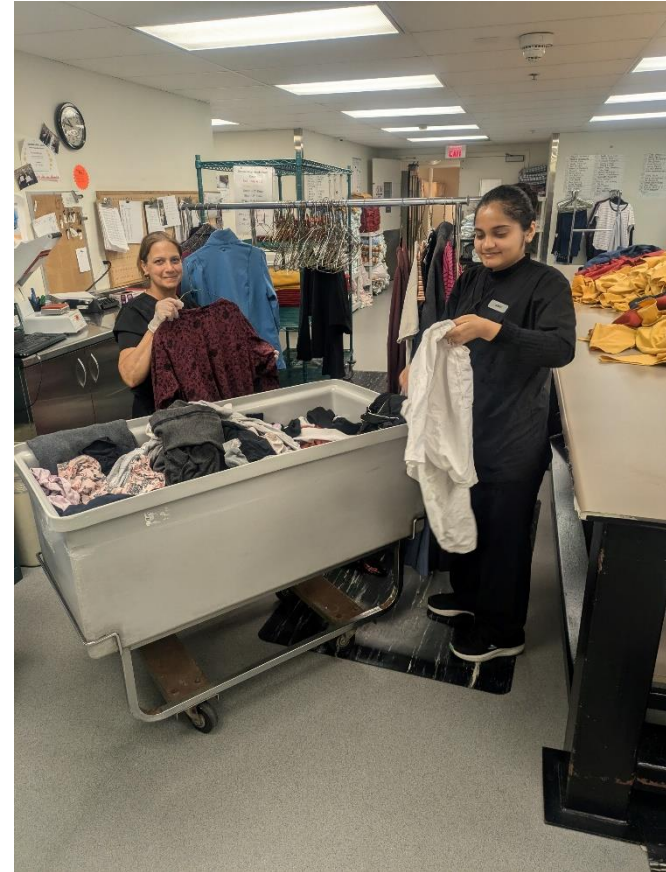
OPERATIONAL EXCELLENCE

FINANCIALS

Overview of the Training...

- Annual Goal setting and development plan for managers
- Annual OH&S Training Modules
- Aramark Cleaning Academy
- FacilityFit Pro™ Training

Shannon attended Cleaning Academy at Collingwood General in January 2022
Rebecca @ Cleaning Academy at Collingwood General in October 2023



SKILLED & ENGAGED WORKFORCE



 **LifeWorks**

Service Awards
through AwardCo

PARTNERSHIP PERFORMANCE

SKILLED & ENGAGED WORKFORCE

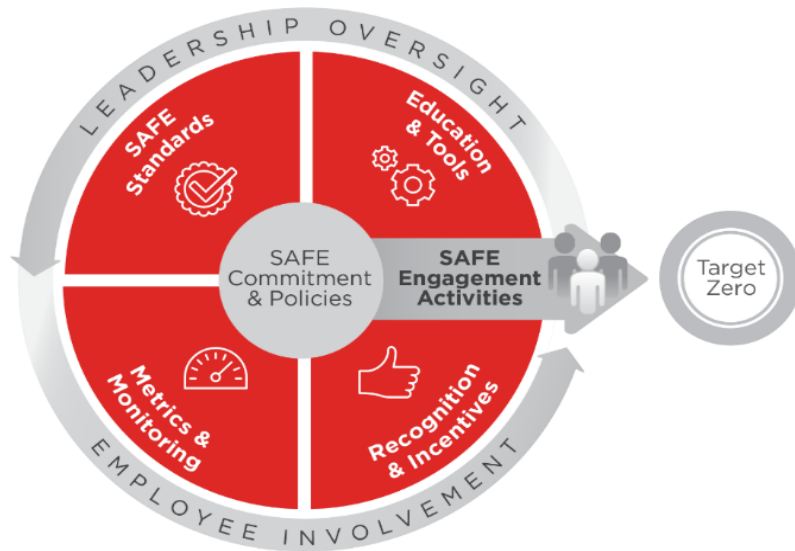
SAFETY & WELLBEING

OPERATIONAL EXCELLENCE

FINANCIALS

Aramark SAFE

The Aramark SAFE management system is comprised of front line-focused processes, programs, and metrics designed to improve performance in the areas of food, occupational, and environmental safety. Aramark SAFE is how we control risk, drive continuous improvement, and deliver on our uncompromising commitment to the safety of our employees, clients, consumers, shareholders, and communities we serve.



Leadership Oversight:

Leadership sets clear expectation, drives accountability, and leads by example to continue moving us toward Target Zero.

Employee Involvement:

Employees help create safe environments through regular feedback opportunities.



SAFETY ASSURANCE IN FOOD AND ENVIRONMENTS

SAFE COMMITMENT AND POLICIES



SAFE STANDARDS

Establishing targeted, simple, and highly visual guidelines to support compliance and reduce risk delivers your organization operational excellence.



EDUCATION AND TOOLS

Training and support resources that facilitate effective implementation of our SAFE Standards.



METRICS AND MONITORING

We track our safety initiatives and evaluate performance to assess opportunities for continuous improvement.



RECOGNITION AND INCENTIVES

We cultivate a culture of appreciation for our employees, clients, and consumers. We recognize significant achievements and behaviors that contribute to our safety goals.

ENGAGEMENT ACTIVITIES

SAFE OBSERVATION

SAFE Observation Checklist
Food Safety
FS-04-FFTS-01-EN
03/27/2023
Page 1 of 1

BEHAVIORS	CONDITIONS
<input type="checkbox"/> Store Heavy Items at Waist Level	<input type="checkbox"/> Area Clear of Trip Hazards Cords, mats, and equipment
<input type="checkbox"/> No Lifting Above the Shoulders	<input type="checkbox"/> Area Clear of Slip Hazards Water, ice, and snow
<input type="checkbox"/> Power Up Lift with your legs	<input type="checkbox"/> Master Cleaning Schedule is Utilized
<input type="checkbox"/> Feet First Turn with your feet, not with your back	<input type="checkbox"/> Sanitizer Available at Right Concentration
<input type="checkbox"/> Employees Wash Hands When Necessary	<input type="checkbox"/> Foods are Wrapped and Labeled
PPE	<input type="checkbox"/> Hot Foods are Hot and Cold Foods are Cold
<input type="checkbox"/> Available and in Good Condition	
<input type="checkbox"/> In Use	

Name _____ Date _____

Comments/Other _____

Suggestions/Feedback: safe@aramark.com

SAFE BRIEF

SAFE Brief
SAFE

If Someone Tells You They're Struggling

The content in this SAFE Brief was developed by the American Foundation for Suicide Prevention (AFSP).

Introduction

Having an open and authentic conversation about mental health can be an important first step in supporting someone who may be experiencing a mental health condition. During this conversation the person may feel comfortable enough to share that they are struggling. You may feel an immense amount of pressure. How do you respond? What can you do to connect them with help?

Below are some quick pointers you can use to respond to someone who may be struggling.

Reaching Out

Take the person seriously:

- Ask questions about how they're feeling, listen actively and with compassion
- Listen for warning signs, such as feeling overwhelmed, trapped, or being a burden
- Listen without judgement and reassure them that you care
- Let them know that help is available, and that it's time to talk to a professional

Here are a few examples of what to do if someone tells you they're struggling:

If the person sounds overwhelmed, trapped or like they feel like a burden, those are all signs that they may be in distress and could benefit from professional support.

You can ask them about connecting to a health professional by paying attention to the words they use and using their language.

"It sounds really tough when you say that you are overwhelmed and that you feel like a burden. Sometimes when people feel this way, it can be helpful to talk to a mental health professional. Have you thought about talking to a professional about what you're going through?"

If the person shares that they are unsure about connecting to a health professional.

"I know connecting with a professional for help can be overwhelming. Talking to a health professional can help us process any of the challenges we're facing, and we all face serious things in life."

If the person refuses help and you are concerned, provide them with safe and confidential resources that can provide them with additional information and support.

"Thank you for your honesty. If you're not ready to talk to a mental health professional, I'd like to provide you with a few confidential resources." (See below)

End the conversation by reiterating your support.

"Remember, we all have challenges at times, and I'll continue to be here to support you."

Getting help from a health professional can make a difference.

Aramark Employee Assistance Program (EAP)
Call 888.636.5717 or visit www.mynlp.com and use Employer ID: aramark.com (for initial registration only)

Scan the QR Code or click below for mental health resources

All US FSS salaried employees are eligible for the EAP. Hourly non-union and union employees are eligible for the EAP if they are eligible for Aramark benefits.

[Mental Health Resource Finder](#)

General Safety
GS-SB-FFTS-01-EN
03/27/2023
Page 1 of 1

SAFE INVESTIGATION

Quick Standard
SAFE Investigation

PURPOSE

SAFE Investigations are conducted to identify and correct the causal factors that led to a Significant Safety Event (SSE) occurring in an Aramark location. It is important to determine what actions need to be taken to prevent another similar injury/loss from occurring again.

Target Zero

Incident or SSE:

1. Provide and Call 911 (if needed)
2. Report the incident
3. Take measures to prevent further injury

INVESTIGATE - GATHER INFORMATION

The SAFE Investigation process offers a simple, repeatable course of action to help profit centers respond quickly and appropriately when an injury/illness occurs. This includes:

- Treating the injured person and ensuring proper care
- Reporting the injury in a timely manner
- Conducting a thorough investigation
- Implementing strong corrective actions
- A focus on returning the employee to work as soon as possible

Use the Global Metrics Monitor (GMM) to select the appropriate causal factor(s)

MOTIVATE - IMPLEMENT CORRECTIVE ACTIONS

When determining appropriate corrective actions, avoid focusing only on employee behavior. Instead, focus on factors that are within management's control. It's vital to eliminate or reduce "ways out of the process/task/assignment. Make sure actions being taken is readily accessible and often re-emphasized.

Each of the causes identified should be addressed with a corrective action. Corrective actions should always follow the SMART guideline:

- SPECIFIC**
- MEASURABLE**
- MONITORABLE**
- REALISTIC**
- TIME-BOUND**

VALIDATE - DOCUMENT CORRECTIVE ACTIONS

Use the Global Metrics Monitor to document corrective actions, assign tasks and responsibilities, and submit a quality measure for completion. Follow up to ensure that corrective actions were implemented as planned and within the assigned time frame. Share results with area teams as well as in other areas, through a team meeting.

SAFE SUPPORT VISIT

HELPGUIDE
SAFE

Conducting a SAFE Engagement Visit

INTRODUCTION

MISSION: The SAFE Engagement Visits (SEVs) are designed to drive safety performance improvement using the SAFE Engagement Checklist. Participants are selected by Frequency/Severity Rates, Food QIP, PVP and Client Priority.

SAFE Engagement Checklist - FACILITIES The SAFE Engagement Checklists should be used in all account locations to assess the quality of SAFE Engagement Activities.

SAFE Engagement Checklist - FOOD

SEV Purpose: to

- EDUCATE:** Increase operational awareness of the SAFE Engagement and Compliance standards and programs
- VALIDATE:** Assess the quality of SAFE Engagement Activities, assess associate behaviors and safety awareness.
- MOTIVATE:** Reinforce SAFE Practices, FLA knowledge and engagement.
- INVESTIGATE:** Assess the quality of SAFE Investigations and corrective actions.

SAMPLE AGENDA

8:00-8:45a Site arrival, safety moment and opening conference
8:45a-9:15a Safety performance review & discussion
9:15a-12:15p Location SAFE visit
• Observe pre-shift activities
• Observe personnel performing tasks
• Conduct associate interviews
• Complete PSQA Assessment (for Food Locations) working lunch
1:15-2:00p Closing Conference Checklist Review and debrief
2:00-3:00p SAFE Visit Observations/Opportunities/Action Plan

Pre-Visit Activities:

- Identify visit team (S&RC + HSA + HVP) (1 day)
- Complete Pre-Visit Questionnaire (GM/FLM)
- Pre-visit coordination (S&RC; Call + Outlook)
- Review claim reporting (WCH/IL, H124)
- Develop agenda and assign responsibilities (S&RC)
- Develop opening meeting presentation (S&RC)

LEADERSHIP ROLES / EXPECTATIONS

RVPs & HSA: Participate in at least one SEV in their region each FY. Provide feedback and accountability for SEV Summary Report and corrective action plan, share learnings and assess your region.

DMs/DSLs: Participate at each SEV in his/her district (DSL-1/year), review and provide routine accountability (Minimum monthly) for the SEV corrective action plan, share learnings throughout your district.

GM/FLM: Active participation and support of the visits, educate FLAs and encourage open dialogue with visiting teams. Ownership, accountability and follow up on action plan provided by S&RC. Recognize & reward employees for safe work practices / Use the SAFE Engagement tools including SAFE Engagement Checklist.

Compliance issues that are not required to be reported will be protected under attorney-client privilege until corrective action is taken.

POST - VISIT ACTIVITIES

- Prepare visit report. Distribute final report (e-mail and GMM) within 72 hours
- Provide Encore - Encore as needed within 72 hours.
- Enter corrective actions into GMM by Site Management, within 30 days
- Provide feedback and learned lessons of SEV during Regional SA - Incident Review Call (DM + GM).
- Action plan monitoring, by DM.
- Follow up call with DM / GM within 60 days.

aramark

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SAFE Programs
SAFE-005H
08/04/2022

SAFE ENGAGEMENT COMPLIANCE FY '24

	TARGET	ACTUAL	COMPLIANCE (GOAL=90%)
Daily SAFE Brief	260	260	100%
Weekly SAFE Observation	52	52	100%

*Zero recordable incidents
Four first aid incidents*

PARTNERSHIP PERFORMANCE

SKILLED & ENGAGED WORKFORCE

SAFETY & WELLBEING

OPERATIONAL EXCELLENCE

FINANCIALS

HOUSEKEEPING OVERVIEW

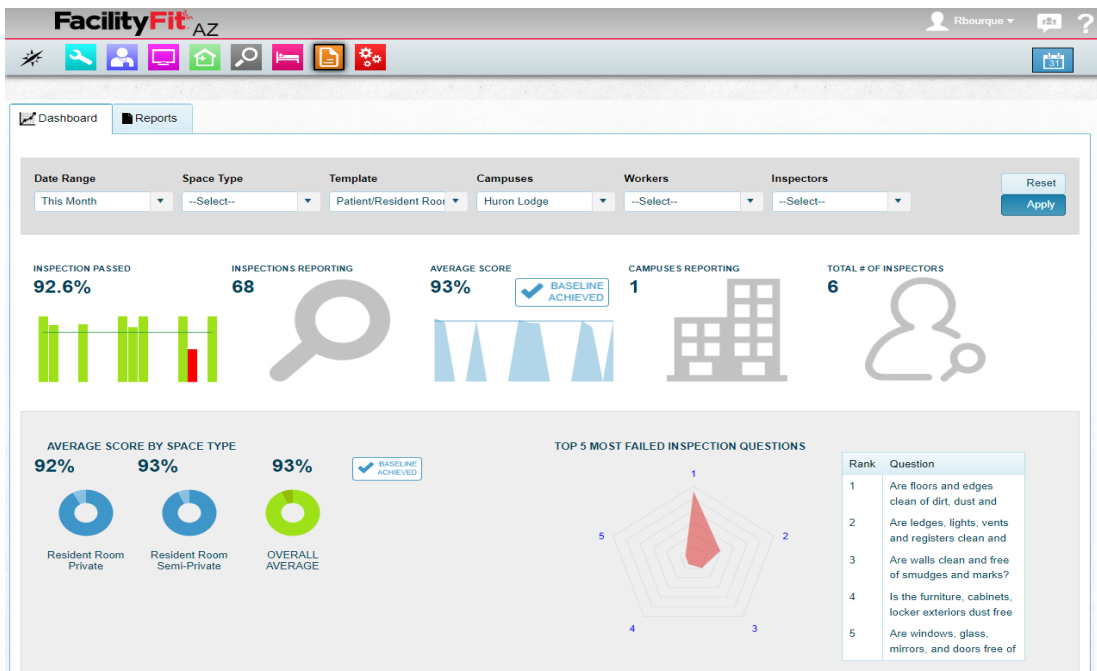
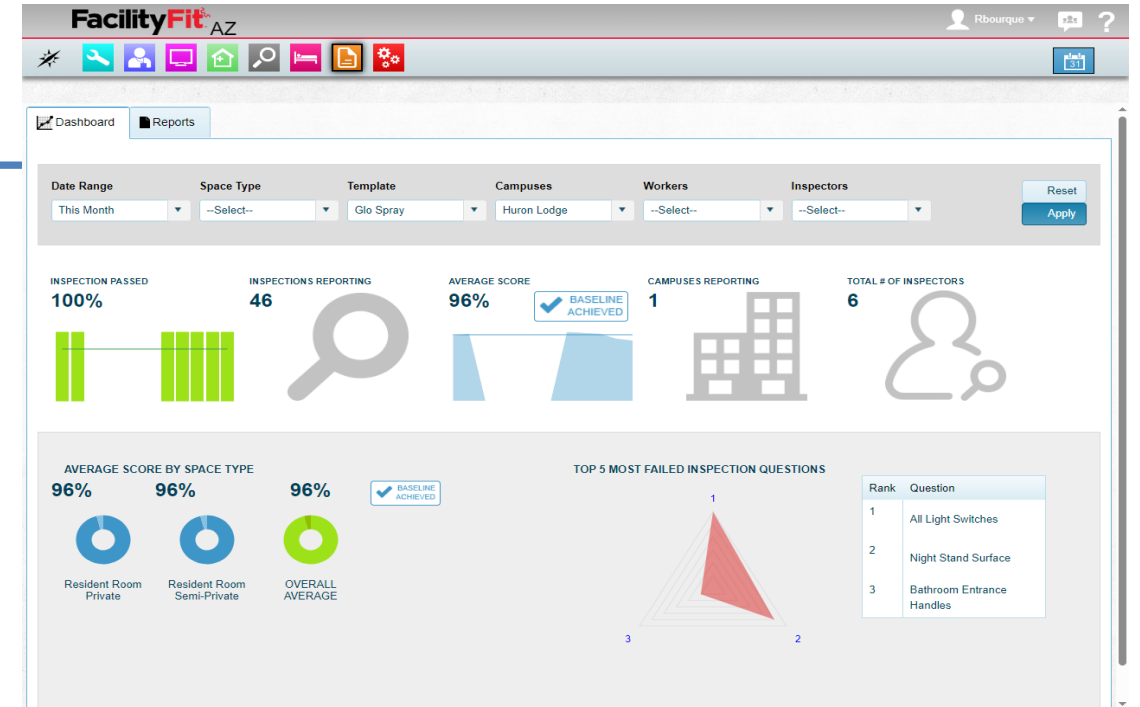
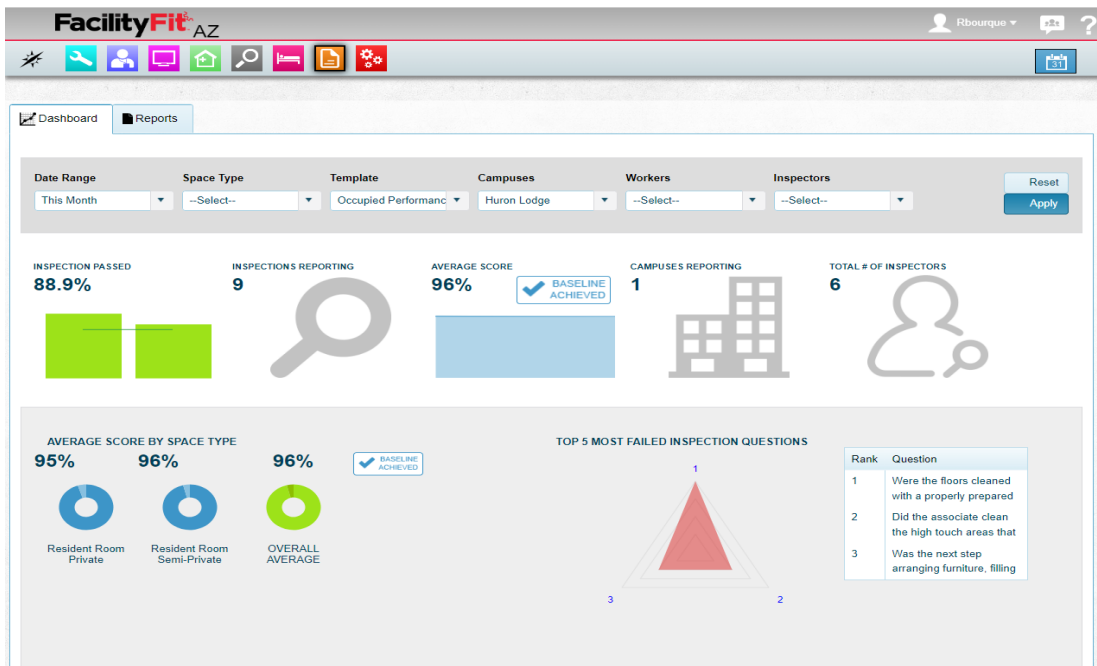
- Attend Daily On Call Meetings
- Attend Strategy Meetings
- Attend Infection Control Meetings
- Addressing Family Concerns
- Attend Monthly Focus Group Meetings – Held due to Covid-19
- Floor Care additional coverage
- Environmental Marking Audits

- SLS Framework initiatives
- Stop Slip Applications
- Top Scrub Cleaning
- Tub and Shower Cleaning
- Lift Cleaning
- Snow Removal in Winter Months
- Daily cleaning of Daybreak at the Lodge, Adult Day Away Program



- New in-house general linen February 2024
- Laundry Process Improvements
- Laundry Cart Audits
- Inventory Counts
- Laundry Weights
- Soiled Linen Tracking
- Disposed Linen Tracking
- Laundry Lost and Found Day Initiative – on going





Features:

- FacilityFit Pro™ supports every aspect of the facility environment including: EVS/housekeeping and patient transport, work requests
- One call for our customers to get work requests completed, automated interface with Cerner for bed cleaning requests and full dispatcher access to software for efficient patient transport

Benefits:

- Quality is improved through a robust cleanliness inspection suite, that is integrated with task management, and work routine organization
- Safety is optimized by flagging situations of work-overload
- Performance Monitoring is enhanced through a single integrated platform, and transparent performance dashboard, shared openly with frontline staff and management



Link to video

<https://youtu.be/mG0AY7d-kiQ>

Bed	Occupant	Isolation	Hospital Service	Length of stay (in days)	DC Order	FFP Pro Bed Status
2210-1						Clean
2211-1						Clean
2212-1	67, Male	C.DIFF	General Medicine	28 day(s)		
2213-1	72, Male	C.DIFF	General Medicine	33 day(s)		



KEY MODULES

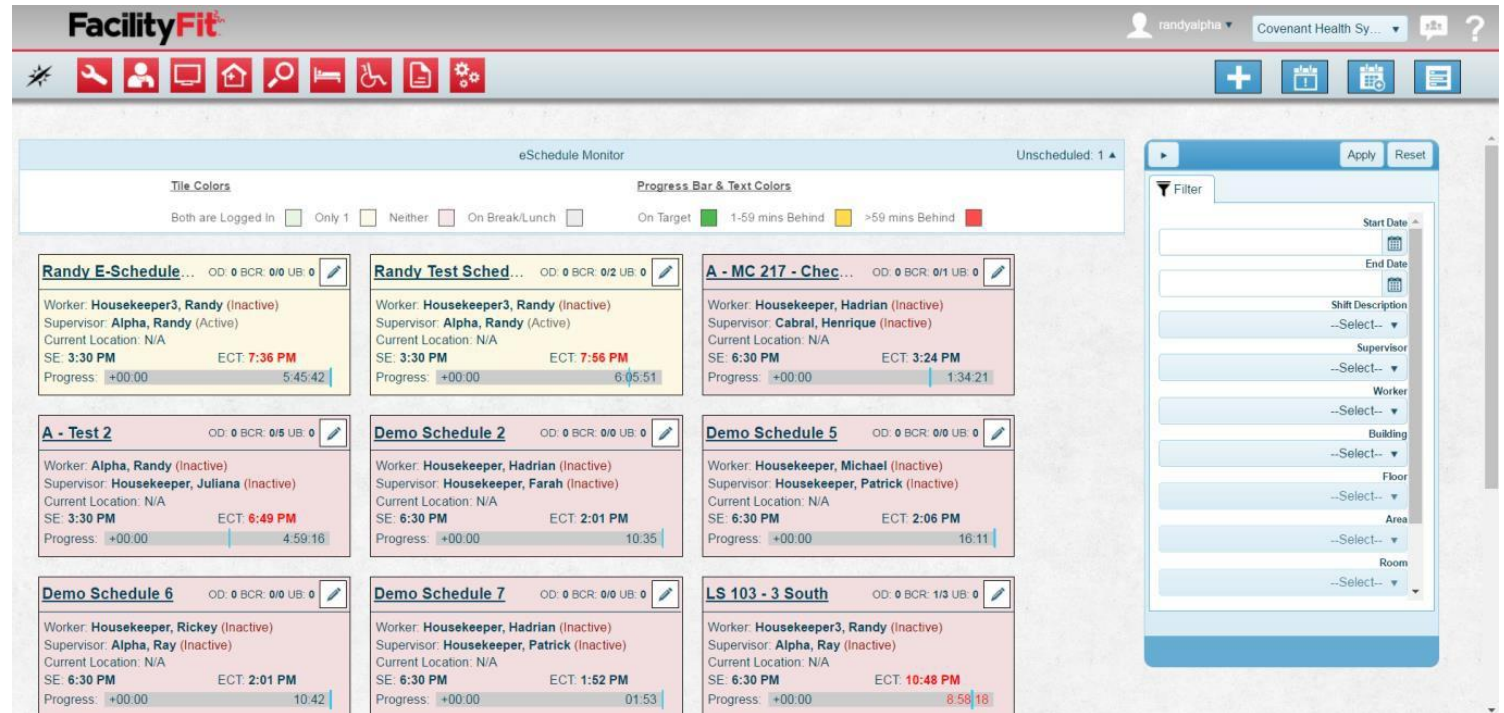
Work Requests <ul style="list-style-type: none"> • Work Order Management • Preventive/Corrective • Financial Tracking • Histories • Multiple Query Formats • Multiple Inputs • Multiple Status Views • Automatic Follow-up 	Spaces <ul style="list-style-type: none"> • Space Management • Asset Location • Work Requests Logistics • Labor Allocation • Equitable Assignments • Quantitative Work Scheduling • Volume Related Staffing • Updated Industry Task Standards 	Transport <ul style="list-style-type: none"> • Fully Automated Equipment • Volume Driven • Real-Time Status • Throughput Efficiency • Discharge Efficiency • Forward Scheduling • HL7 Interface
Employees <ul style="list-style-type: none"> • Training Requirements • Employee Assignment • Meeting Schedules • IT Access Roles/Log-in • Validated Competencies 	Inspections <ul style="list-style-type: none"> • Asset Work Quality • Life Safety • Cleaning Quality • Patient Satisfaction • Customizable • Employee Performance History • CDC Level II Monitoring • Proactive Service Engagement • Real-Time QA Trending • Mobile Technology 	Reports <ul style="list-style-type: none"> • Work Completion Rates • Life Safety • Self-Identified Rates • Throughput Efficiency • Cleaning Efficiencies • Financial Efficiency • Labor Utilization • Response Time • Histories
Bed Cleaning <ul style="list-style-type: none"> • Throughput Efficiency • Multiple Discharge Entries • Visual Tools/Bed Board • Equipment Cleaning Needs • HL7 Interface • Special Instructions • Demand Driven Staffing 	Administration <ul style="list-style-type: none"> • Frequencies • Set Inputs • Standardization • Space Types • Modifications • Language • Alignment to Standards • HIPAA Data Encryption Compliant • Constant Program Updates • Regulatory Updates 	



- How do we track productivity?
- Do we really know all the things our EVS teams do every shift?
- How do we justify staffing requests?
- Are we able to validate how efficient our teams are being?

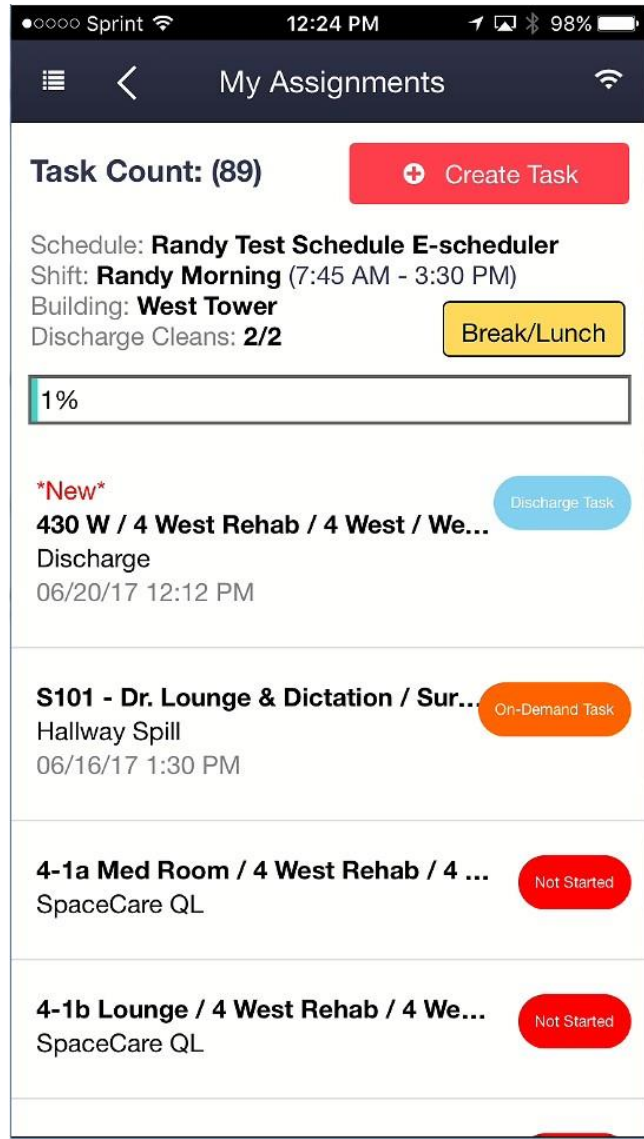
eScheduler:

- Allows management to track every request that comes into our EVS Departments.
- Provides our operations teams with the tools they need to manage those requests along with the daily scheduled tasks.



The screenshot displays the FacilityFit eScheduler interface. At the top, the user is logged in as 'randyalpha' for 'Covenant Health Sy...'. The interface features a navigation bar with icons for home, search, and settings. Below this is the 'eSchedule Monitor' section, which includes a legend for 'Tile Colors' and 'Progress Bar & Text Colors'. The main area contains a grid of task cards, each representing a scheduled task. Each card includes the worker's name, supervisor, current location, start/end times, and progress. A filter sidebar on the right allows for filtering tasks by date, shift description, supervisor, worker, building, floor, area, and room.

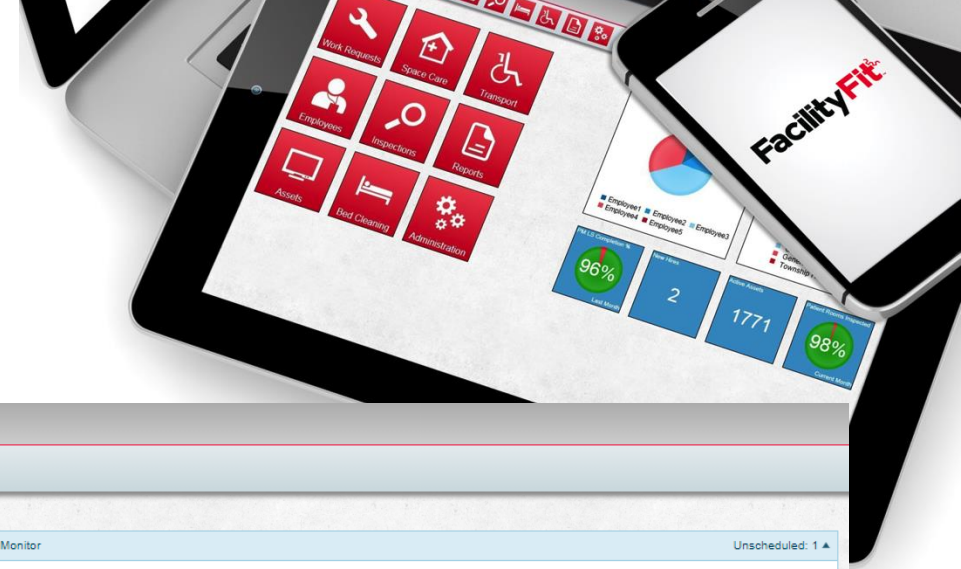
Task Title	Worker	Supervisor	SE	ECT	Progress
Randy E-Schedule...	Housekeeper3, Randy (Inactive)	Alpha, Randy (Active)	3:30 PM	7:36 PM	+00:00 / 5:45:42
Randy Test Sched...	Housekeeper3, Randy (Inactive)	Alpha, Randy (Active)	3:30 PM	7:56 PM	+00:00 / 6:05:51
A - MC 217 - Chec...	Housekeeper, Hadrian (Inactive)	Cabral, Henrique (Inactive)	6:30 PM	3:24 PM	+00:00 / 1:34:21
A - Test 2	Alpha, Randy (Inactive)	Housekeeper, Juliana (Inactive)	3:30 PM	6:49 PM	+00:00 / 4:59:16
Demo Schedule 2	Housekeeper, Hadrian (Inactive)	Housekeeper, Farah (Inactive)	6:30 PM	2:01 PM	+00:00 / 10:35
Demo Schedule 5	Housekeeper, Michael (Inactive)	Housekeeper, Patrick (Inactive)	6:30 PM	2:06 PM	+00:00 / 16:11
Demo Schedule 6	Housekeeper, Rickey (Inactive)	Alpha, Ray (Inactive)	6:30 PM	2:01 PM	+00:00 / 10:42
Demo Schedule 7	Housekeeper, Hadrian (Inactive)	Housekeeper, Patrick (Inactive)	6:30 PM	1:52 PM	+00:00 / 01:53
LS 103 - 3 South	Housekeeper3, Randy (Inactive)	Alpha, Ray (Inactive)	6:30 PM	10:48 PM	+00:00 / 8:58:18



- Available on Android and iOS Devices
- Provides the EVS staff with a tool that allows them to track their daily tasks
- Allows EVS staff to receive On Demand tasks from operations
- Enables EVS staff to record all the tasks the nursing teams on the floor ask them to perform (Self Defined)
- Tracks actual time it takes to perform a task
- Provides validation of completion of tasks with Start and End times
- Allows the staff member to discretely contact the supervisor to let them know when they need assistance

FacilityFit^{PRO} eScheduler

Real time tasks completion tracking



My Assignments

Task Count (44) Create Task

Schedule: _Scheduler Test Routine 2
Shift: 2nd Shift: 9:00 AM - 5:00 PM
Building: eScheduler Test Facility
Discharge Cleans: 1/0
Deferred Tasks: 1

3.7% Break/Lunch

Open QR Scanner

***New* STAT**
202 Patient Room Private
Dirty Beds: 1
12/2/2021 10:50:08 AM Discharge

219 Ladies Washroom
Delayed Paused

200 Nurses Station
Delayed Paused

217 Dining Room
Not Started Not Started

201 Patient Room Private
Not Started Not Started

202 Patient Room Private
Not Started Not Started

203 Patient Room Private
Not Started Not Started

204 Patient Room Private
Not Started Not Started

FacilityFit^{AZ}

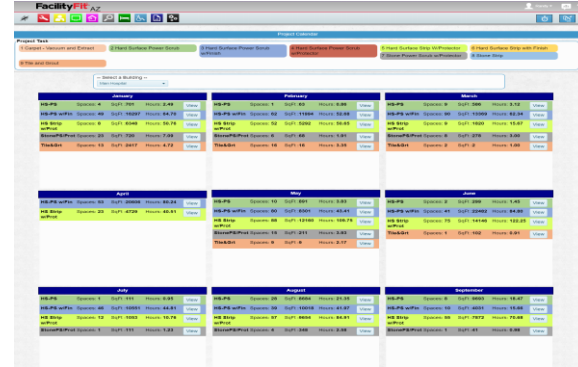
eSchedule Monitor Unscheduled: 1 ▲

Title Colors Progress Bar & Text Colors

Both are Logged In Only 1 Neither On Break/Lunch On Target 1-50 mins Behind >50 mins Behind

2100 SD: 0 OD: 0 BCR: 0/0 UB: 0 Worker: [Redacted] Supervisor: [Redacted] Current Location: N/A SE: 3:00 PM ECT: 2:17 PM Progress: 100% 5:45:24	2200 SD: 0 OD: 0 BCR: 0/0 UB: 0 Worker: [Redacted] Supervisor: [Redacted] Current Location: 2215/Acute Inpatient 2200/2/WH SE: 3:00 PM ECT: 1:43 PM Progress: 100% 6:38:30	2400 SD: 0 OD: 0 BCR: 0/0 UB: 0 Worker: [Redacted] Supervisor: [Redacted] Current Location: N/A SE: 4:00 PM ECT: 12:32 PM Progress: 0.7% 4:01:38	2500 SD: 0 OD: 0 BCR: 0/0 UB: 0 Worker: [Redacted] Supervisor: [Redacted] Current Location: N/A SE: 4:00 PM ECT: 2:11 PM Progress: 2.9% 5:37:48	2600/2800 SD: 0 OD: 0 BCR: 0/0 UB: 0 Worker: [Redacted] Supervisor: [Redacted] Current Location: 2599 - Washroom/Acute Inpatie... SE: 4:00 PM ECT: 2:21 PM Progress: 2.5% 6:26:52
Auto Scrubber SD: 0 OD: 0 BCR: 0/0 UB: 0 Worker: [Redacted] Supervisor: [Redacted] Current Location: N/A SE: 3:00 PM ECT: 1:02 PM Progress: 0.0% 4:39:27	CCU/Stepdown... SD: 0 OD: 0 BCR: 0/0 UB: 0 Worker: [Redacted] Supervisor: [Redacted] Current Location: N/A SE: 4:00 PM ECT: 1:26 PM Progress: 0.0% 4:43:58	Daycare SD: 0 OD: 0 BCR: 0/0 UB: 0 Worker: [Redacted] Supervisor: [Redacted] Current Location: 2752 - Nurses Station/Day Surg... SE: 3:00 PM ECT: 9:49 AM Progress: 100% 2:05:25	ER SD: 0 OD: 0 BCR: 0/0 UB: 0 Worker: [Redacted] Supervisor: [Redacted] Current Location: ACTZ (920-927)/Emergency M9... SE: 3:00 PM ECT: 8:42 AM Progress: 100% 3:39:41	L500 SD: 0 OD: 0 BCR: 0/0 UB: 0 Worker: [Redacted] Supervisor: [Redacted] Current Location: M460 - Transitional Living/Amb... SE: 4:00 PM ECT: 1:17 PM Progress: 8.5% 4:49:16
M200 SD: 0 OD: 0 BCR: 0/0 UB: 0 Worker: [Redacted] Supervisor: [Redacted] Current Location: N/A SE: 4:00 PM ECT: 2:45 PM Progress: 2.3% 5:45:26	M300 SD: 0 OD: 0 BCR: 0/0 UB: 0 Worker: Verrier, Carolyn (Active) Supervisor: Schram, John (Active) Current Location: M302 - Washroom/Rehabilitatio... SE: 3:00 PM ECT: 1:19 PM Progress: 100% 6:21:26	Outpatient Clinic SD: 0 OD: 0 BCR: 0/0 UB: 0 Worker: [Redacted] Supervisor: [Redacted] Current Location: N/A SE: 4:00 PM ECT: 9:23 AM Progress: 2.3% 1:27:52	Projects (Days) SD: 0 OD: 0 BCR: 0/0 UB: 0 Worker: [Redacted] Supervisor: [Redacted] Current Location: N/A SE: 4:00 PM ECT: 11:22 AM Progress: 0.0% 3:00:00	Waste SD: 0 OD: 0 BCR: 0/0 UB: 0 Worker: [Redacted] Supervisor: [Redacted] Current Location: N/A SE: 3:00 PM ECT: 2:42 PM Progress: 100% 7:25:42
2300 SD: 0 OD: 0 BCR: 0/0 UB: 0 Worker: [Redacted] Supervisor: [Redacted] Current Location: N/A SE: 3:00 PM ECT: 2:52 PM Progress: 0.0% 6:09:31	Linen SD: 0 OD: 0 BCR: 0/0 UB: 0 Worker: [Redacted] Supervisor: [Redacted] Current Location: N/A SE: 3:00 PM ECT: 10:25 AM Progress: 0.0% 1:42:51			

Projects Calendar



November				
HS-PS	Spaces: 3	SqFt: 312	Hours: 1.64	View
HS-PS w/Fin	Spaces: 63	SqFt: 21193	Hours: 84.41	View
HS Strip w/Prot	Spaces: 9	SqFt: 842	Hours: 8.10	View
StonePS/Prot	Spaces: 2	SqFt: 118	Hours: 1.42	View
Tile&Grt	Spaces: 1	SqFt: 194	Hours: 0.98	View

Daily Project Spaces Selection Screen

Project Dashboard (Monthly + Yearly)

Tasks	FTE	Hours	Square Feet		Spaces	
			Total	Completion Percentage	Total	Completion Percentage
Carpet - Vacuum and Extract	0.00	4.90	4,057.64	69.72%	4	25.00%
Hard Surface Power Scrub w/Prot	0.35	733.49	176,918.59	5.44%	706	4.96%
Hard Surface Strip with Finish	0.72	1,487.24	176,918.59	1.13%	706	0.14%
Stone Strip	0.04	91.18	3,876.07	0.00%	77	0.00%
Stone Power Scrub w/Protector	0.01	29.43	3,876.07	0.00%	77	0.00%
Hard Surface Strip w/Protector	0.31	639.85	72,444.15	2.57%	458	1.97%
Hard Surface Power Scrub	0.09	178.73	62,997.50	0.00%	343	0.00%
Tile and Grout	0.01	18.72	4,132.00	0.00%	54	0.00%
Grand Totals	3.06	3,183.54	505,220.61	0.03%	2,425	0.02%

Bona[®]

TASKI[®]

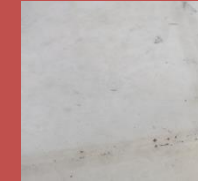


Bona Resilient Floor Color

Bona[®]

Bona Commercial System[®] Resilient Floor Solution

RETHINK, RENEW, UPGRADE



BEFORE



AFTER



Model M1 "The Pig"
High Dusting and Vacuum Solution



KITS



HIGH DUSTING



CARPET/HARD FLOOR

ARAMARK HAS INTEGRATED SOLUTIONS FOR:



Window Cleaning



Pressure Spraying



Deck, Patio and Hard floor cleaning



Vacuuming



We even have adapters that convert Milwaukee and Ryobi batteries to each others' tools.





QuikServ:
One-button
service requests



The challenge

To create a simple way to log a service request which can be tracked and prioritized.



The solution

QuikServ one-button alert sends SMS and email instantly to responsible staff or contractors.

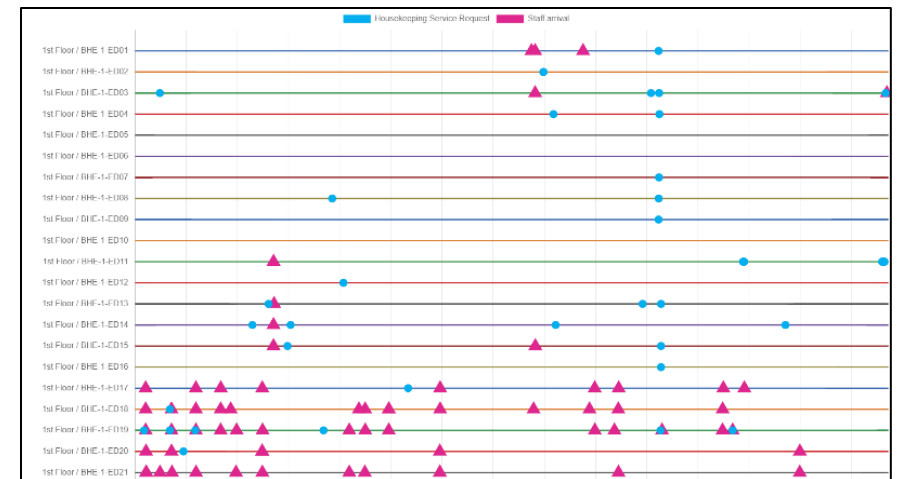


The outcome

A better customer experience and more efficient response times for service requests.



QuikServ dashboards keep a detailed record of all requests and staff response times to ensure operational efficiency and bolster customer satisfaction.





New Pig



T380 AMR Auto Scrubber

ADHESIVE-BACKED MATS

ULTRA-DUTY GRIPPY MAT

DESIGNER SERIES GRIPPY MAT

CARPET GRIPPY MAT

INDUSTRIAL GRIPPY MAT

SAFETY MESSAGE GRIPPY MAT



ELIMINATE RISKS WITH THE MAT THAT STICKS

Proven to eliminate slips, trips and falls while keeping floors clean and dry.



IMATT



Karn Kang
Project Specialist
GE&BP Facilities



Natasha Mooney
Project Specialist
GE&BP Facilities



Tricia Zarycki
Project Specialist
GE&BP Facilities



Charmaine Peters
Manager
Mobilization and
Capital Projects



JJ Arsenault
SR. Director
GE&BP Facilities

PARTNERSHIP PERFORMANCE

SKILLED & ENGAGED WORKFORCE

SAFETY & WELLBEING

OPERATIONAL EXCELLENCE

FINANCIALS

FY24 vs. FY23 YTD – Stats Canada Inflation

NON-FOOD PRODUCT GROUPS	CPI
HOUSEHOLD CLEANING PRODUCTS	2.7%
LAUNDRY DETERGENTS AND SOAPS	1.8%
DETERGENTS AND RINSE AGENTS FOR DISH WASHING	1.4%
BLEACH AND OTHER HOUSEHOLD CHEMICAL PRODUCTS	5.5%
PAPER, PLASTIC AND ALUMINUM FOIL SUPPLIES	-0.7%
CLOTHING ACCESSORIES	-3.3%
PERSONAL SOAP	3.5%
TOILETRY ITEMS AND COSMETICS	5.4%

Looking Ahead – Important Cost Drivers

Geopolitical Factors

- Impact of current wars (Russia-Ukraine and Israel-Gaza).
- Upcoming Canada and U.S. elections.

Economic Factors

- Interest rate adjustments by the BoC will influence inflation and CAD currency value.
- Rising unemployment rate in Canada to impact labour market and economic growth.
- Increasing shelter costs will further strain consumer disposable income.



Thank You!



EXPERIENCES THAT
ENGAGE

ENVIRONMENTS THAT
DELIVER



Ministry of Labour, Immigration,
Training and Skills Development

Occupational
Health and Safety

Field Visit Report

OHS Case ID: **4839CQBWMTH**

Page 1 of 2

Field Visit no: **4839CQBWMTH-4839-FV001**

Visit Date: **2024-AUG-27**

Field Visit Type: **INITIAL**

Workplace Identification: **HURON LODGE HOME FOR SENIORS**
1881 CABANA ROAD WEST, WINDSOR, ON CA N9G 1C4

Notice ID:

Telephone:
(519) 253-6060

JHSC Status:
Active

Work Force #:
300

Completed %:

Persons Contacted: **CATHY HARRIS - MANAGER OF NUTRITION AND FOOD SERVICES, RON LEVAC - JHSC WORKER REP, PHILIP RUSSO - EHS ADVISOR, REENA BHULLAR - IPAC LEAD**

Visit Purpose: **OCC-ILLNESS INVESTIGATION**

Visit Location: **BOARD ROOM**

Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

This field visit took place as a result of an employer reported occupational illness at this workplace.

The employer report that 3 workers were affected by pneumovirus.

The employer stated that workers required to work in affected areas of the workplace during outbreaks are required to wear surgical masks, and N-95's are provided to workers who request them. Fit-testing is provided to all workers who wear N-95 respirators. Other PPE that is required by the employer at point of care is surgical gowns, face shields and gloves. All PPE is available at the entrance to the affected work areas as well as at point of care areas within the affected unit.

The employer post notices to notify workers of the outbreak and required PPE when entering the affected areas.

The employer ensures workers required to work inside the affected areas are cohorted during outbreak periods. This includes lunch and break areas.

Hand sanitizer is provided throughout the workplace and hand washing stations are available throughout the workplace as well. The IPAC lead conducts hand washing audits throughout the workplace and more specifically in outbreak areas when in outbreak.

The respirator brands in use and available are NIOSH (National Institute for Occupational Safety and Health) certified.

CSA Standard Z94.4-18, Selection, Use and Care of Respirators outlines the requirements for respiratory protection use and fit testing. This CSA standard is currently under review for updates and additions. The draft of the proposed updated standard is open for review and public comment, at this web link: Selection, use and care of respirators (New Edition) | CSA Public Review System <<https://publicreview.csa.ca/Home/Details/5176>> Over the past few years, there has also been an introduction of a companion CSA standard to Z94.4 that outlines a Canadian respirator certification process that is similar to the NIOSH certification process. This standard

Recipient	Inspector Data	Worker Representative
Name: <u>Cathy Harris</u>	MICHAEL JONES O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER	Name: <u>Ron Levac</u>
Title: <u>Manager (Co-Ord)</u>	4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 567-9081 Fax: (519) 258-1321	Title: <u>ASG. Longwater</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, 805 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

Occupational
Health and Safety

Field Visit Report

OHS Case ID: **4839CQBWMTH**

Page 2 of 2

Field Visit no: **4839CQBWMTH-4839-FV001**

Visit Date: **2024-AUG-27**

Field Visit Type: **INITIAL**


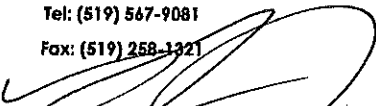

Workplace Identification: **HURON LODGE HOME FOR SENIORS**

Notice ID:

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

has been published in a final version but is so far limited in its scope of application to specific types of respirators.

No further action required by the MLITSD.

Recipient	Inspector Data	Worker Representative
Name _____	MICHAEL JONES O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER	Name _____
Title _____	4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 567-9081 Fax: (519) 258-1321	Title _____
Signature 	Signature 	Signature 

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**Ministry of Labour, Immigration,
Training and Skills Development**
Occupational
Health and SafetyOHS Case ID: **8956CTGWWVK**
Field Visit no: **8956CTGWWVK-8956-FV001**Visit Date: **2024-OCT-30**Field Visit Type: **INITIAL**Workplace Identification: **HURON LODGE HOME FOR SENIORS**
1881 CABANA ROAD WEST, WINDSOR, ON CA N9G 1C4

Notice ID:

Telephone:
(519) 253-6060JHSC Status:
ActiveWork Force #:
300

Completed %:

Persons Contacted: **Elwira Rudowicz - Assistant Director of Care**
Matthew Billings - Registered Nurse - JHSC Worker Representative (certified)Visit Purpose: **Investigation - Occupational Illness - COVID-19**Visit Location: **Boardroom**Visit Summary: **No Orders Issued****Detailed Narrative:**

Under the OHS Act, employers and supervisors must take every precaution reasonable in the circumstance for the protection of workers. Workers are required to wear any personal protective equipment required by their employer and to report any hazards they observe. Employers and workers should engage the internal responsibility system to continue to look at ways of decreasing the risk of exposure. As a reminder, Worker Representatives and Joint Health and Safety Committees have the power to make recommendations to employers with respect to health and safety in the workplace which includes the employer's measures and procedures with respect to COVID-19.

Based on a risk assessment and consultation with the JHSC or Worker H&S Rep, the employer may choose to voluntarily maintain COVID precautions that exceed the minimum requirements as set out by the CMOH, the MOH, or the MLTC.

Discussion & Findings:

The purpose of this investigation was a result of an affected worker (worker #1) who contracted an occupational illness (COVID-19), which was initially reported to the Ministry of Labour, Immigration, Training & Skills Development (MLTSD) on October 17, 2024 and updated on October 25, 2024 for a second affected worker (worker #2).

Primary Workplace Activity: Long-Term Care Home

Outbreak Information:

The employer representative confirmed the employer received information that (2) workers tested positive at the workplace

The employer representative report to the MLTSD stated the workplace was designated as an outbreak status in the "Poplar", "Dogwood" & "Hickory" home units of the workplace.

The employer representative stated the affected worker(s) were asked to begin isolation by Windsor-Essex County Public Health Unit, with isolation to end on as per Public Health until symptoms have improved for 24 hours.

The employer representative stated the (2) affected workers who tested positive for COVID-19 have since returned to work (

The employer representative stated Windsor-Essex County Health Unit declared an outbreak status

Outbreak Number: 2268-2024-00157

Outbreak Status Reported: October 1, 2024 (due to a resident testing positive for COVID-19)

Outbreak Status Rescinded: October 30, 2024.

Recipient	Inspector Data	Worker Representative
Name <u>Elwira Rudowicz</u>	Jason Dupuis O.H.S.A.  INSPECTOR PROVINCIAL OFFENCES OFFICER	Name <u>Matthew Billings</u>
Title <u>ADOC</u>	4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 903-9908 Fax: (519) 258-1321	Title <u>RN</u>
Signature 	Signature 	Signature <u>Mattho Billings</u>

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OHS Case ID: **8956CTGWWVK**

Field Visit no: **8956CTGWWVK-8956-FV001**

Visit Date: **2024-OCT-30**

Field Visit Type: **INITIAL**

Workplace Identification:

**HURON LODGE HOME FOR SENIORS
1881 CABANA ROAD WEST, WINDSOR, ON CA N9G 1C4**

Notice ID:

Potential Root Cause(s) of Incident:

The employer representative stated they did not know the root cause(s) of how the affected workers may have contracted the occupational illness (COVID-19).

Steps Taken to Prevent Further Illness:

- Enhanced cleaning during shifts of high-touch surfaces and mopping floors (not wet-mopped during day due to safety concerns)
- Staff disinfecting all surfaces regularly and disinfecting every washroom before and after each use
- Disposable plates and utensils being used for meals
- Limited access of visitors and guests per MCCSS guidelines
- Screening and sign-in sheet at the entrance requiring temperature and symptom checks for each employee twice per shift
- Caution signs, instructions for PPE, signs of illness, sanitizing, and hand washing instructions posted throughout location
- Individuals in isolation are designated to their rooms
- Full PPE is provided to all staff (includes face shields, surgical masks, gloves, gowns, shoe covers, and goggles)

* The employer representative stated workers are required to utilize N95 Masks during outbreak status, which are qualitative fit tested.

Audits are conducted (daily) by authorized personal (supervisor and/or manager) to assure employees are utilizing required PPE and using it as intended by the manufacturer's instructions.

Audits are conducted (weekly) by authorized personal (supervisor and/or manager) to assure employees are properly disinfecting and cleaning surfaces as required.

The employer representative stated frequency of audits mentioned above are increased during outbreak status.

Physical Inspection of Workplace:

A physical inspection of the workplace was not conducted on this field visit.

No contraventions observed at the time of this field visit.

Post a copy of this report at a conspicuous location or location(s) where it is most likely to come to the attention of the workers and provide copies to the worker health & safety representative(s).

Recipient	Inspector Data	Worker Representative
Name _____	Jason Dupuis O.H.S.A. 8956CTGWWVK INSPECTOR PROVINCIAL OFFENCES OFFICER	Name <u>Matthew Billings</u>
Title _____	4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOH@WINDSOR.ONTARIO.CA Tel: (519) 903-9908 Fax: (519) 258-1321	Title <u>RW</u>
Signature 	Signature 	Signature <u>Matthew Billings</u>

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OHS Case ID: **8956CTGWWVK**
Field Visit no: **8956CTGWWVK-8956-FV001** Visit Date: **2024-OCT-30** Field Visit Type: **INITIAL**

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

Resources:

Workplace Exposure and Illnesses - Controlling Exposure: <https://www.ontario.ca/page/workplace-exposure-and-illnesses>

When certain substances or processes are determined to be a risk to a worker's health, the risk can be controlled in many ways. The hierarchy of controls is a set of practices an employer can consider to protect workers from exposure. The controls are considered, in order, from most effective and protective to the least effective and protective.

Elimination or Substitution: Remove or change substances or processes that could be harmful.

Engineering: Design the work area to reduce exposure to hazards (for example, install ventilation or barriers).



Administrative Controls: Provide training and supervision on how to avoid exposure to hazards and limit exposures through work scheduling and breaks.

Personal Protective Equipment: Have workers wear protective gear, such as respirators to prevent them from breathing in hazardous substances.

Health & Safety Associations: www.healthandsafetyontario.ca

Occupational Health and Safety Act & Regulation information: Ministry of Labour 1-877-202-0008 or www.labour.gov.on.ca

Public Services Health and Safety Association (PSHSA): <https://www.pshsa.ca/specialized-services/>

Recipient	Inspector Data	Worker Representative
Name _____	Jason Dupuis O.H.S.A. PROVINCIAL INSPECTOR PROVINCIAL OFFENCES OFFICER	Name <u>Matthew Billings</u>
Title _____	4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 903-9908 Fax: (519) 258-1321	Title <u>RW</u>
Signature 	Signature 	Signature <u>Matt Billings RW</u>

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Field Visit Report

Ministry of Labour, Immigration,
Training and Skills Development

Occupational
Health and Safety

OHS Case ID: **8956CTZVLNJ** Visit Date: **2024-NOV-14** Field Visit Type: **INITIAL**
Field Visit no: **8956CTZVLNJ-8956-FV001**

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

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

Persons Contacted: **Nicole Trudeau - Disability Management Specialist**
Miranda Cyr-St Louis - Coordinator of Scheduling & Attendance
*** JHSC Worker Representative not available**

Visit Purpose: **Investigation - Occupational Illness - COVID-19**

Visit Location: **Cedar Conference Room**

Visit Summary: **No Orders Issued**

Detailed Narrative:

Under the OHSA, employers and supervisors must take every precaution reasonable in the circumstance for the protection of workers. Workers are required to wear any personal protective equipment required by their employer and to report any hazards they observe. Employers and workers should engage the internal responsibility system to continue to look at ways of decreasing the risk of exposure. As a reminder, Worker Representatives and Joint Health and Safety Committees have the power to make recommendations to employers with respect to health and safety in the workplace which includes the employer's measures and procedures with respect to COVID-19. Based on a risk assessment and consultation with the JHSC or Worker H&S Rep, the employer may choose to voluntarily maintain COVID precautions that exceed the minimum requirements as set out by the CMOH, the MOH, or the MLTC.

Discussion & Findings:

The purpose of this investigation was a result of an affected worker who contracted an occupational illness (COVID-19) at the workplace, which was reported to the Ministry of Labour, Immigration, Training & Skills Development (MLTSD) on November 8, 2024. Primary Workplace Activity: Long-Term Care Home

Outbreak Information:

The employer representative confirmed the employer received information that (1) worker(s) tested positive for a respiratory illness (COVID-19) at the workplace. The employer representative report submitted to the MLTSD stated the workplace was designated as an outbreak status, currently contained in (1) unit. The employer representative stated the affected worker(s) were asked to begin isolation by Windsor-Essex County Public Health Unit, with isolation to end on as per Public Health until symptoms have improved for 24 hours. The employer representative stated the affected worker who tested positive for the respiratory illness have since returned to work. The employer representative stated Windsor-Essex County Health Unit (WECHU) declared an outbreak status at the workplace:

Recipient	Inspector Data	Worker Representative
Name: <u>Nicole Trudeau</u>	Inspector: <u>Jason Dupuis</u>	Name: <u>Miranda Cyr-St Louis</u>
Title: <u>DMS</u>	O.H.S.A. <u>[Redacted]</u> INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MLOHSWINDSOR@ONTARIO.CA Tel: (519) 903-9908 Fax: (519) 258-1321	Title: <u>Coord - Attendance + Sched.</u>
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>

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Occupational
Health and Safety

OHS Case ID: **8956CTZVLNJ**

Field Visit no: **8956CTZVLNJ-8956-FV001**

Visit Date: **2024-NOV-14**

Field Visit Type: **INITIAL**

Workplace Identification: **HURON LODGE HOME FOR SENIORS
1881 CABANA ROAD WEST, WINDSOR, ON CA N9G 1C4**

Notice ID:

Outbreak Information & Affected Worker(s):

Outbreak Number: 2268-2024-00180

Outbreak Status Reported by WECHU: November 4, 2024 (due to a resident testing positive for COVID-19)

Outbreak Status Rescinded by WECHU: Not applicable / On-going

Occupational Illness Reported to MLITSD by employer: November 8, 2024

Workplace Affected Unit(s): Magnolia Unit – 3rd Floor (3-1)

Number of Affected Worker(s): (1) Worker

Worker Experienced Symptoms: November 5, 2024

Worker Tested Positive for COVID-19: November 6, 2024

Worker Return to Work Date: November 11, 2024

Potential Root Cause(s) of Incident:

The employer representative stated the affected worker recently tested positive for COVID-19 (August 2024), which may have contributed to the positive test results on November 6, 2024.

Steps Taken to Prevent Further Illness:

- Enhanced cleaning during shifts of high-touch surfaces and mopping floors (not wet-mopped during day due to safety concerns)
- Staff disinfecting all surfaces regularly and disinfecting every washroom before and after each use
- Disposable plates and utensils being used for meals
- Limited access of visitors and guests per MCCSS guidelines
- Screening and sign-in sheet at the entrance requiring temperature and symptom checks for each employee twice per shift
- Caution signs, instructions for personal protective equipment (PPE), signs of illness, sanitizing, and hand washing instructions posted throughout location
- Individuals in isolation are designated to their rooms
- Full PPE is provided to all staff, which includes face shields, surgical masks (new), gloves and gowns.

The employer representative stated workers are required to utilize N95 Masks during outbreak status, which are qualitative fit tested.

Audits - PPE / Disinfecting & Cleaning:

Audits are conducted (daily) by authorized personal (supervisor and/or manager) to assure employees are utilizing required PPE and using it as intended by the manufacturer's instructions.

Audits are conducted (weekly) by authorized personal (supervisor and/or manager) to assure employees are properly disinfecting and cleaning surfaces as required.

The employer representative stated frequency of audits mentioned above are increased during outbreak status.

Recipient	Inspector Data	Worker Representative
Name _____	Jason Dupuis O.H.S.A. INSPECTOR PROVINCIAL OFFENCES OFFICER	Name _____
Title _____	4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 903-9908 Fax: (519) 258-1321	Title _____
Signature 	Signature 	Signature 

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Occupational
Health and Safety

Field Visit Report

Page 3 of 3

OHS Case ID: **8956CTZVLNJ**

Field Visit no: **8956CTZVLNJ-8956-FV001**

Visit Date: **2024-NOV-14**

Field Visit Type: **INITIAL**

Workplace Identification: **HURON LODGE HOME FOR SENIORS**

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

Notice ID:

Physical Inspection of Workplace:

A physical inspection of the workplace was not conducted on this field visit.

No contraventions observed at the time of this field visit.

Post a copy of this report at a conspicuous location or location(s) where it is most likely to come to the attention of the workers and provide copies to the worker health & safety representative(s).

Resources:

Workplace Exposure and Illnesses - Controlling Exposure: <https://www.ontario.ca/page/workplace-exposure-and-illnesses>

When certain substances or processes are determined to be a risk to a worker's health, the risk can be controlled in many ways.

The hierarchy of controls is a set of practices an employer can consider to protect workers from exposure.

The controls are considered, in order, from most effective and protective to the least effective and protective.

Elimination or Substitution: *Remove or change substances or processes that could be harmful.*

Engineering: *Design the work area to reduce exposure to hazards (for example, install ventilation or barriers).*

Administrative Controls: *Provide training and supervision on how to avoid exposure to hazards and limit exposures through work scheduling and breaks.*

Personal Protective Equipment (PPE): *Have workers wear protective gear, such as respirators to prevent them from breathing in hazardous substances.*

Health & Safety Associations: www.healthandsafetyontario.ca

Occupational Health and Safety Act & Regulation information: Ministry of Labour 1-877-202-0008 or www.labour.gov.on.ca

Public Services Health and Safety Association (PSHSA): <https://www.pshsa.ca/specialized-services/>

Recipient	Inspector Data	Worker Representative
Name _____	Jason Dupuis O.H.S.A. [REDACTED] INSPECTOR PROVINCIAL OFFENCES OFFICER	Name _____
Title _____	4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 903-9908 Fax: (519) 258-1321	Title _____
Signature 	Signature 	Signature 

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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

01-Oct-2024 03:30 PM

**LONG-TERM CARE HOME INSPECTION
REPORT**

Facility Inspected: Huron Lodge	Inspection #: IC1430147-0081487
Primary Owner: The Corporation of the City of Windsor [2019-041-90489]	Inspection Date: 01-Oct-2024
Site Address: 1881 Cabana Rd W Windsor ON N9G 1C7	Inspected By: Jelena Reeves
Site Phone: (519) 253-6060	Facility Type: Long-Term Care Home
Site Fax: (519) 977-8027	Inspection Type: Demand/Request
	Inspection Reasons: Outbreak Response
	Violations: 0

Opening Comments and Observations:
COVID 19 OB #2268-2024-00157

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 # IC1430147-0081487

Page 1 of 3

Inspection End Time

01-Oct-2024 03:30 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
01-Oct-2024 02:00 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
01-Oct-2024 03:30 PM

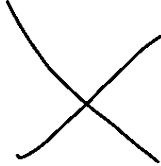
Action(s) Taken

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

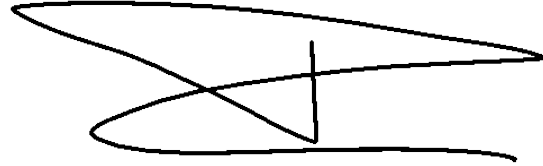
Closing Comments:

No IPAC concerns at the time of outbreak investigation.

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

01-Oct-2024 03:30 PM

**LONG-TERM CARE HOME INSPECTION
REPORT**

Facility Inspected: Huron Lodge	Inspection #: IC1430147-0081490
Primary Owner: The Corporation of the City of Windsor [2019-041-90489]	Inspection Date: 01-Oct-2024
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 # IC1430147-0081490

Page 1 of 2

Inspection End Time

01-Oct-2024 03:30 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
01-Oct-2024 02:00 PM

Inspection End Time
01-Oct-2024 03:30 PM

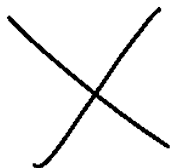
Action(s) Taken

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

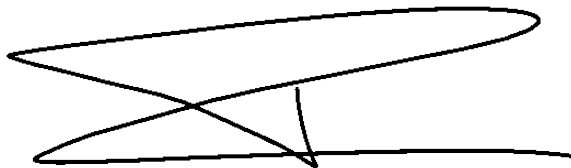
Closing Comments:

Conditions were satisfactory at the time of inspection.

I have read and understood this report:



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 01-Oct-2024 03:30 PM

FOOD PREMISES INSPECTION REPORT

Facility Inspected: Huron Lodge	Inspection #: FS1430147-0081489
Primary Owner: The Corporation of the City of Windsor [2019-041-90489]	Inspection Date: 01-Oct-2024
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

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

Food Prep
VPvsbsL4CQ
Expiry date: July 31, 2028

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 YES

Inspection Start/End Time

Inspection Times

Inspection Start Time
01-Oct-2024 02:00 PM

Inspection End Time
01-Oct-2024 03:30 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

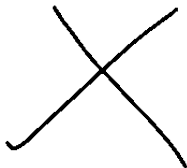
Closing Comments:

Conditions were satisfactory at the time of inspection.

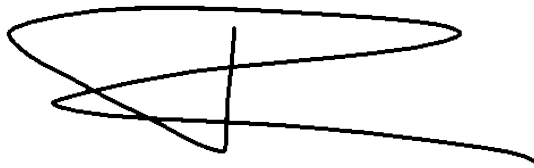
Facility Contact: The Corporation of the City of Windsor [2019-041-90489]

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

04-Nov-2024 03:00 PM

**LONG-TERM CARE HOME INSPECTION
REPORT**

Facility Inspected: Huron Lodge	Inspection #: IC1430147-0082741
Primary Owner: The Corporation of the City of Windsor [2019-041-90489]	Inspection Date: 04-Nov-2024
Site Address: 1881 Cabana Rd W Windsor ON N9G 1C7	Inspected By: Jelena Reeves
Site Phone: (519) 253-6060	Facility Type: Long-Term Care Home
Site Fax: (519) 977-8027	Inspection Type: Demand/Request
	Inspection Reasons: Outbreak Response
	Violations: 0

Opening Comments and Observations:
COVID-19 respiratory OB #2268-2024-000180

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 # IC1430147-0082741

Page 1 of 3

Inspection End Time

04-Nov-2024 03:00 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
04-Nov-2024 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
04-Nov-2024 03:00 PM

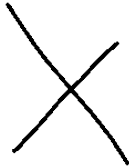
Action(s) Taken

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

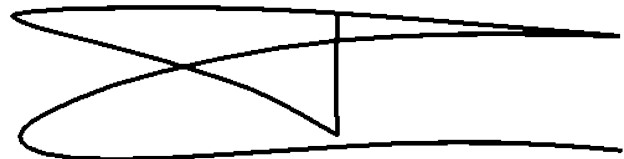
Closing Comments:

No IPAC concerns observed at the time of outbreak investigation.

I have read and understood this report:



Reena Bhullar



Jelena Reeves