

**AGENDA**  
**COMMITTEE OF MANAGEMENT FOR HURON LODGE**  
Meeting to be held June 25, 2026, at 9:30 a.m.  
Meeting Room Huron Lodge Conference Room, 1881 Cabana Rd. West

1. **Call to Order**
2. **Disclosure of Interest**
3. **Minutes**  
Adoption of the minutes of the meeting held March 13, 2026 - ***attached***
4. **In Camera**  
Subject – Personal matter(s) about an identifiable individual – s. 239 (2) (b)
5. **Business Items**
  - 5.1 **Administrator’s Report**  
The Administrator’s Report dated June 25, 2026 – ***attached***
6. **Date of Next Meeting**  
September 2 or 3, 2026.
7. **Adjournment**

## **Committee of Management for Huron Lodge**

Meeting held March 13, 2026

A meeting of the Committee of Management for Huron Lodge is held this day commencing at 9:30 a.m. in Room 140, 350 City Hall Square West, there being present the following members:

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

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

Alina Sirbu, Executive Director Long Term Care Home, Administrator of Huron Lodge  
Karen Kadour, Committee Coordinator

#### **1. Call to Order**

The Chair calls the meeting to order at 9:25 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. Minutes**

Moved by Councillor Jo-Anne Gignac, seconded by Councillor Fred Francis  
That the minutes of the Committee of Management for Huron Lodge of its meeting held December 9, 2025, **BE ADOPTED** as presented.  
Carried.

#### **4. In Camera**

No report.

#### **5. Business Items**

##### **5.1 Administrator's Report**

Alina Sirbu, Executive Director Long Term Care Home, Administrator of Huron Lodge provides an overview of the Administrator's Report as follows:

- The Ministry of Long-Term Care inspectors will be inquiring about generator compliance in upcoming proactive inspections. Alina Sirbu advises Huron Lodge is in compliance.
- In terms of antipsychotics, Huron Lodge is beginning to trend in the right direction.
- Received a grant to purchase a new “shade” to cover the outdoor exercise equipment area.
- The Residents’ Council continues to be recognized at a provincial level by the Ontario Residents’ Councils Association.
- The Commission Reaccreditation of Rehabilitation Facilities (CARF) will be held on April 14 & 15, 2026.
- Received exceptional feedback from the residents on their surveys.

Councillor Jo-Anne Gignac suggests that the June 25, 2026, meeting be held at Huron Lodge as it will be an opportunity to view the outdoor shelter and to meet some of the residents.

In response to a question asked by Councillor Jo-Anne Gignac regarding ways to increase the number of those responding to the survey, Alina Sirbu replies that all residents that have capabilities of expressing their opinions and able to communicate are supported in the completion through a one-on-one approach. Councillor Jo-Anne Gignac adds she expected to see higher family participation and proposes a contest with swag as an incentive.

Alina Sirbu advises that the waiting list for Huron Lodge is the highest in the City of Windsor with over 600 people on the waiting list.

Councillor Ed Sleiman, Chair questions if some of the residents have a language barrier. Alina Sirbu responds that “Service Line Interpretation” system is available at Huron Lodge, so the language barrier does not pose a problem.

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 Care sector **BE RECEIVED** for information and **APPROVED** for the period starting December 10, 2025, and ending March 13, 2026.  
Carried.

## 6. Date of Next Meeting

The next meeting will be held at Huron Lodge at 9:30 a.m.

## 7. Adjournment

There being no further business, the meeting is adjourned at 9:35 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: March 13, 2026

Clerk’s File #:

**To:** Huron Lodge Long-Term Care Home Committee of Management

**Recommendation:**

**THAT** the report from the Administrator of Huron Lodge providing the Committee of Management with an update on issues related to resident care; the Ministry of Long-Term Care (MLTC); Ontario Health; Home and Community Care Support Services (HCCSS); and other initiatives that impact the Long-Term Care sector **BE RECEIVED** for information and **APPROVED** for the period starting December 10, 2025, and ending March 13, 2026.

**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 March 13, 2026.

**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**

**Proactive Compliance Related to Generators**

MLTC inspectors will now begin asking about generator compliance in upcoming proactive inspections. The MLTC does not require generators to have the capacity to operate Air Conditioning in the home. The requirements are specified in the regulation O.Reg 246/22. Huron Lodge is in compliance with this regulation.

### **New Data: Antipsychotic Use in Canadian Long-Term Care Homes (LTCHs)**

The Canadian Institute for Health Information (CIHI) has been reporting on the rates of potentially inappropriate use of antipsychotics in LTCH settings in Canada. The Appropriate Use Coalition prepared the latest data for 2024-2025, along with an analysis of trends and variations across Canada and within Ontario.

A few highlights include:

- Ontario had the lowest percentage of residents with potentially inappropriate antipsychotic drug use (17.8%) across Canadian provinces and territories, though use varied widely across all LTCHs in Ontario (0% to 72.8%).
- Ontario usage increased by 1.4% since the start of the pandemic.

Huron Lodge closely monitors all residents prescribed antipsychotics from admission onward. Huron Lodge inherits a significant portion of its residents with antipsychotics from hospital, so we prioritize a mandatory 6-week post-admission review to confirm ongoing appropriateness and reduce where possible through routine reassessments and strong non-pharmacological behaviour-management strategies.

### **MLTC Inspections**

MLTC inspectors attended Huron Lodge December 9-11, 2026, to complete an inspection on a Complaint and Critical Incident. There were no findings of non-compliance at the conclusion of the inspection. **(Appendix A)**

### **Other Business:**

#### **Financial**

Huron Lodge's outdoor exercise area is a key accessible amenity for its 224 residents, including those with disabilities. With full sun exposure increasingly limiting safe use during extreme heat, Huron Lodge identified the need for a shade structure for the exercise area through its capital budget process to ensure safe access throughout the day and across seasonal conditions.

The City secured funding through the Federation of Canadian Municipalities' Green Municipal Fund (GMF) under the Local Leadership for Climate Adaptation - Adaptation in Action initiative. The shade structure at Huron Lodge directly aligns with national climate resilience goals by reducing heat impacts, improving resident

well-being and strengthening climate adaptation on City property. The project is now complete with a total project cost of \$70,935 (inclusive of HST rebates), with GMF contributing \$45,576. Leveraging this external investment maximized municipal dollars and supported long term sustainability within Huron Lodge's capital infrastructure.

## 1. Quality Improvement

### **Continuous Quality Improvement (CQI)**

The first CQI Committee meeting of 2026 convened on February 9, 2026. Members reviewed quality indicator trends entering the new year and established key quality improvement priorities for 2026. Huron Lodge also utilized its' new Poly System technology to support virtual participation from external stakeholders, further strengthening collaborative engagement. The committee will continue its work in reviewing quality indicators and analyzing data trends to inform priorities for the coming year.

### **Residents' Council Involvement**

The Huron Lodge Residents' Council continues to exemplify strong resident-centered leadership. Their charitable contributions, internal fundraising, strategic recommendations, and involvement in staff education all contributed to a vibrant, engaged, and inclusive home environment. This aligns with their commitment to fostering meaningful resident voice, improving quality of life, and strengthening community partnerships within long-term care.

The Residents' Council is proud to report that as part of the Quality Improvement Plan, a member of the Residents' Council participated in 100 percent of orientation sessions in 2025. Residents' Council has been provided with an emergency code reference chart to keep them informed and will now be actively participating in the home's monthly emergency mock code exercises and are looking forward to a productive 2026.

### **Palliative Care Committee**

The Palliative Care Committee looks forward to its first meeting of 2026 in March. The committee remains focused on continuing to support compassionate care at end-of-life for our residents and families. Huron Lodge is committed to continuing education for staff on Palliative Care. Huron Lodge participated in a Registered Nurses Association of Ontario webinar focused on best practices in Palliative Care, supporting continued staff development and quality improvement in this area.

Huron Lodge will continue its work on establishing the Memorial Garden in collaboration with Residents' Council and the David Suzuki Foundation. The

garden will serve as a dedicated, tranquil space for residents, families, and staff to reflect and remember loved ones of the Huron Lodge community

### **Resident Satisfaction Survey**

The 2025 Resident Satisfaction Survey has been completed. The new question created based on a Resident Council initiative “Do you feel resident input during staff orientation helps new team members understand what makes this place feel like home?” received a positive response with 98% of residents surveyed in agreement. Huron Lodge is happy to report that 100% of residents are satisfied with care and services here. **(Appendix B)**

### **Family Satisfaction Survey**

The 2025 Family Satisfaction Survey, along with instructions for completion and submission, were distributed in December via either email or mail (according to family/caregiver preference). Responses received indicated generally positive satisfaction levels among families and caregivers. **(Appendix C)**

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

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

Huron Lodge’s Quality Improvement team has been meeting weekly to establish a multidisciplinary QIP. As we enter the upcoming cycle, Huron Lodge will strengthen the gains realized in 2025 and concentrate efforts on key quality priorities: reducing avoidable emergency department visits, enhancing resident satisfaction, expanding equity and diversity training, optimizing antipsychotic use, and decreasing the number of residents experiencing worsening stage 2 to 4 pressure ulcers. Huron Lodge’s QIP for the 2026/27 cycle is due March 31, 2026.

### **Quality Improvement Indicators Update (September 9-December 13, 2025)**

#### **Antipsychotics:**

#### **Antipsychotics - Facility Wide:**

*Current score: 20.0%*

*4-quarter average: 24.01%*

*Provincial average: 20.00%*

Between September and December of 2025, we continued to review all residents in the facility with a prescribed antipsychotic. Of the 40 reviews conducted in this time frame - 6 led to full discontinuation of the residents’ antipsychotics, with another two residents having had reductions made to their prescription. Those

residents with remaining antipsychotics continue to be re-evaluated on a quarterly basis by our physicians.

Huron Lodge continues to screen new admissions for externally prescribed antipsychotics and schedule follow up assessments after a 6-week adjustment period. So far this year, 54% of our admissions have come to Huron Lodge with an antipsychotic already prescribed.

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

**Antipsychotics - Poplar only:**

Three Poplar residents were assessed between September and December of 2025. Of those three, two had a full discontinuation of their prescribed antipsychotic and one had a reduction.

Of the two admissions we have received to our memory care unit this year so far, one has a prescribed antipsychotic and is pending a review in early March.

Currently, there are 16 total residents who have prescribed antipsychotics - all have been reviewed. The primary disqualifying factor for not pursuing reduction or discontinuation in this population is a documented history of physical responsiveness that has demonstrated improvement through pharmaceutical intervention.

**Wounds:**

Worsened stage 2-4 pressure injuries	New stage 2-4 pressure injuries
<i>Current score: 3.57%</i>	<i>Current score: 2.7%</i>
<i>4-quarter average: 5.58%</i>	<i>4-quarter average: 5.34%</i>
<i>Provincial average: 2.30%</i>	<i>Provincial average: 1.80%</i>

Our skin and wound program provides a highly interdisciplinary approach to wound prevention and healing. All residents’ skin integrity is monitored by personal support worker (PSW) staff daily, with more thorough head to toe assessments completed by nursing staff upon admission of the resident, re-admission, and quarterly. Any identified skin concerns are assessed on a weekly basis by our nurses, with input from our dieticians on nutritional supplementation and guided exercise from our physiotherapists to promote mobility and circulation. More complex wounds are also routinely monitored by our wound specialist nurse practitioner.

So far this year, we have admitted only one resident with an externally acquired pressure injury (stage one).

This past quarter was focused on one-on-one training of our nursing staff on updates to the PointClickCare (PCC) wound application to ensure consistent quality assessments. Additionally, guided by input from our skin and wound committee, some adjustments were made to each unit to improve access and flow of skin care products, enabling more immediate interventions for identified skin concerns.

Going forward, our goal is to utilize the enhanced data provided by the PCC skin and wound app to initiate assessments and education that target underperforming units with a focus on pressure injuries and skin tears.

**Wounds – Poplar only:**

Currently, there are three residents with pressure injuries on the Poplar unit. All three of them are no higher than stage one (the lowest of the four stages of pressure injuries, characterized by an area of unopened, reddened skin).

These residents are supported by staff following individualized care plans that focus on routine continence care, nutritional support guided by our Dietitians, use of pressure relieving support surfaces, and consistent repositioning throughout the day.

While there are some barriers to optimal wound care in this population due to cognitive deficits - such as difficulties communicating discomfort or remembering positioning or repositioning cues - the fact that no wound has deteriorated beyond the initial stages, which are identified and treated early on, is a testament to the quality care and support provided by our Poplar staff.

**Falls:**

*Current score: 14.42 %*

*4-quarter average: 10.96 %*

*Provincial average: 16.20 %*

For the quality indicator of falls in the last 30 days, our current scores continue to be below the provincial average. New admissions this quarter continue to come to Huron Lodge having a history of falls and being high risk prior to admission. Of the new admissions this quarter, 11 of 15 residents came to Huron Lodge with falls in the last 30 -180 days prior to admission; 6 of these residents had a serious fall with fracture prior to admission to Huron Lodge. Fall precaution devices (fall mats, bed alarm systems, chair alarms, hip/head protectors and hi/low beds) continue to be implemented with existing residents and on admission to reduce the risk of injury.

A new Post Fall Huddle Form had been previously created to review residents who have had an increase in falls within a few days/within their new admission period. This root cause analysis evaluation looks at physical, cognitive and environmental factors that may cause a resident to fall inclusive of a medication review. Following completion of this form, unit huddles are conducted by quality improvement registered practical nurses (RPNs) to educate staff on ways they can decrease fall risk in our highest risk residents, and their plan of care is updated to assist staff in identifying our high fall risk residents. By the end of 2025, 41 fall reviews and huddles were completed with our highest fall risk residents.

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

**Restraints:**

*Current score: 0.97%*

*4-quarter average: 1.34%*

*Provincial average: 1.50%*

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

## **2. Third-Party Agency Inspections**

There have been 6, third-party inspections since the last time the Committee of Management met. Administration is proud of the fact that there was only one order issued (noted below) during the inspections.

The Windsor-Essex County Health Unit (WECHU) attended Huron Lodge December 10, 2025, and February 5, 2026, completing three inspections including:

- December 10, 2025: An Outbreak Response Investigation: Zero violations were noted on the attached report. **(Appendix D)**
- February 5, 2026: A Facility Compliance Inspection: Zero violations were noted on the attached report. **(Appendix E)**

- February 5, 2026: A Food Premises Compliance Inspection: Zero violations were noted on the attached report. **(Appendix F)**

The Ministry of Labour attended Huron Lodge December 22, 2025, January 13 and January 22, 2026, completing three inspections:

- December 22, 2025: Field Visit Report – Occupational Illness: No orders were issued. **(Appendix G)**
- January 13, 2026: Field Visit Report - Occupational Illness: One notice of compliance was issued - Huron Lodge to provide the inspector the most recent mechanical ventilation system inspection for Poplar Unit. **(Appendix H)**

The report was obtained from the Facilities Department and provided to the Ministry of Labour Inspector on 2026-01-15.

- January 22, 2026: Field Visit Report – Complaint Investigation: No orders were issued. **(Appendix I)**

### 3. Shining Moments: Celebrating our Successes

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

Huron Lodge is proud to be featured in the Ontario Association of Residents' Councils' *Resident Engagement Toolkit*, titled *Everything About Residents Involves Residents*. This provincial best-practice resource supports long-term care homes in fostering meaningful resident involvement across all aspects of home operations.

Among Ontario's 626 long-term care homes, *Huron Lodge was selected as one of only 11 homes highlighted for exemplary resident engagement*, specifically recognizing our resident-driven mission statement and mural initiative. We are deeply proud of the collaborative efforts of our residents and staff, whose creativity and dedication brought this vision to life.

Respectfully submitting this Committee of Management report for your information.



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



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**Dana Paladino**  
**Commissioner, Human & Health Services**



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

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

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

### Public Report

<b>Report Issue Date:</b> December 11, 2025
<b>Inspection Number:</b> 2025-1626-0005
<b>Inspection Type:</b> Complaint Critical Incident
<b>Licensee:</b> Corporation of the City of Windsor
<b>Long Term Care Home and City:</b> Huron Lodge Long Term Care Home, Windsor

### INSPECTION SUMMARY

The inspection occurred onsite on the following dates: December 9-11, 2025

The following intakes were inspected:

- Intake: #00162921 - M631-000041-25 - related to alleged improper care to resident
- Intake: #00164748 - complaint related to resident care

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

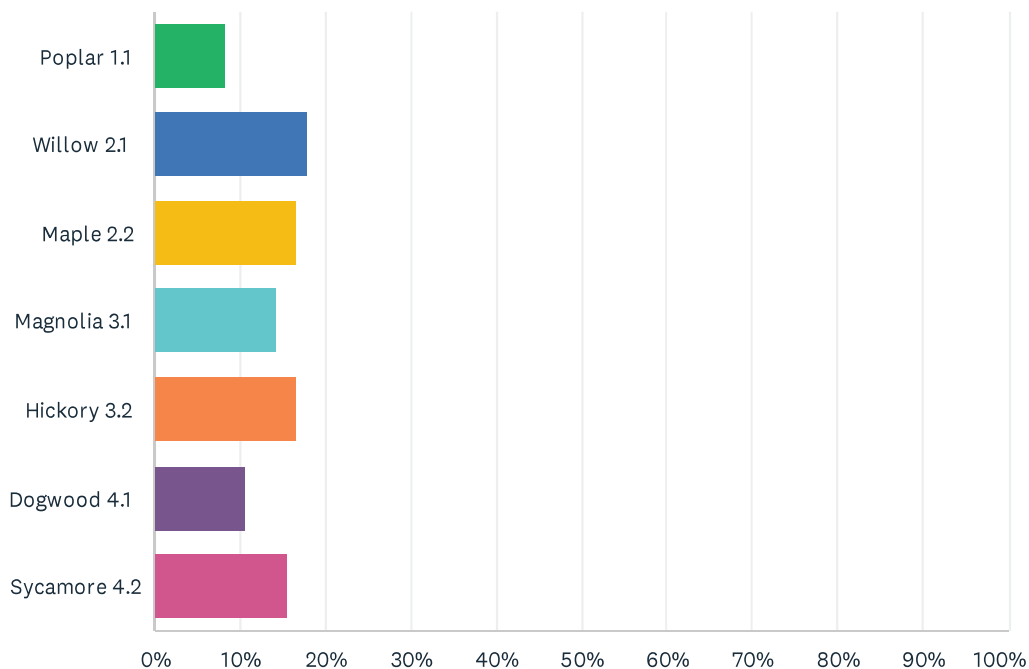
Resident Care and Support Services

### INSPECTION RESULTS

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

### Q1 Home Area:

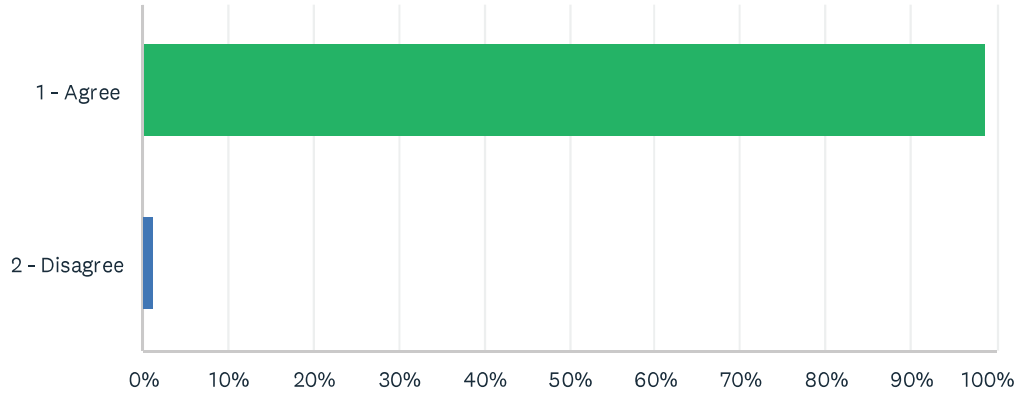
Answered: 84 Skipped: 0



ANSWER CHOICES	RESPONSES	
Poplar 1.1	8.33%	7
Willow 2.1	17.86%	15
Maple 2.2	16.67%	14
Magnolia 3.1	14.29%	12
Hickory 3.2	16.67%	14
Dogwood 4.1	10.71%	9
Sycamore 4.2	15.48%	13
<b>TOTAL</b>		<b>84</b>

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

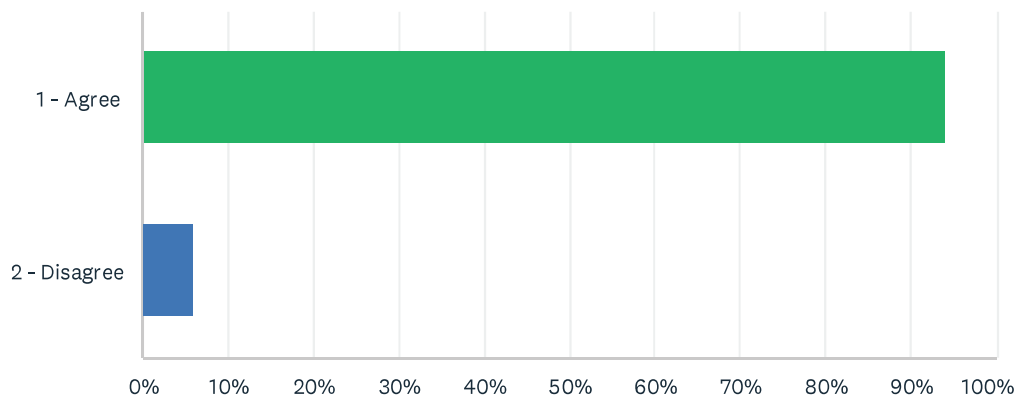
Answered: 80 Skipped: 4



ANSWER CHOICES	RESPONSES	
1 - Agree	98.75%	79
2 - Disagree	1.25%	1
TOTAL		80

### Q3 My food and beverage preferences are considered.

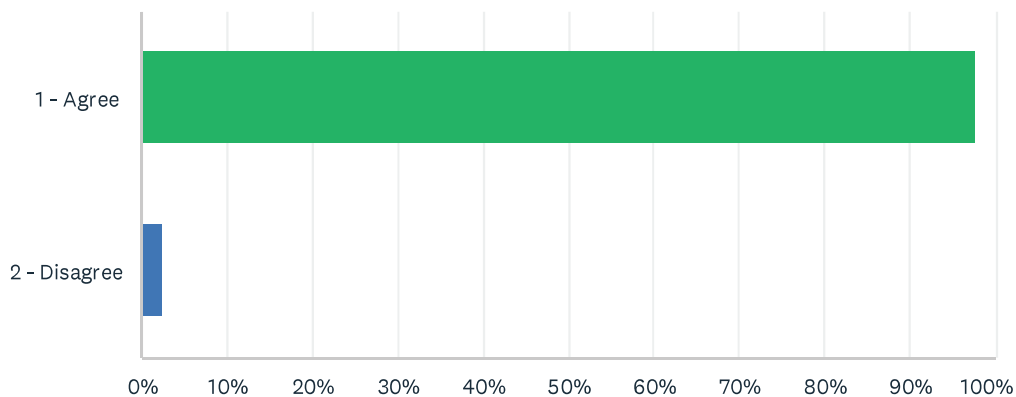
Answered: 84 Skipped: 0



ANSWER CHOICES	RESPONSES	
1 - Agree	94.05%	79
2 - Disagree	5.95%	5
TOTAL		84

## Q4 There are adequate portions of food available.

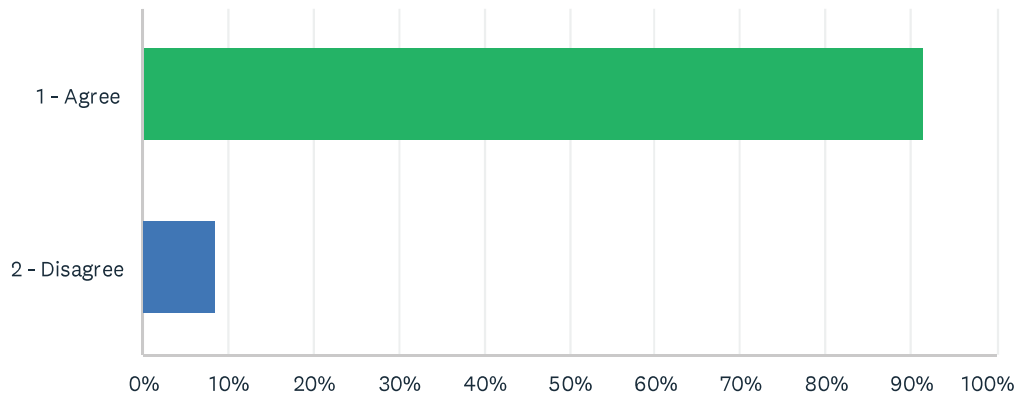
Answered: 84 Skipped: 0



ANSWER CHOICES	RESPONSES
1 - Agree	97.62% 82
2 - Disagree	2.38% 2
TOTAL	84

## Q5 There is a sufficient variety of food.

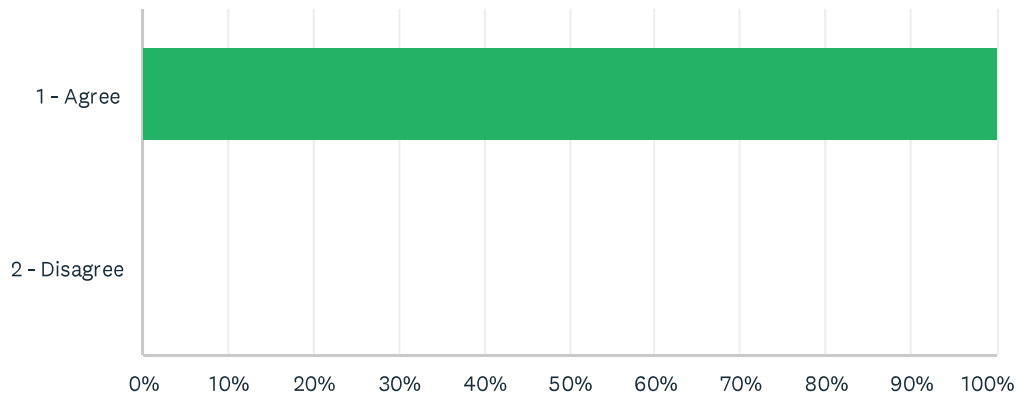
Answered: 82 Skipped: 2



ANSWER CHOICES	RESPONSES
1 - Agree	91.46% 75
2 - Disagree	8.54% 7
TOTAL	82

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

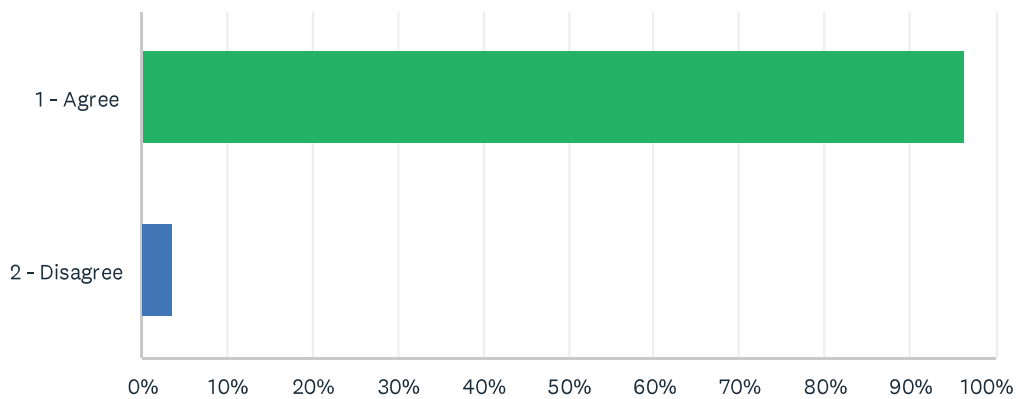
Answered: 84 Skipped: 0



ANSWER CHOICES	RESPONSES	
1 - Agree	100.00%	84
2 - Disagree	0.00%	0
TOTAL		84

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

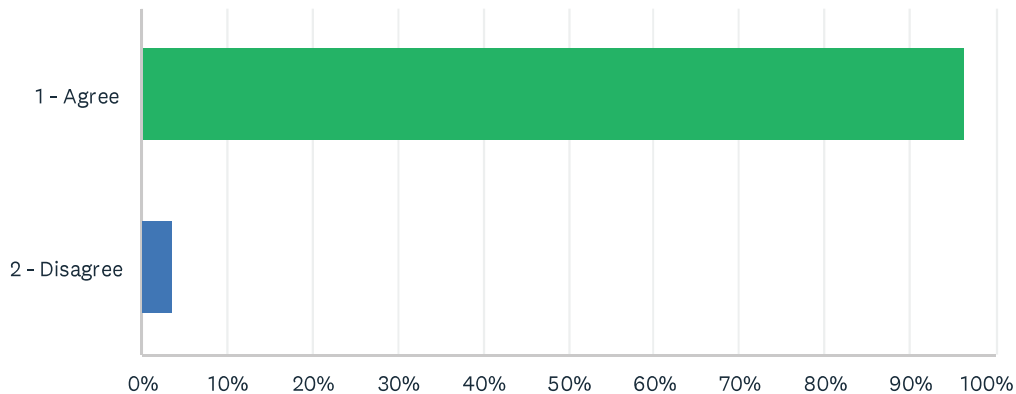
Answered: 84 Skipped: 0



ANSWER CHOICES	RESPONSES
1 - Agree	96.43% 81
2 - Disagree	3.57% 3
TOTAL	84

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

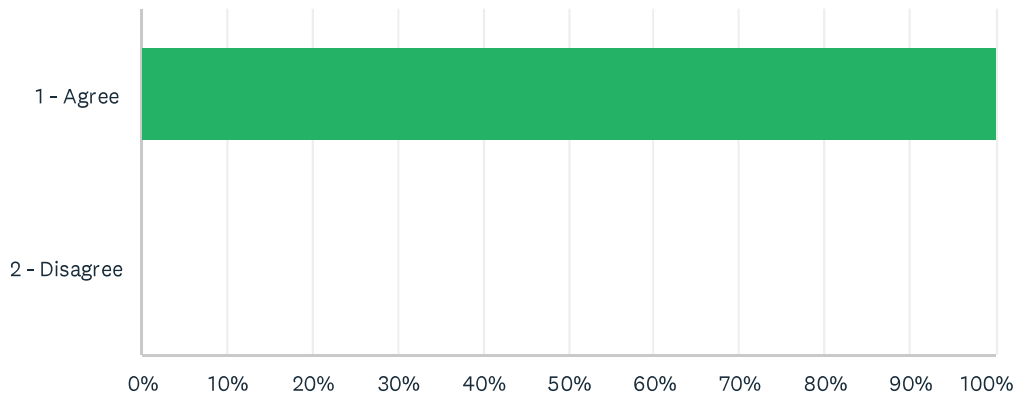
Answered: 83 Skipped: 1



ANSWER CHOICES	RESPONSES
1 - Agree	96.39% 80
2 - Disagree	3.61% 3
TOTAL	83

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

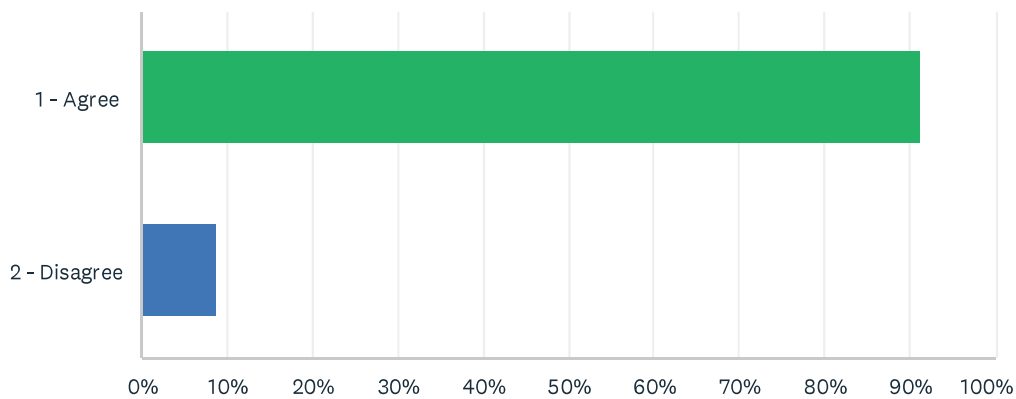
Answered: 22 Skipped: 62



ANSWER CHOICES	RESPONSES	
1 - Agree	100.00%	22
2 - Disagree	0.00%	0
TOTAL		22

## Q10 The Physiotherapy service meets my needs.

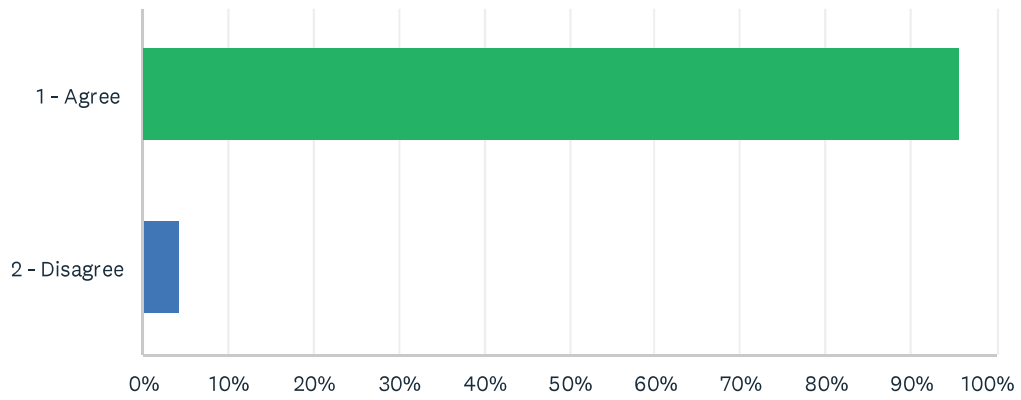
Answered: 68 Skipped: 16



ANSWER CHOICES	RESPONSES	
1 - Agree	91.18%	62
2 - Disagree	8.82%	6
TOTAL		68

## Q11 The hairdressing service meets my needs.

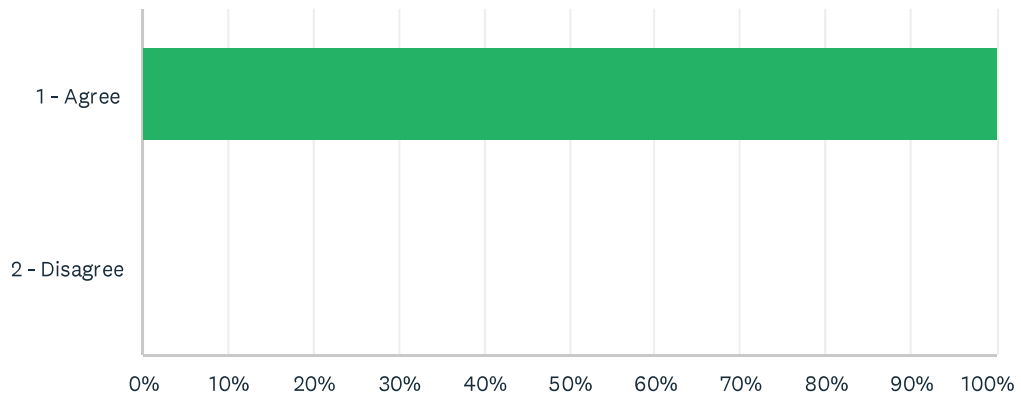
Answered: 47 Skipped: 37



ANSWER CHOICES	RESPONSES
1 - Agree	95.74% 45
2 - Disagree	4.26% 2
TOTAL	47

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

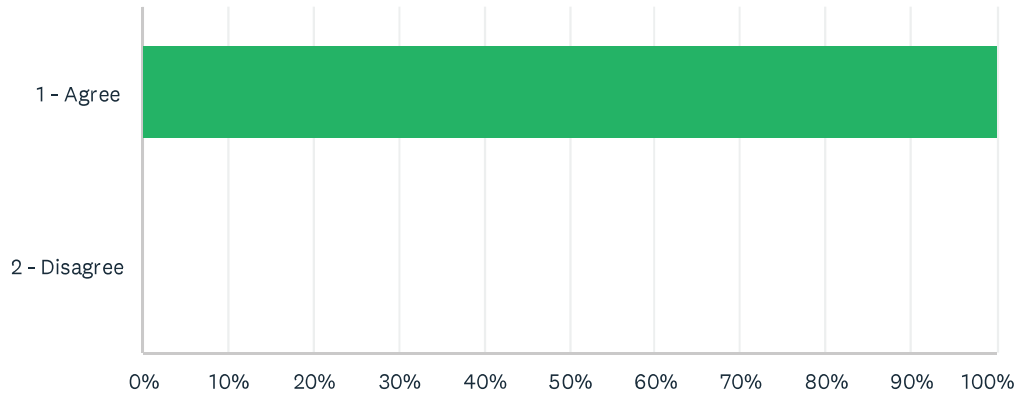
Answered: 83 Skipped: 1



ANSWER CHOICES	RESPONSES	
1 - Agree	100.00%	83
2 - Disagree	0.00%	0
TOTAL		83

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

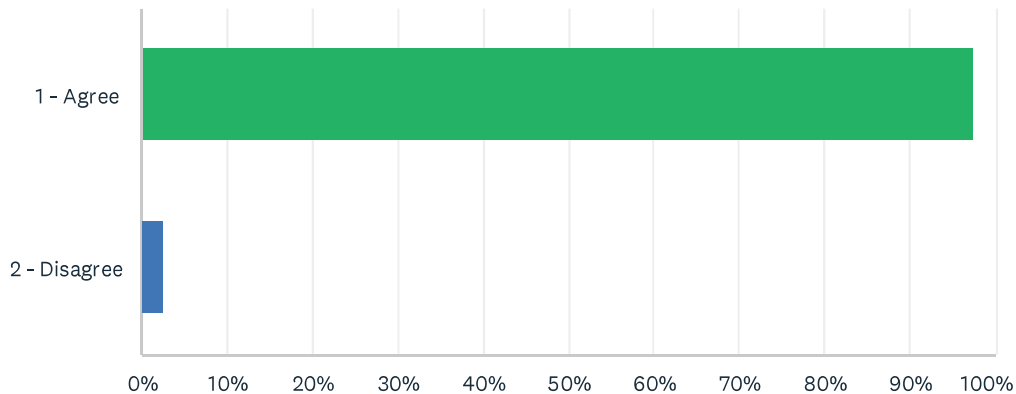
Answered: 83 Skipped: 1



ANSWER CHOICES	RESPONSES	
1 - Agree	100.00%	83
2 - Disagree	0.00%	0
TOTAL		83

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

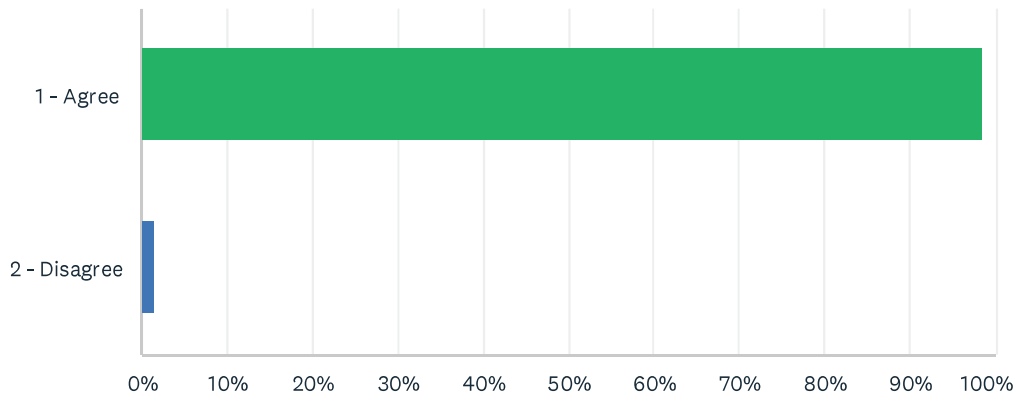
Answered: 81 Skipped: 3



ANSWER CHOICES	RESPONSES	
1 - Agree	97.53%	79
2 - Disagree	2.47%	2
TOTAL		81

### Q15 Do you feel resident input during staff orientation helps new team members understand what makes this place feel like home?

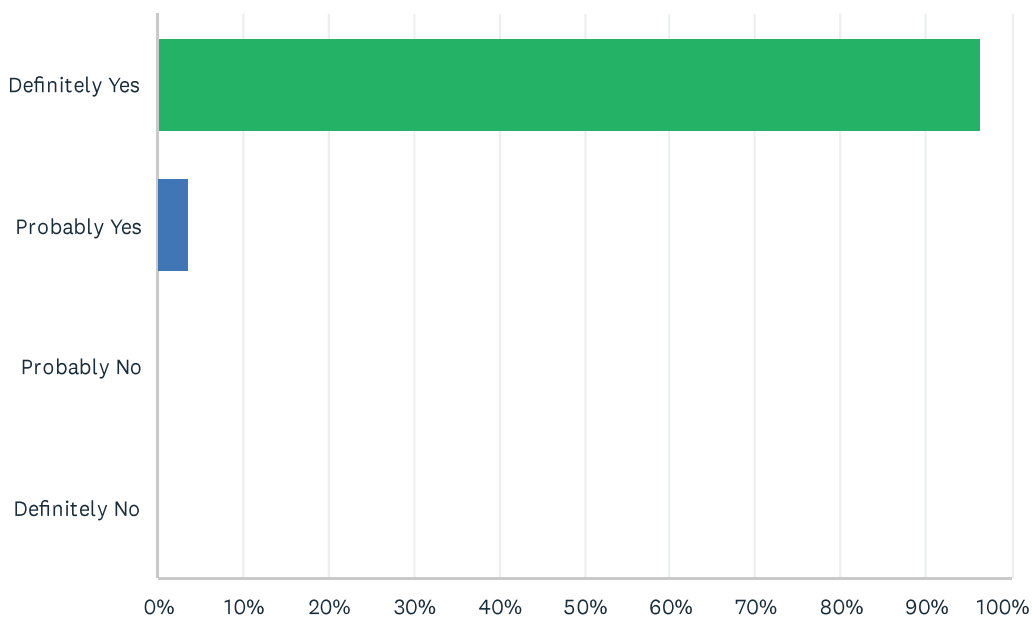
Answered: 72 Skipped: 12



ANSWER CHOICES	RESPONSES	
1 - Agree	98.61%	71
2 - Disagree	1.39%	1
TOTAL		72

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

Answered: 84 Skipped: 0



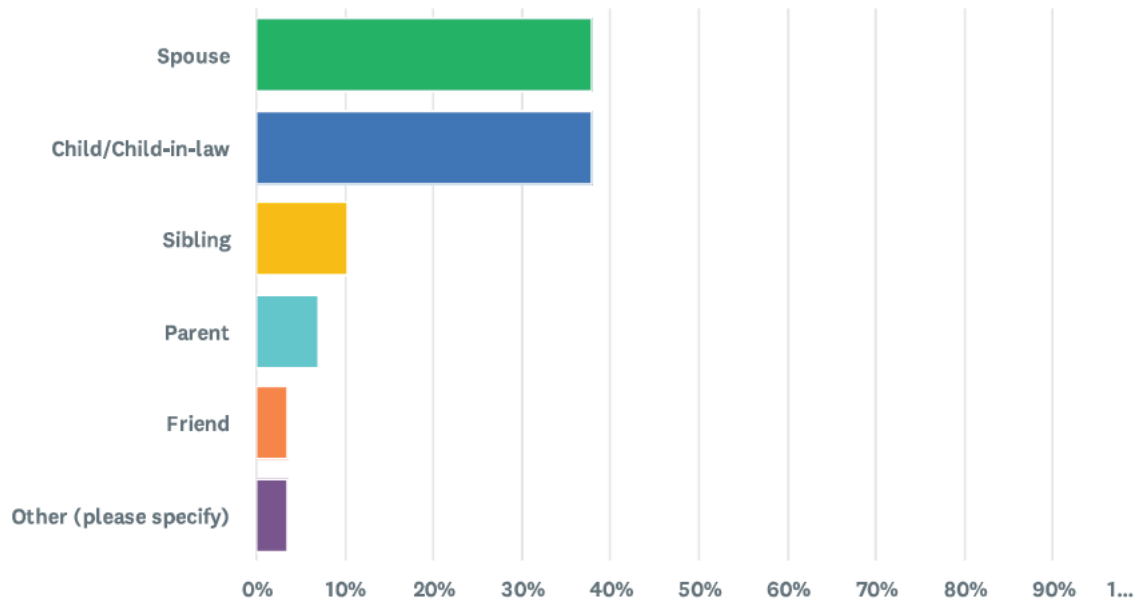
ANSWER CHOICES	RESPONSES	
Definitely Yes	96.43%	81
Probably Yes	3.57%	3
Probably No	0.00%	0
Definitely No	0.00%	0
<b>TOTAL</b>		<b>84</b>

Q17 Thank you for the time you have taken to let us know how we are doing and how we might improve. If you rated any of the items Disagree please tell us why so we can make the necessary improvements.

Answered: 16 Skipped: 68

## Q1 Please indicate your relationship to resident.

Answered: 29 Skipped: 0



Answer Choices	Percentage	Responses
<span style="color: green;">●</span> Spouse	37.93%	11
<span style="color: blue;">●</span> Child/Child-in-law	37.93%	11
<span style="color: orange;">●</span> Sibling	10.34%	3
<span style="color: teal;">●</span> Parent	6.90%	2
<span style="color: red;">●</span> Friend	3.45%	1
<span style="color: purple;">●</span> Other (please specify) <a href="#">Show responses</a>	3.45%	1
<b>Total</b>		<b>29</b>

# Huron Lodge 2025 FAMILY Satisfaction Survey

#	OTHER (PLEASE SPECIFY)	DATE
1	Nephew	2/25/2026 11:52 AM

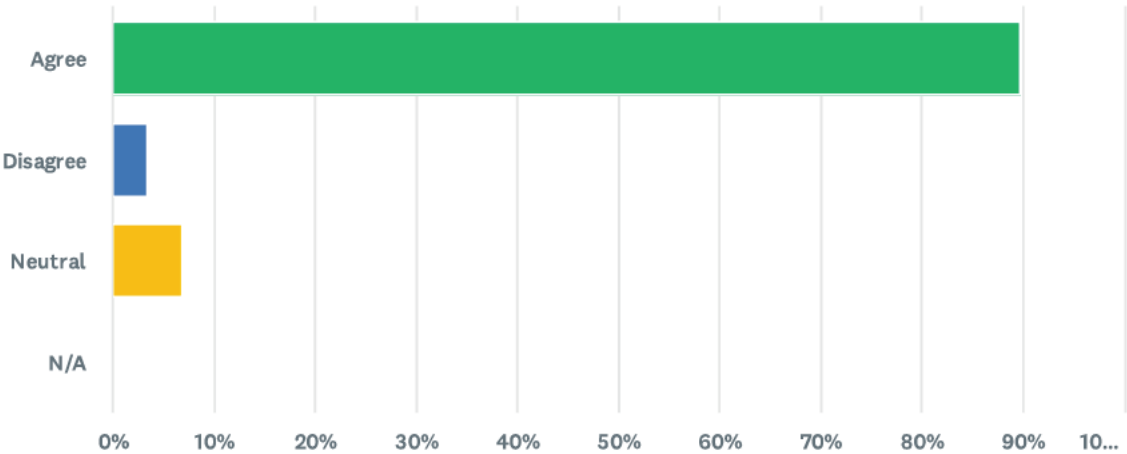
## Q2 How long has your loved one lived at Huron Lodge?

Answered: 28 Skipped: 1

#	RESPONSES	DATE
1	March 2023	2/25/2026 12:12 PM
2	17 months	2/25/2026 12:08 PM
3	2 years	2/25/2026 12:07 PM
4	1 year and 2 months	2/25/2026 12:04 PM
5	October 2025	2/25/2026 12:01 PM
6	1 year	2/25/2026 11:52 AM
7	2 years	2/25/2026 11:46 AM
8	18 months	2/25/2026 11:45 AM
9	3.5 years	2/25/2026 11:39 AM
10	6 years	2/25/2026 11:38 AM
11	5 years	2/25/2026 11:35 AM
12	3 years	2/25/2026 11:34 AM
13	18 months	2/25/2026 11:07 AM
14	1 year	2/25/2026 11:06 AM
15	7 years	2/25/2026 11:05 AM
16	1.5 years	2/25/2026 11:01 AM
17	6 years	2/25/2026 10:59 AM
18	6 months	2/25/2026 10:58 AM
19	6 years	2/25/2026 10:57 AM
20	1 year	2/25/2026 10:55 AM
21	3 years	2/25/2026 10:54 AM
22	3.5 years	2/25/2026 10:53 AM
23	2 years	2/25/2026 10:46 AM
24	1 1/2 years	2/25/2026 9:57 AM
25	8 years	2/25/2026 9:54 AM
26	3 years	2/25/2026 9:46 AM
27	4 months	2/25/2026 9:44 AM
28	10 months	1/23/2026 10:30 AM

### Q3 As the Power of Attorney or Substitute Decision Maker, Huron Lodge provides an opportunity to be involved in decisions related to my loved one's care.

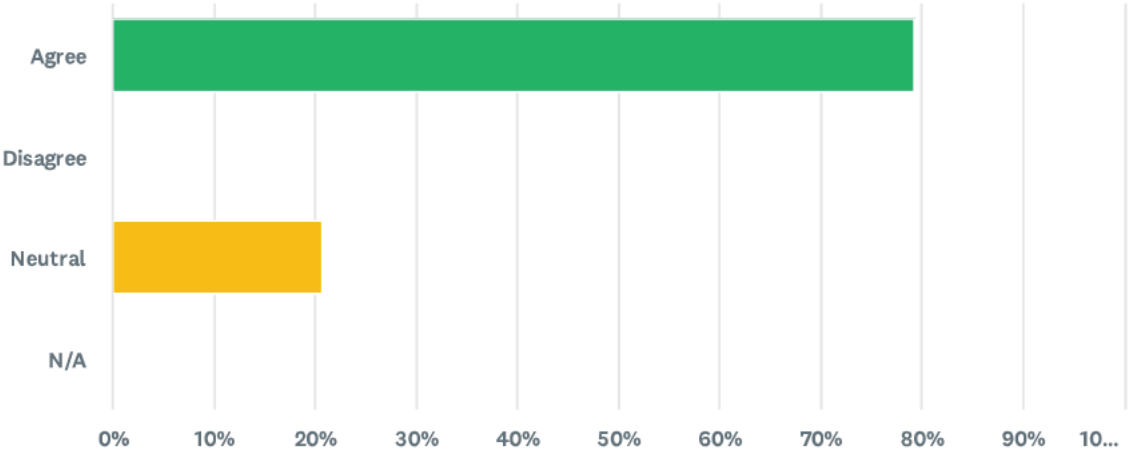
Answered: 29 Skipped: 0



Answer Choices	Percentage	Responses
● Agree	89.66%	26
● Disagree	3.45%	1
● Neutral	6.90%	2
● N/A	0%	0
<b>Total</b>		<b>29</b>

### Q4 I know who to approach when there is a problem or concern.

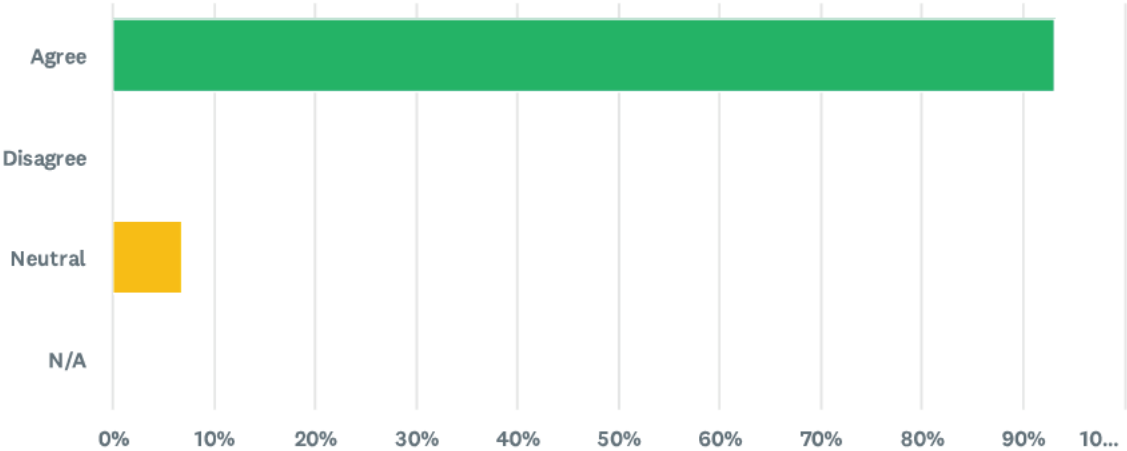
Answered: 29 Skipped: 0



Answer Choices	Percentage	Responses
● Agree	79.31%	23
● Disagree	0%	0
● Neutral	20.69%	6
● N/A	0%	0
<b>Total</b>		<b>29</b>

### Q5 Staff provides care in a kind, friendly and caring manner.

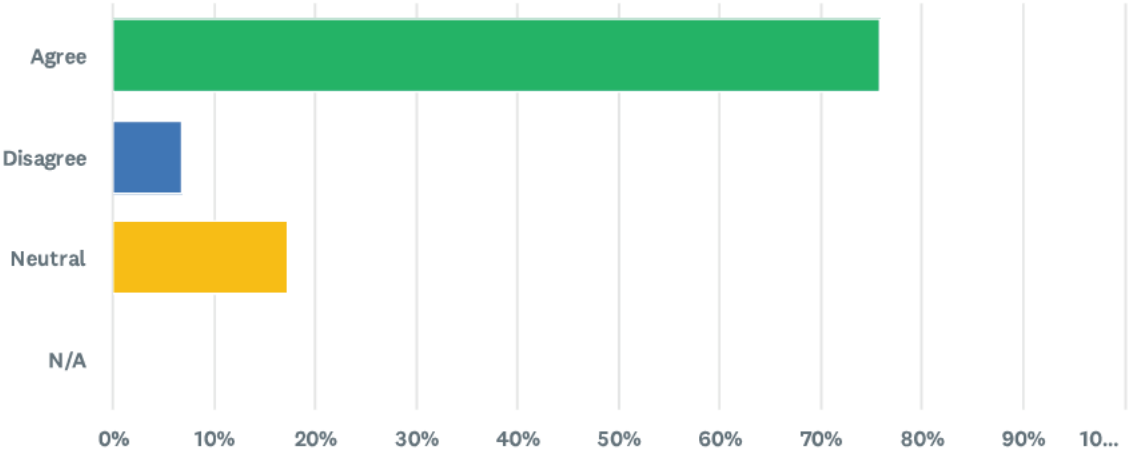
Answered: 29 Skipped: 0



Answer Choices	Percentage	Responses
● Agree	93.10%	27
● Disagree	0%	0
● Neutral	6.90%	2
● N/A	0%	0
<b>Total</b>		<b>29</b>

### Q6 Attention is paid to personal care and grooming.

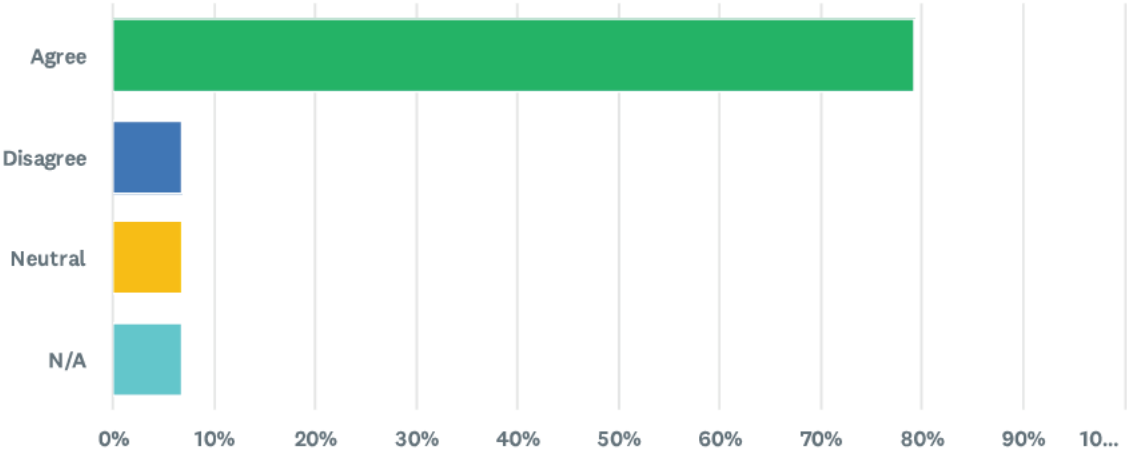
Answered: 29 Skipped: 0



Answer Choices	Percentage	Responses
● Agree	75.86%	22
● Disagree	6.90%	2
● Neutral	17.24%	5
● N/A	0%	0
<b>Total</b>		<b>29</b>

### Q7 The hairdressing service meets my loved one's needs.

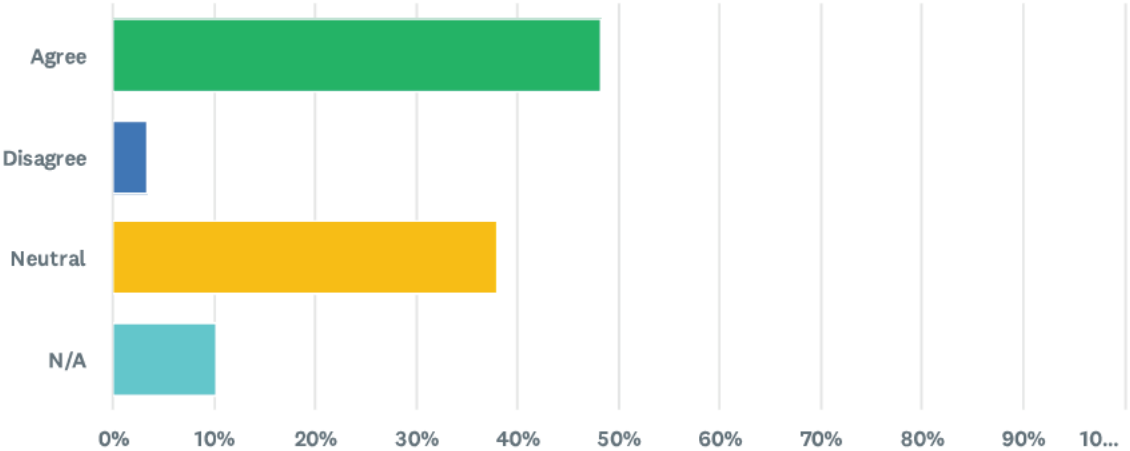
Answered: 29 Skipped: 0



Answer Choices	Percentage	Responses
● Agree	79.31%	23
● Disagree	6.90%	2
● Neutral	6.90%	2
● N/A	6.90%	2
<b>Total</b>		<b>29</b>

### Q8 The physician is helpful and available for consultation as required.

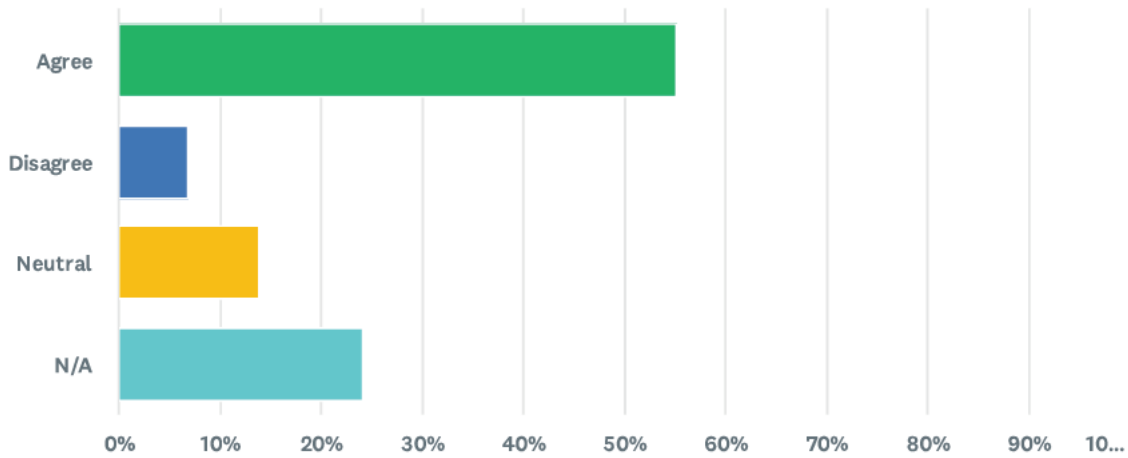
Answered: 29 Skipped: 0



Answer Choices	Percentage	Responses
● Agree	48.28%	14
● Disagree	3.45%	1
● Neutral	37.93%	11
● N/A	10.34%	3
<b>Total</b>		<b>29</b>

## Q9 Physiotherapy service meets my loved one's needs.

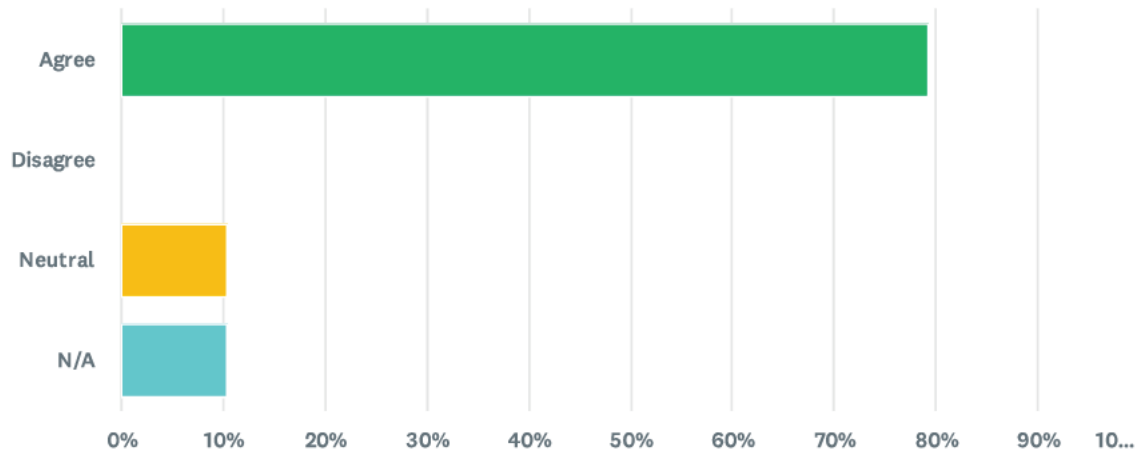
Answered: 29 Skipped: 0



Answer Choices	Percentage	Responses
<span style="color: green;">●</span> Agree	55.17%	16
<span style="color: blue;">●</span> Disagree	6.90%	2
<span style="color: yellow;">●</span> Neutral	13.79%	4
<span style="color: teal;">●</span> N/A	24.14%	7
<b>Total</b>		<b>29</b>

## Q10 The recreation program enhances the quality of life of residents.

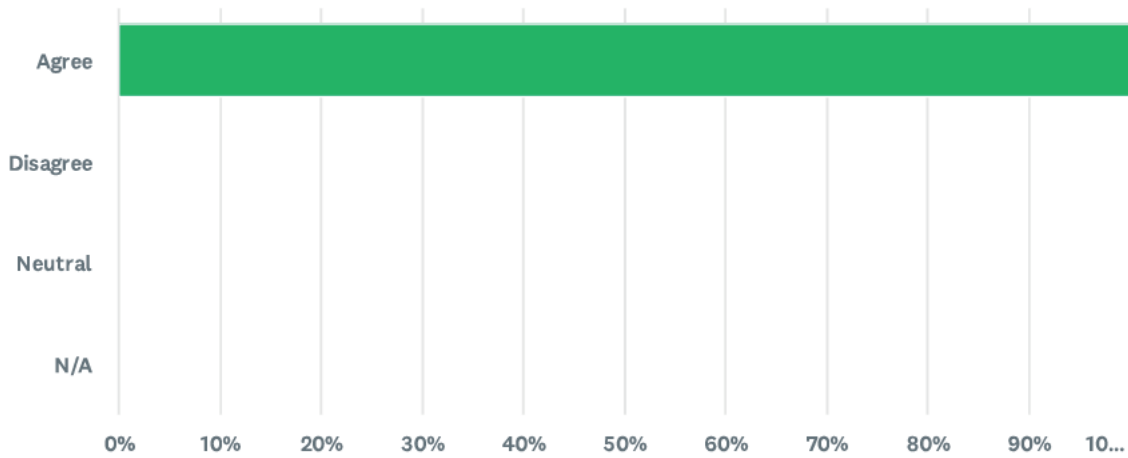
Answered: 29 Skipped: 0



Answer Choices	Percentage	Responses
● Agree	79.31%	23
● Disagree	0%	0
● Neutral	10.34%	3
● N/A	10.34%	3
<b>Total</b>		<b>29</b>

## Q11 Cleanliness and general repair of the building is good.

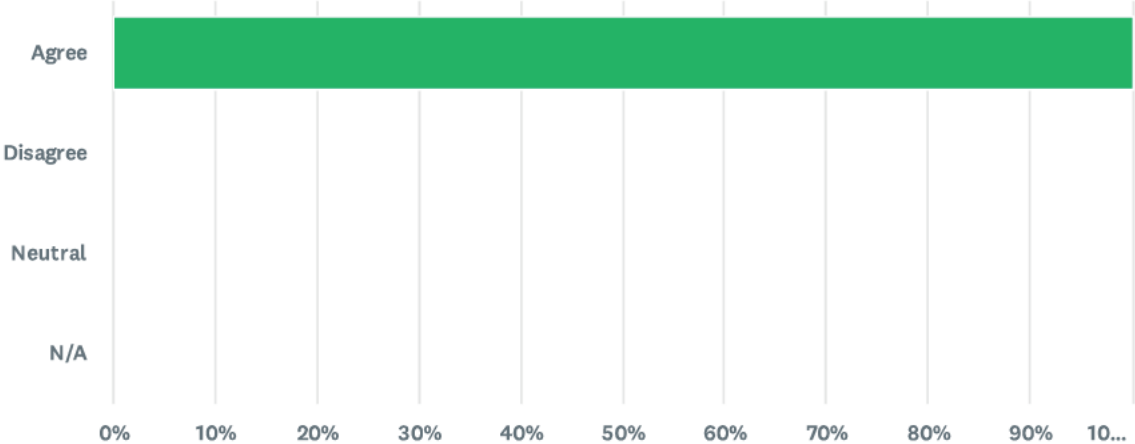
Answered: 29 Skipped: 0



Answer Choices	Percentage	Responses
● Agree	100.00%	29
● Disagree	0%	0
● Neutral	0%	0
● N/A	0%	0
<b>Total</b>		<b>29</b>

### Q12 Huron Lodge provides regular communication updates throughout the year.

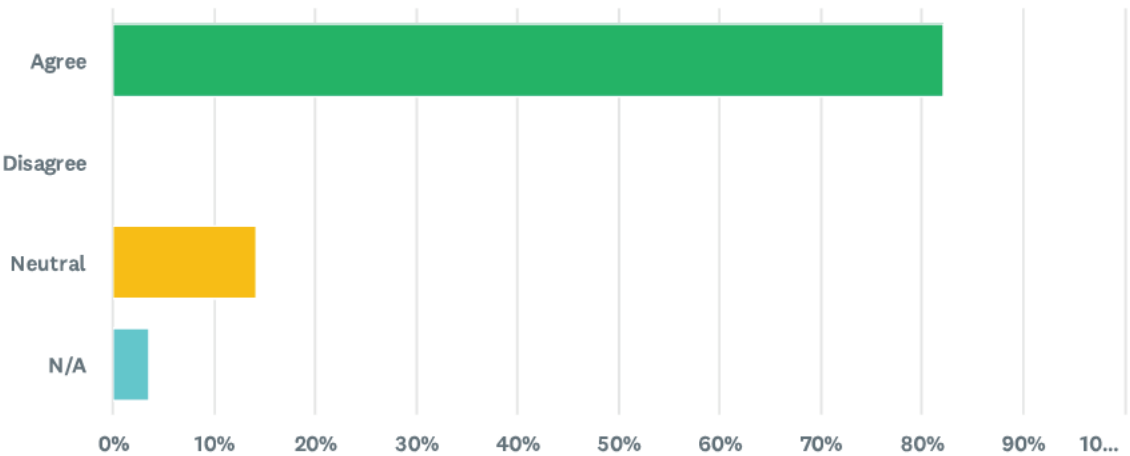
Answered: 29 Skipped: 0



Answer Choices	Percentage	Responses
● Agree	100.00%	29
● Disagree	0%	0
● Neutral	0%	0
● N/A	0%	0
<b>Total</b>		<b>29</b>

### Q13 Managers are available and responsive to my questions/concerns.

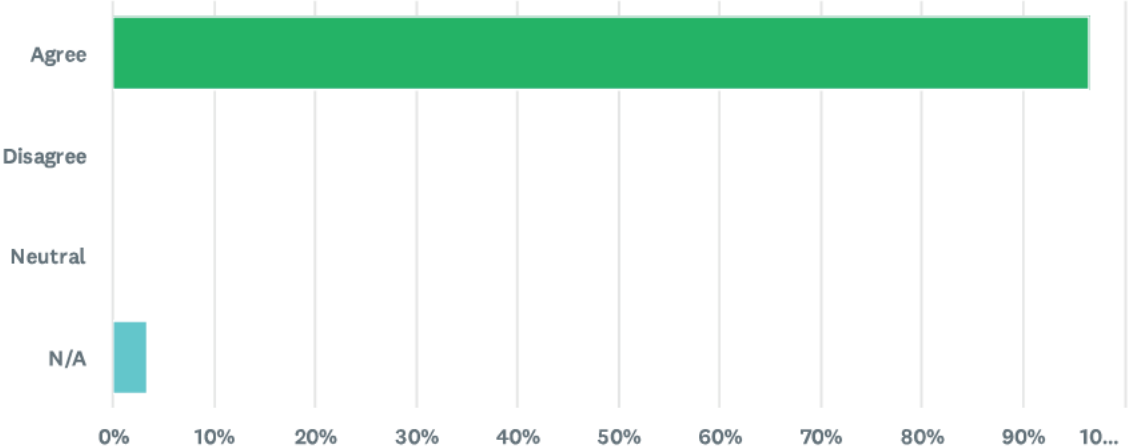
Answered: 28 Skipped: 1



Answer Choices	Percentage	Responses
● Agree	82.14%	23
● Disagree	0%	0
● Neutral	14.29%	4
● N/A	3.57%	1
<b>Total</b>		<b>28</b>

### Q14 Huron Lodge-specific business transactions and questions regarding finances are dealt with efficiently and confidentially.

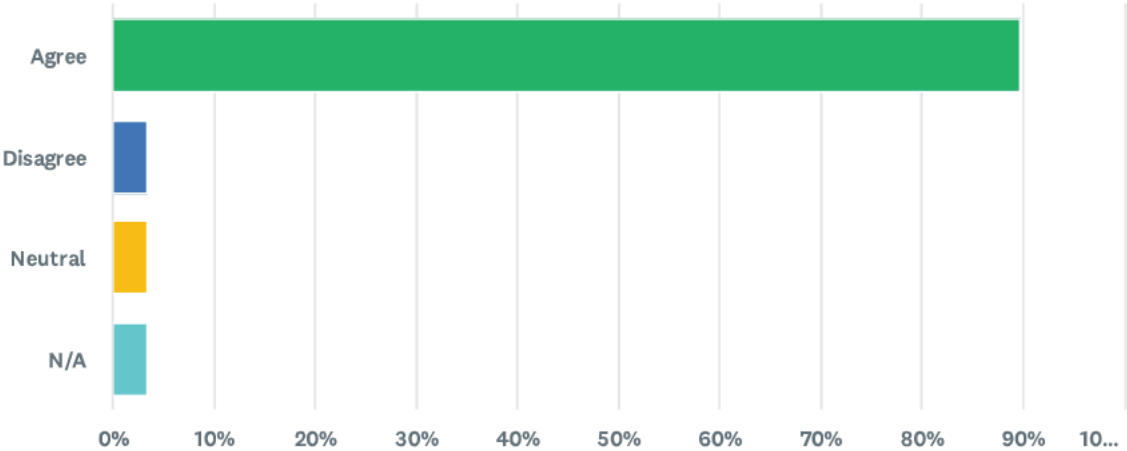
Answered: 29 Skipped: 0



Answer Choices	Percentage	Responses
● Agree	96.55%	28
● Disagree	0%	0
● Neutral	0%	0
● N/A	3.45%	1
<b>Total</b>		<b>29</b>

### Q15 Meals are of good quality with a sufficient variety of items.

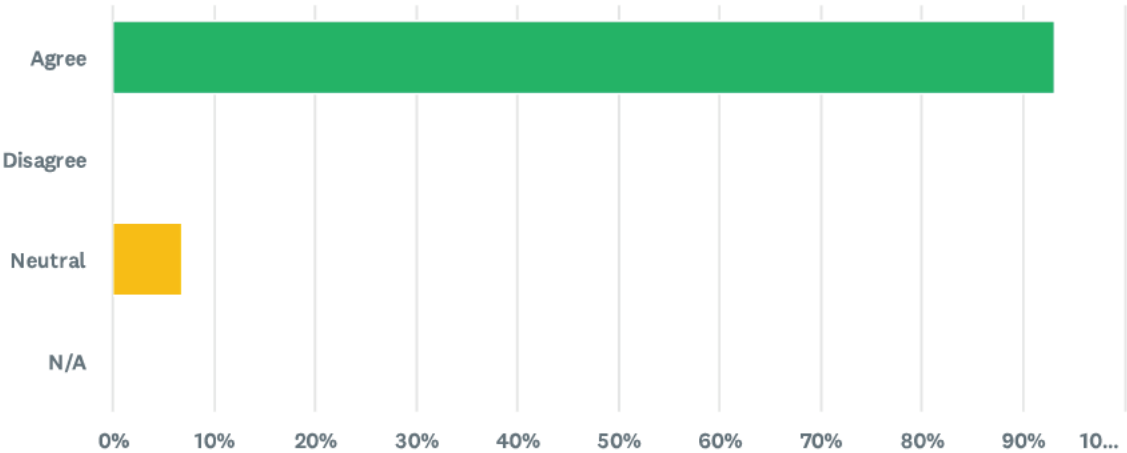
Answered: 29 Skipped: 0



Answer Choices	Percentage	Responses
● Agree	89.66%	26
● Disagree	3.45%	1
● Neutral	3.45%	1
● N/A	3.45%	1
<b>Total</b>		<b>29</b>

### Q16 I believe my loved one is safe and secure in the home.

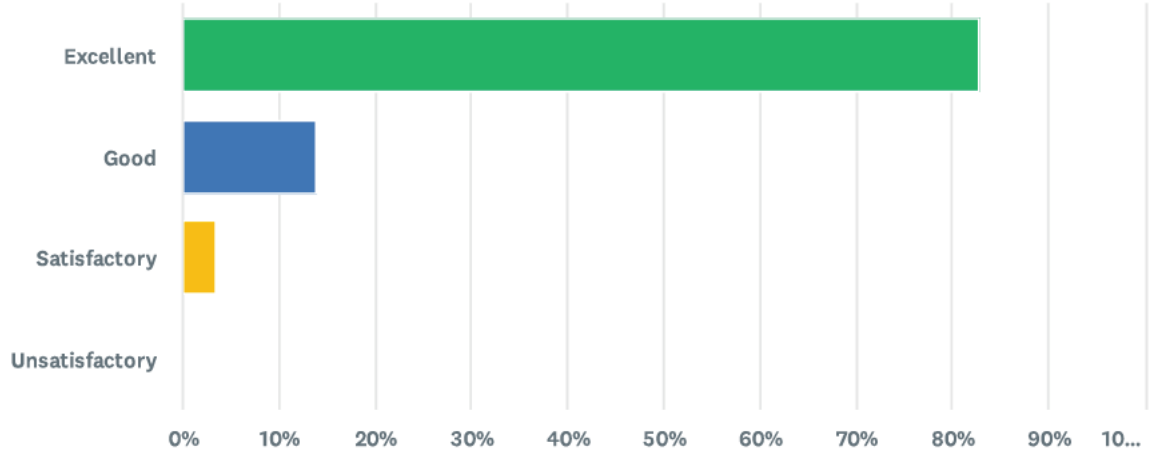
Answered: 29 Skipped: 0



Answer Choices	Percentage	Responses
● Agree	93.10%	27
● Disagree	0%	0
● Neutral	6.90%	2
● N/A	0%	0
<b>Total</b>		<b>29</b>

Q17 Please fill in this blank: Huron Lodge is a(n) \_\_\_\_\_ place to live.

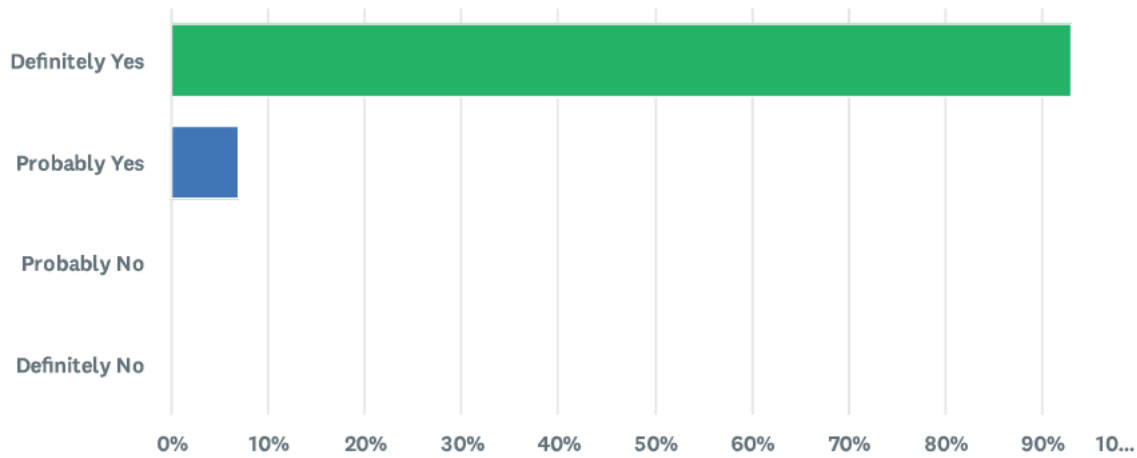
Answered: 29 Skipped: 0



Answer Choices	Percentage	Responses
● Excellent	82.76%	24
● Good	13.79%	4
● Satisfactory	3.45%	1
● Unsatisfactory	0%	0
<b>Total</b>		<b>29</b>

## Q18 I would recommend this home to others.

Answered: 29 Skipped: 0



Answer Choices	Percentage	Responses
● Definitely Yes	93.10%	27
● Probably Yes	6.90%	2
● Probably No	0%	0
● Definitely No	0%	0
<b>Total</b>		<b>29</b>

## Q19 If you checked Disagree with any of the statements above, please tell us how we can improve.

Answered: 7 Skipped: 22

#	RESPONSES	DATE
1	Doctor not available for direct consult, but doctors comments were relayed via the RN. Satisfactory I don't need a call back but I see no point in being anonymous. Overall, 10/10. Thanks for taking such great care of [REDACTED]	2/25/2026 11:58 AM
2	Concerns have already been brought forward but nothing seemed to change so not sure how to answer	2/25/2026 11:48 AM
3	Everything and everyone there has been excellent since [REDACTED] has been there	2/25/2026 11:45 AM
4	90% of the time the staff are kind, some coverage staff lack training in dementia care New hairdresser is very accommodating and kind Optical/audiology services would be helpful Uncertain if Physio meets needs Better outdoor seating would be helpful Ashleigh has been very helpful with referrals to [REDACTED] My mom is [REDACTED] with a hearing aide, she often can't see/hear the small screen TV used for games, church services-much larger monitor is needed My mom especially likes the soups My mother is in the [REDACTED] unit. Often she declines a shower at her appointed time. I would like her to have a "Plan B" rather than wait 4 more days until her next scheduled time. Her hair is unusually very dirty and matted. Also she shares a bathroom, there is often confusion over toothbrushes, drinking glasses, brushes, a better system of sharing would be more hygenic. A private appointment room would be helpful in CNIB/audiologist Our family thanks you for being such a caring, well run facility [REDACTED]	2/25/2026 11:23 AM
5	I did not check disagree with any of the statements, however, I feel the portions of food, while very good, are too large for my mom. I think it overwhelms her and much goes to waste. Also coffee and tea introduced at the beginning of the meal might spoil her appetite. We are working on that with the staff and nutritionist. Thank you so much for the great care . [REDACTED] POA for [REDACTED]	2/25/2026 11:04 AM
6	The food is not very good. The old system had better food and timely meals Physio could be more often and more in depth Recreation needs more activity things to get folks moving and laughing, more games Diapers should be changed more often Most of the staff is very good	2/25/2026 10:52 AM
7	I do believe your staff is amazing and they go beyond there love for everyone. The [REDACTED] floor nurses I am truly grateful that you took care of my mother with dignity and respect. Thank you all, you're beautiful, thank you for being friendly loving and concerned for everyone. With all my love and sadness. Thank you being there for my mom	2/25/2026 10:44 AM

**Q20 If you would like to request a meeting with the Administrator to discuss any of your concerns, please provide your name and telephone number and we will be in touch.**

Answered: 5 Skipped: 24

ANSWER CHOICES	RESPONSES	
Name:	100.00%	5
Phone Number:	60.00%	3

Huron Lodge 2025 FAMILY Satisfaction Survey

#	NAME:	DATE
1	[REDACTED]	2/25/2026 11:58 AM
2	[REDACTED]	2/25/2026 11:48 AM
3	[REDACTED]	2/25/2026 10:44 AM
4	[REDACTED]	2/25/2026 9:47 AM
5	[REDACTED]	2/25/2026 9:46 AM

#	PHONE NUMBER:	DATE
1	[REDACTED]	2/25/2026 11:48 AM
2	[REDACTED]	2/25/2026 9:47 AM
3	[REDACTED]	2/25/2026 9:46 AM

**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

10-Dec-2025 10:45 AM

**LONG-TERM CARE HOME INSPECTION  
REPORT**

<b>Facility Inspected:</b> Huron Lodge	<b>Inspection #:</b> IC1430147-0096069
<b>Primary Owner:</b> The Corporation of the City of Windsor [2019-041-90489]	<b>Inspection Date:</b> 10-Dec-2025
<b>Site Address:</b> 1881 Cabana Rd W Windsor ON N9G 1C7	<b>Inspected By:</b> Jelena Reeves
<b>Site Phone:</b> (519) 253-6060	<b>Facility Type:</b> Long-Term Care Home
<b>Site Fax:</b> (519) 977-8027	<b>Inspection Type:</b> Demand/Request
	<b>Inspection Reasons:</b> Outbreak Response
	<b>Violations:</b> 0
<b>Opening Comments and Observations:</b> Respiratory outbreak #2268-2025-00145 investigation	

**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 # IC1430147-0096069

Page 1 of 3

Inspection End Time 10-Dec-2025 10:45 AM

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

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

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

**Sanitary Facilities**

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

**Storage & Labelling**

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

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

**Outbreak Control Measures**

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

**Inspection Start/End Time**

**Inspection Times**

Inspection Start Time  
10-Dec-2025 10:20 AM

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

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

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Inspection End Time  
10-Dec-2025 10:45 AM

**Contacts Present During Inspection**

Elwira Rudowicz

**Action(s) Taken**

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

**Closing Comments:**

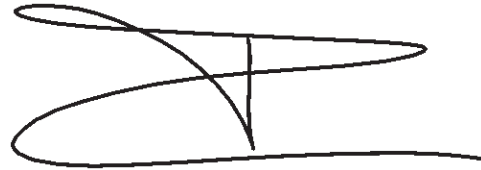
No IPAC concerns observed at the time of outbreak investigation.

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



---

Elwira Rudowicz



---

Jelena Reeves

**Windsor-Essex County Health Unit**

1005 Ouellette Avenue, Windsor ON N9A 4J8

Phone Number: (519) 258-2146

Fax Number: (519) 258-8672

Inspection End Time

05-Feb-2026 01:00 PM

**LONG-TERM CARE HOME INSPECTION  
REPORT**

<b>Facility Inspected:</b> Huron Lodge	<b>Inspection #:</b> IC1430147-0097759
<b>Primary Owner:</b> The Corporation of the City of Windsor [2019-041-90489]	<b>Inspection Date:</b> 05-Feb-2026
<b>Site Address:</b> 1881 Cabana Rd W Windsor ON N9G 1C7	<b>Inspected By:</b> Jelena Reeves
<b>Site Phone:</b> (519) 253-6060	<b>Facility Type:</b> Long-Term Care Home
<b>Site Fax:</b> (519) 977-8027	<b>Inspection Type:</b> Required
	<b>Inspection Reasons:</b> Compliance Inspection
	<b>Violations:</b> 0

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

**Long-Term Care Home****Facility Operation**

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

**Food Samples**

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

**General Sanitation & Maintenance**

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

Inspection # IC1430147-0097759

Page 1 of 2

Inspection End Time 05-Feb-2026 01:00 PM

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

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

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

**Sanitary Facilities**

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

**Storage & Labelling**

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

**Inspection Start/End Time**

**Inspection Times**

Inspection Start Time  
 05-Feb-2026 11:45 AM  
 Inspection End Time  
 05-Feb-2026 01:00 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:



Sandra Pontoni



Jelena Reeves

**Windsor-Essex County Health Unit**

1005 Ouellette Avenue, Windsor ON N9A 4J8

Phone Number: (519) 258-2146

Fax Number: (519) 258-8672

Inspection End Time

05-Feb-2026 01:00 PM

**FOOD PREMISES INSPECTION REPORT**

<b>Facility Inspected:</b> Huron Lodge	<b>Inspection #:</b> FS1430147-0097758
<b>Primary Owner:</b> The Corporation of the City of Windsor [2019-041-90489]	<b>Inspection Date:</b> 05-Feb-2026
<b>Site Address:</b> 1881 Cabana Rd W Windsor ON N9G 1C7	<b>Inspected By:</b> Jelena Reeves
<b>Site Phone:</b> (519) 253-6060	<b>Facility Type:</b> Long-Term Care Home
<b>Site Fax:</b> (519) 977-8027	<b>Inspection Type:</b> Required
	<b>Inspection Reasons:</b> Compliance Inspection
	<b>Violations:</b> 0
	<b>Certified Food Handler:</b> On Hand: 14 Required: 1

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

**Long-Term Care Home****Operation and Maintenance**

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

**Equipment**

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

**Food Handling**

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

Inspection # FS1430147-0097758

Page 1 of 3

Inspection End Time

05-Feb-2026 01:00 PM

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

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

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

**Eggs**

24. Only approved graded eggs found on premises YES

**Personnel**

25. At least one food handler or supervisor on-site has completed food handler training (If yes, please document certification provider and number) YES  
Safe Check Advanced  
68962017

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

**Sanitary Facilities**

27. Sanitary facilities provided and maintained as required YES

**Cleaning and Sanitizing**

28. Manual dishwashing equipment and procedures are satisfactory YES

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

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

31. Concentration of sanitizing agent is adequate YES

32. Other sanitizing agents are approved and used appropriately. YES

**Storage of Substances**

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

**Pest Control**

34. Adequate protection against pests is provided YES

**Meat and Meat Products**

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

**Milk and Milk Products**

36. Repackaged milk products are adequately identified N/O

**Inspection Start/End Time**

**Inspection Times**

Inspection Start Time  
05-Feb-2026 11:45 AM  
Inspection End Time  
05-Feb-2026 01:00 PM

**Contacts Present During Inspection**

Sandra Pontoni

**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:



Sandra Pontoni



Jelena Reeves

Ministry of Labour, Immigration,  
Training and Skills Development



Occupational  
Health and Safety

OHS Case ID: **8955DWVTGKJ**

Field Visit no: **8955DWVTGKJ-8955-FV001**

Visit Date: **2025-DEC-22**

Field Visit Type: **INITIAL**

Page 1 of 1

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: **Reena Bhullard - IPAC Lead  
Sandra Pontoni - Manager  
Yvonne Dobrich - Timekeeper**

Visit Purpose: **Occupational Illness Report**

Visit Location: **Office**

Visit Summary: **No Orders Issued**

#### Detailed Narrative:

The purpose of this visit by the Ministry of Labour, Immigration, Training and Skills Development was to investigate a report of occupational illness.

#### DISCUSSIONS/FINDINGS:

A meeting took place to discuss the complaint. A worker member of the JHSC was unavailable to attend the meeting. The meeting was attended by a worker representative.

The employer representatives confirmed the workplace has two ongoing outbreaks.

#### Covid outbreak#: 2268202500154

Start Date: December 18 2025

End Date: December 22 2025

#### Influenza outbreak#: 2268202500145

Start date: December 9 2025

End date: Ongoing

The employer states that 3 workers were affected by the ongoing outbreaks. Workplace parties indicated that they continue to follow Ministry of Health guidelines. Workplace procedures/protocols were reviewed.

#### Measures of Infection control include:

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

**No further action required by the MLTSD at this time.**

Recipient	Inspector Data	Worker Representative
Name: <u>Reena Bhullard</u>	Inspector Data <b>Franz Schumacher</b> O.H.S.A. & B.O.S.T.A INSPECTOR PROVINCIAL OFFENCES OFFICER	Name: <u>Yvonne Dobrich</u>
Title: <u>IPAC LEAD</u>	4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 903-9904 Fax: (519) 258-1321	Title: <u>Timekeeper</u>
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>	Signature: <u>Yvonne Dobrich</u>

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

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

OHS Case ID: 8891FBRSRCL

Field Visit no: 8891FBRSRCL-8891-FV001

Visit Date: 2026-JAN-13

Field Visit Type: INITIAL

Workplace Identification:

HURON LODGE HOME FOR SENIORS

Notice ID:

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

Telephone:  
(519) 253-6060JHSC Status:  
ActiveWork Force #:  
390

Completed %:

Persons Contacted: Alberto Somarriba (OHS Adviser), Sandra Pontoni (Certified JHSC Management Co-Chair), Mark Murph (JHSC Worker Representative)

Visit Purpose: Audit compliance with the Occupational Health and Safety Act (OHSA), in response to a Notice of Occupational Illness.

Visit Location: First Floor Boardroom, First Floor Poplar Unit, 3rd Floor Unit ("3:2")

Visit Summary: See detailed narrative.

**Detailed Narrative:****Introduction**

The Ontario Ministry of Labour, Immigration, Training, Skills and Development (MLTSD) has the primary responsibility to ensure that workplaces comply with Ontario's Occupational Health and Safety Act (OHSA) and its regulations. This means ensuring that a strong Internal Responsibility System (IRS) is in place. Simply put, the IRS means that everyone in the workplace has a role to play in keeping workplaces safe and healthy. Occupational Hygiene Consultant D. Damroodi (MLTSD) attended the workplace today in response to a Notice of Occupational Illness submitted to the MLTSD, in regards to COVID-19 and Influenza.

An occupational illness is a condition that results from exposure in a workplace to a physical, chemical or biological agent to the extent that the normal physiological mechanisms are affected, and the health of the worker is impaired. An infection acquired as a result of exposure in a workplace meets the definition of occupational illness. Occupational illness must be reported to the MLTSD as per reporting requirements of section 52 of the Occupational Health and Safety Act. The information required to be provided is prescribed in O. Reg 420/21 (Notices and Report Under Section 51 to 53.1). This includes written notices provided to the MLTSD, JHSC, and Union, within four (4) days of employer being advised of illness.

**Documents Provided By Employer**

- Draft Respiratory Protection Program - 20 Pages - Hard copy - **Employer to provide digital copy to this inspector**
- Outbreak Management Team - 21 Pages - PDF file by email

**Requested Documents**

- A copy of the most recent mechanical ventilation system inspection. **REQUIREMENT ISSUED.**


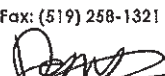

**Occupational Illness Details**

These recent notices showed four workers affected from an occupational illness. Management reported 11 workers total from the beginning of December 2025.

Two separate outbreaks were noted where affected workers conducted their tasks.

First Floor Poplar Unit

- COVID 19
- Outbreak number 2268-2025-00145

Recipient	Inspector Data	Worker Representative
Name <u>ALBERTO SOMARRIBA</u>	Danyal Damroodi O.H.S.A. & B.O.S.T.A INSPECTOR PROVINCIAL OFFENCES OFFICER	Name <u>Rachelle Flynn</u>
Title <u>OHS ADVISOR</u>	4510 Rhodes Dr, STE 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO>CA Tel: (519) 566-6576 Fax: (519) 258-1321	Title <u>Nutritional Admin</u>
Signature 	Signature 	Signature 

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OHS Case ID: 8891FBRSRCL

Field Visit no: 8891FBRSRCL-8891-FV001

Visit Date: 2026-JAN-13

Field Visit Type: INITIAL

Workplace Identification:

HURON LODGE HOME FOR SENIORS

Notice ID:

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

- December 11, 2025 to December 22, 2025

3rd Floor Unit ("3:2")

- Influenza
- Outbreak number 2268-2025-00154
- December 9, 2025 to January 6, 2026

Affected workers took on the role of Admissions Nurse (RPN), and Registered Practical Nurse. RPNs directly work with and assess residents. The admissions nurse interact with residents across a work station. The tasks for the affected worker's roles also included being a floater, moving amongst various floors and units.

**Policy and Practice**

Workplace parties reported that all workers are trained on Infectious Prevention And Control (IPAC) practices including donning and doffing, chain of infection. Training is done during hiring and after a leave of absences. Further training is conducted during on call meetings as needed.

Workplace parties routinely conduct Personal Protective Equipment (PPE) and Hand Hygiene audits. A Respiratory Protection Program is in place. The employer is reminded that workers wearing N95 respirators must be cleanly shaven.

When an outbreak is declared, signage is put on resident doors (Where applicable) and on the unit door. Management communicate the outbreak through email. Applicable PPE is present and also placed outside of the unit, on a table. Workers who wish to wear a N95 as an added precaution, when optional, may request it from the security desk.

Personal Protective Equipment (PPE) used in an outbreak include

- Yellow Isolation Gowns
- Vinyl Exam Gloves
- ASTM Level 3 Ear loop Style Procedural Mask
- Eye shields
- N95 (Optional, Required for specific cases)

**Physical Inspection**

Two units, First Floor Poplar Unit and 3rd Floor Unit ("3:2") were observed.

A hand washing sink was observed outside of the noted first floor units. Hand sanitiser dispensing units were observed throughout the facility including outside the door of the first unit. A supply air vent was observed in the resident room. Workplace parties reported that the supply air vent provides 100 percent fresh air and air is not recycled.

A cart with all Personal Protective Equipment (PPE) used during an outbreak was observed on the noted third floor unit.

Recipient	Inspector Data	Worker Representative
Name _____	<b>Danyal Damroodi</b> O.H.S.A. & B.O.S.T.A INSPECTOR PROVINCIAL OFFENCES OFFICER	Name <u>Rechelle Flynn</u>
Title _____	4510 Rhodes Dr, STE 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO>CA Tel: (519) 566-6576 Fax: (519) 258-1321	Title <u>Nutritional Admin</u>
Signature <u>Albert Komarito</u>	Signature <u>Danyal Damroodi</u>	Signature <u>Rechelle Flynn</u>

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OHS Case ID: 8891FBRSRCL

Field Visit no: 8891FBRSRCL-8891-FV001

Visit Date: 2026-JAN-13

Field Visit Type: INITIAL

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

Notice ID:

Workplace parties reported that Amaircare air filtering units are used in isolation rooms.

**General Information**

If workers are concerned about an exposure at work, they may choose to ask the workplace employer, supervisor, health and safety representatives, or joint health and safety committee and union representatives about the substances or hazards they may be exposed to at work, about documents such as exposure information or safety data sheets, and what the employer must do to control or eliminate exposures. For further information they may bring the SDS about a substance to a doctor or nurse practitioner. They may ask questions and have conversations about health items. A health care provider may also refer the worker to a specialist with experience in occupational illness. The worker may choose to refer themselves to one of the Occupational Health Clinics for Ontario Workers.

Referrals - OHCOW: <https://www.ohcow.on.ca/about/referrals/>

A copy of this report shall be posted in a conspicuous location in the workplace.

To report unsafe work conditions, critical injury or fatality, call the Ministry of Labour, Training and Skills Development Health and Safety Contact Centre at 1-877-202-0008.

**Resources**

MLITSD: <https://www.ontario.ca/page/ministry-labour-immigration-training-skills-development>

Public Services Health & Safety Association:

Recipient	Inspector Data	Worker Representative
Name _____	Danyal Damrood O.H.S.A. & B.O.S.T.A INSPECTOR PROVINCIAL OFFENCES OFFICER	Name <u>Michelle Flynn</u>
Title _____	4510 Rhodes Dr, STE 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO>CA Tel: (519) 566-6576 Fax: (519) 258-1321	Title <u>Nutritional Admin</u>
Signature <u>Albert Romo</u>	Signature <u>Donna</u>	Signature <u>Michelle Flynn</u>

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Occupational  
Health and Safety

Field Visit Report

OHS Case ID: **8891FBRSRCL**

Field Visit no: **8891FBRSRCL-8891-FV001**

Visit Date: **2026-JAN-13**

Field Visit Type: **INITIAL**

Order(s) /Requirement(s) Issued:

To:  
**THE CORPORATION OF THE CITY OF WINDSOR**

Org/Ind Role:  
**Primary Employer**

Mailing Address:

**2450 MCDOUGALL STREET, WINDSOR, ON, CA N8X3N6**

Order(s) /Requirement(s) Description:

You are required to comply with the order(s) /requirement(s) by the Comply by dates listed below.

No	Type Code	Act/Reg	Year	Sec.	Sub Sec.	Clause	Text of Order/Requirement	Comply by Date
1	Rqmt-T	OHSA	1990	54	1	c	The employer shall provide to this inspector the most recent mechanical ventilation system inspection for the First Floor Poplar Unit and 3rd Floor Unit ("3:2").	2026-JAN-23

8891FBRSRCL-  
8891-OR001

Recipient	Inspector Data	Worker Representative
Name _____	<b>Danyal Damrood</b> O.H.S.A. & B.O.S.T.A INSPECTOR PROVINCIAL OFFENCES OFFICER	Name <u>Richelle Flynn</u>
Title _____	4510 Rhodes Dr, STE 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO>CA Tel: (519) 566-6576 Fax: (519) 258-1321	Title <u>Nutritional Admin</u>
Signature <u>Albert Romanto</u>	Signature <u>Danyal</u>	Signature <u>Richelle</u>

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

## Field Visit Report

Page 1 of 1

OHS Case ID: 8955FCDTRWK

Field Visit no: 8955FCDTRWK-8955-FV001

Visit Date: 2026-JAN-22

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: Sandra Pontoni - Food Service and Nutrition Manager  
Courtney Arsenault - Timekeeper  
Allna Sirbu - Executive Director

Visit Purpose: Complaint Investigation

Visit Location: Office

Visit Summary: No Orders Issued

## Detailed Narrative:

The purpose of this field visit was to investigate a complaint that was brought forward to the Ministry of Labour, Immigration, Training and Skills Development (MLTSD).

1. Employer not maintaining elevators in good condition; housekeeping staff are only able to use one of three elevators in the workplace. Ongoing issue since November, concern has been raised to the employer and not addressed.

## Discussions/ Findings:

A discussion took place with the workplace parties regarding the complaint. A worker member of the JHSC was unable to join the meeting, and the meeting was attended by a worker.

The employer was aware of the nature of the complaint, and stated the elevators had been awaiting parts to arrive before recently undergoing repairs. The employer states that 2/3 elevators are working and that the third is scheduled to be repaired shortly.

The MLTSD does not enforce the maintenance of elevators, and a elevators being unavailable due to repairs does not constitute a hazard to workers.

- Workers are encouraged to discuss accommodation with the employer if necessary.

- If there are resident care related concerns, workers can contact The Ministry of Long-Term Care Family Support and Action Line at 1-866-434-0144.

No further action required by the MLTSD.

## Resources:

Occupational Health and Safety Act: <https://www.ontario.ca/laws/statute/90a01#BK99>Office of the Worker Advisor: <https://www.owa.gov.on.ca/en/front-page/>Workplace Safety and Prevention Services: <https://www.wspcs.ca/>Infrastructure Health and Safety Association: <https://www.ihsa.ca/>

Ministry of Labour, Immigration, Training and Skills Development:

<https://www.ontario.ca/page/ministry-labour-immigration-training-skills-development>

Recipient	Inspector Data	Worker Representative
Name: <u>Sandra Pontoni</u>	Name: <u>Franz Schumacher</u>	Name: <u>Rochelle Flynn</u>
Title: <u>Food Service Nutrition manager</u>	O.H.S.A. & B.O.S.T.A INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 903-9904 Fax: (519) 258-1321	Title: <u>Nutrition Admin Ass</u>
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>

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