

AGENDA
COMMITTEE OF MANAGEMENT FOR HURON LODGE

Meeting to be held September 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 June 27, 2024 – ***attached***
- 4. Presentation - Long Term Care Transformation Committee – CARP Windsor-Essex**
Gay Viecelli, Chair, Anne Dube, Secretary, Henry Johnson, Past Co-Chair and Viera Polak to be in attendance.
- 5. In Camera**
Subject – Personal matter(s) about an identifiable individual – s. 239 (2) (b)
- 6. Business Items**
 - 6.1 Administrator’s Report**
The Administrator’s Report dated September 12, 2024 – ***attached***
- 7. Date of Next Meeting**
The next meeting will be held on either December 12, 2024, from 9am-10am or on December 13, 2024 from 9:00am-10am
- 8. Adjournment**

Committee of Management for Huron Lodge

Meeting held June 27, 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 Jo-Anne Gignac

Regrets received from:

Councillor Fred Francis

Also present are the following resource personnel:

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

1. Call to Order

The Chair calls the meeting to order at 8:55 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 Jo-Anne Gignac, seconded by Councillor Ed Sleiman,
That the minutes of the meeting of the Committee of Management for Huron Lodge held March 7, 2024 **BE ADOPTED** as presented.
Carried.

4. In Camera

Moved by Councillor Jo-Anne Gignac, seconded by Councillor Ed Sleiman,
To move In Camera at 8:56 o'clock a.m. for discussion of the following items:

1. **Reference: s. 239 (2) (e) – Litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board.**
2. **Reference: s. 239 (2) (e) – Litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board.**
3. **Reference – s. 239 (2) (h) – Information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them.**

Discussion on the items of business.

Moved by Councillor Jo-Anne Gignac, seconded by Councillor Ed Sleiman,
To move back into public session at 9:10 o'clock a.m.
Carried.

**Moved by Councillor Jo-Anne Gignac, seconded by Councillor Ed Sleiman,
That the Clerk BE DIRECTED to transmit the recommendations contained in the report(s) discussed at the In Camera Committee of Management for Huron Lodge Long Term Care Home meeting held June 27, 2024 at the next regular meeting.**

Moved by Councillor Jo-Anne Gignac, seconded by Councillor Ed Sleiman,
That the verbal In Camera report relating to the litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board **BE RECEIVED** and further, that Administration **BE AUTHORIZED** to proceed in accordance with the verbal direction of the Committee of Management for Huron Lodge Long Term Care Home.
Carried.

Moved by Councillor Jo-Anne Gignac, seconded by Councillor Ed Sleiman,
That the verbal In Camera report relating to the litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board **BE RECEIVED** and further, that Administration **BE AUTHORIZED** to proceed in accordance with the verbal direction of the Committee of Management for Huron Lodge Long Term Care Home.
Carried.

Moved by Councillor Jo-Anne Gignac, seconded by Councillor Ed Sleiman,
That the verbal In Camera report relating to information explicitly supplied in confidence to the municipality or local board of Canada, a province or territory or a Crown agency of any of them **BE RECEIVED** and further, that Administration **BE AUTHORIZED**

to proceed in accordance with the verbal direction of the Committee of Management for Huron Lodge Long Term Care home.

Carried.

5. Business Items

5.1 Administrator's Report dated June 27, 2024

Alina Sirbu refers to the Quality Improvement items as they are directly related to the residents; to keep them safe, and as healthy as possible. She adds that she is privileged to be at the table in working groups to clearly delineate the ability of Long Term Care to receive appropriate admissions that ensure residents' and staff' safety. The interdisciplinary team continues to work in the areas of falls, antipsychotics, behaviors, restraints which represents their success story.

Councillor Jo-Anne Gignac inquires in terms the process of discharging people from the hospital, she asks if they make any referrals to Hospice. Alina Sirbu responds that Hospice referrals are mainly sent from community and sometimes hospitals while long term care facilities have on site program and resources for end of life residents. She adds that an interdisciplinary team continues to conduct many site visits because they want to ensure accuracy of data during admissions and compatibility with existing programs as required .

Moved by Councillor Jo-Anne Gignac, seconded by Councillor Ed Sleiman,

That the report from the Administrator of Huron Lodge providing the Committee of Management with an update on issues related to resident care; the Ministry of Long Term Care (MLTC); Ontario Health; Home and Community Care Support Services (HCCSS) and other initiatives that impact the Long Term Care sector **BE RECEIVED** for information and **APPROVED** for the period ending June 27, 2024.

Carried.

6. Date of Next Meeting

The next meeting will be held on a date to be determined in September 2024.

7. Adjournment

There being no further business, the meeting is adjourned at 9:14 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: September 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 June 28, 2024, and ending September 12th, 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 September 12th, 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

Ontario to Adopt interRAI LTCF for Resident Assessments by April 1, 2026.

Ontario is adopting a new interRAI (inter Resident Assessment Integrated) standard for resident assessments. This will replace the current RAI-MDS system, the Continuing Care Reporting System (CCRS) Assessment Instrument and Integrated interRAI Reporting System (IRRS) in Ontario LTCHs by April 1, 2026. The transition for most homes will occur in the 2025-26 fiscal year (April 1, 2025 – March 31, 2026).

Many provinces and territories have already implemented or are currently transitioning to the new system which will align Ontario's standards with those across the country and around the world. The new standard will improve both the quality and efficiency of the assessment process, reduce the administrative burden on LTCHs and improve the quality of care for Ontario residents. Some highlights of the interRAI LTCF include consistent, simplified terms, definitions and coding options that are easier to understand and use, as well as new and more clinically relevant items for the LTC population.

The Ministry will be working closely with the sector throughout the transition process and as part of these efforts will be launching a dedicated Assessment Transition Implementation Committee to provide ongoing advice and support success. A dedicated email has been established for questions about the transition

Ministry of Health (MOH) 2024-25 Influenza and COVID-19 Vaccine Administration in Long-Term Care Homes

The MOH sent a survey to all LTCHs collecting information on whether they plan to partner with external providers for the administration of flu and/or COVID-19 vaccine(s). Only LTCHs who have connected and confirmed partnerships with providers outside of their LTCHs are required to complete the survey. Huron Lodge has no existing partnerships with outside providers and will continue to offer this service in house to our residents as we have done in previous years.

Updated Entrance Conference Checklist for Proactive Compliance Inspections

As presented previously to the Committee of Management, the MLTC has implemented a new Entrance Conference Checklist for Proactive Compliance Inspections. Huron Lodge is prepared for any unannounced inspections using the new checklist.

Ministry of Long-Term Care Inspections

There was a Ministry inspection at Huron Lodge since the last Committee of Management meeting for Huron Lodge. Huron Lodge had no compliance issues for remedial action. (Appendix A)

Other Business:

1. Financial

On June 18, 2024, the MLTC announced the launch of the new Integrated Technology Solutions Program with one-time funding over the next two years to support homes in meeting their unique technological and digital solutions needs. For Huron Lodge, this equates to \$92,388 annually and will be used to implement point of care technology thereby reducing administrative burden so staff can gain valuable time to care for residents. Point of Care technology will allow for the documentation of resident daily activities providing quick access to relevant and timely information and proactively address resident needs. Furthermore, point of care data will integrate with the clinical

assessments that generates the home's Case Mix Index (CMI) which impacts the nursing funding received. In addition, the management team will have greater insight to day-to-day activities, monitoring the completion of care and resident status through dashboards and automatically generated alerts, in real-time.

2. Quality Improvement

CQI

The next committee meeting is scheduled for September 9th. The committee once again looks forward to welcoming a Huron Lodge Family Council representative to strengthen the collaborative relationship.

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. Residents' Council meets monthly, during which information on quality improvement initiatives and ministry directives/changes are communicated with opportunity for residents to seek clarification and provide feedback on processes to improve their home.

Palliative Care Committee

The committee remains focused on continuing to support compassionate care at end-of-life for our residents and families. In July, the Home welcomed Janet Elder, Palliative Pain & Symptom Management Consultant for Windsor/Essex County to provide several education sessions to registered staff on managing, with compassion, the multitude of symptoms that arise nearing end of life to ensure that the residents of Huron Lodge receive the utmost quality of care throughout the disease trajectory.

Family and Resident Satisfaction Surveys

A communication was provided to the residents and families of Huron Lodge on June 25, 2024, that outlined the quality improvement initiatives that stemmed from, or continued in response to, the feedback gained from the 2023 satisfaction surveys.

Resident Survey

The resident satisfaction survey took place in November 2023. Much feedback was received with respect to menus and mealtimes. Based on responses in the Resident survey regarding food and beverage preferences, and variety of foods offered, Resident Food Council meetings continue monthly under the larger umbrella of Residents' Council. This allows timely information and response to be provided to residents based on any questions, comments, or concerns about dietary selections, and provides a venue for feedback used to inform ongoing decision making per residents' preferences in menu planning and service delivery for a pleasurable dining experience. Improvements to increase accuracy for

personalized dietary experience are ongoing including education on Pleasurable Dining, regular audits, and implementation of MealSuite software.

Family Survey

The family satisfaction survey took place in November 2023. The resulting feedback has informed many quality improvement projects undertaken in 2024. Huron Lodge has undergone an update to the phone/nurse call system, with improvements continuing, an item identified by the family satisfaction survey. Physiotherapy provider, Lifemark, has provided education sessions to both Huron Lodge Family Council and staff in recent months, to foster knowledge exchange and understanding of how residents qualify for physiotherapy treatment in LTC as well as pain and symptom management for the resident population.

The 2024 satisfaction surveys will be further refined and reviewed in September and October, with input from Residents' Council. It is scheduled to launch in November 2024.

Quality Improvement Plan (QIP)

The interdisciplinary team is pleased to report that improvement is being made across all indicators identified on the home's 2024/2025 QIP, including: decreased emergency department visits; maintain 100% of residents recommending this home to others; decreased use of antipsychotic medications (achieving the home's lowest score to date); decrease in rate of urinary tract infections, and education in diversity and inclusion. Further, improvement is being made across provincially tracked quality indicators that lie outside the parameters of the current QIP, most notably: rate of falls significantly under provincial average; usage of restraints trending downward, and exponential improvements to the skin and wound program projected to result in skin impairments trending lower in the upcoming quarters (for a detailed report on quality indicators, see below).

Quality Improvement Indicators Update (as of August 27th, 2024)

Falls:

Current score: 14.01%

4-quarter average: 10.28%

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 17/21 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. We are looking to tap into the Ministry of Long-Term Care *Fall Prevention Equipment Fund*, which was just released on August 23rd, 2024, to purchase additional equipment for fall prevention for our residents.

Antipsychotics:

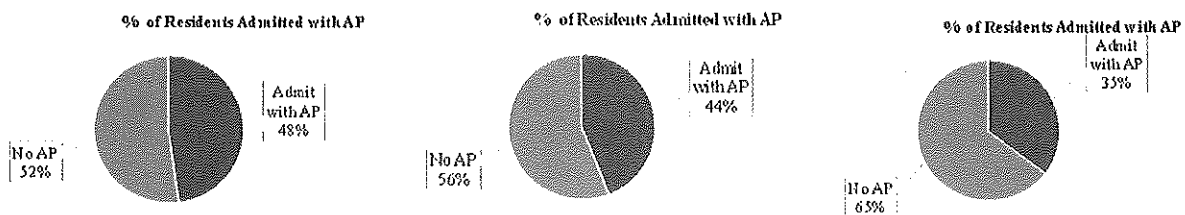
Current score: 22.32%

4-quarter average: 24.42%

Provincial average: 20.40%

Our antipsychotic reduction program has resulted in great success. July 2024 marked the first month in the available data that we have been below the provincial average, with a score of 18.94%. Our current score of 22.32% is much more closely aligned with the provincial average. Processes are in place to ensure ongoing assessment of our residents who are admitted to us with antipsychotics to identify further opportunities for reduction.

We have also seen a slight reduction in new admissions with antipsychotics so far in this third quarter. The image below depicts Q1-3 for 2024 in order:



Mood:

Current score: 31.21%

4-quarter average: 22.97%

Provincial average: 20.50%

The previous report noted a spike in this quality indicator and proposed an assessment of our coding to ensure accuracy. That assessment found that the heightened score is accurate, whereas previous coding may not have captured the extent of certain items that trigger this score.

Huron Lodge has looked at having a dedicated registered staff position in place and so it is anticipated that our score will level out over time as there will be less instances of a new assessment indicating a new or worsened mood indicator.

Regarding the management of mood concerns, we have a comprehensive interdisciplinary program that identifies residents and provides the necessary support, whether it's through activities, 1-1 visits, social work follow up, behavioural support, or medical review by our physicians.

Wounds:

Worsened stage 2-4 pressure injuries	New stage 2-4 pressure injuries
<i>Current score: 5.16%</i>	<i>Current score: 2.86%</i>
<i>4-quarter average: 4.04%</i>	<i>4-quarter average: 3.30%</i>
<i>Provincial average: 3.40%</i>	<i>Provincial average: 3.20%</i>

While our current score is 5.16%, our 4-quarter average has seen a modest improvement since the previous report (4.12%).

Based on input from the wound committee, the following has occurred since the previous report: education has been provided by our Nurse Practitioner / wound care specialist on various aspects of wound care such as proper dressing technique; staging of pressure injuries; infection control & prevention. To improve awareness amongst all staff, information regarding which residents have pressure injuries or who are at risk of developing pressure injuries is posted in each unit's staff rooms and updated monthly. This information is paired with photos of each resident as well for easy identification.

Most notably, we are preparing to implement the PointClickCare Skin & Wound app at our facility. This will enhance our wound care program immensely, improving our reassessment capability and offering insights into how each wound is responding to its prescribed treatment. It also compiles all the data that is input that we must currently maintain ourselves in spreadsheets that are audited monthly. The time saved on this alone will add significant hours to direct resident care.

Restraints:

Current score: 1.92%
4-quarter average: 1.56%
Provincial average: 2.20%

For the quality indicator of restraints - our current score is below the provincial average and our 4-quarter average has shown a downward trend and will likely continue to be below the provincial average within the next quarter. 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.

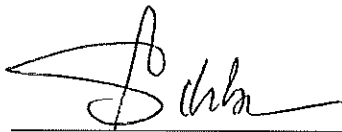
3. Third-Party Agency Inspections

A. On July 25th, 2024, the Windsor-Essex County Health Unit (WECHU) conducted:

- An Outbreak Response Investigation. Zero violations were noted on the attached report. (Appendix B).
- A Facility Compliance Inspection. Zero violations were noted on the attached report. (Appendix C)
- A Floor Premises Compliance Inspection. Zero violations were noted on the attached report. (Appendix D)

- B. The Ministry of Labour (MOL) attended Huron Lodge August 13, 2024, to complete an Injury Investigation. The MOL issued a Requirement in the Field Visit Report, and the case is ongoing. (Appendix E)
- C. The Ministry of Labour (MOL) attended Huron Lodge August 27, 2024, regarding WSIB claims submitted by staff in relation to illness during the August 1st, 2024, respiratory outbreak in Poplar. The MOL was satisfied with all measures implemented. (Appendix F)

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 Public Report

Report Issue Date: August 6, 2024

Inspection Number: 2024-1626-0002

Inspection Type:

Critical Incident

Licensee: Corporation of the City of Windsor

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

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 30, 31, 2024 and August 1, 2024

The following intake(s) were inspected:

- Intake: #00116801/CI #M631-000008-24 related to alleged improper/incompetent treatment of a resident.

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

Resident Care and Support Services
Infection Prevention and Control

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



**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

of non-compliance.

Windsor-Essex County Health Unit

1005 Ouellette Avenue, Windsor ON N9A 4J8

Phone Number: (519) 258-2146

Fax Number: (519) 258-8672

Inspection End Time

25-Jul-2024 01:00 PM

LONG-TERM CARE HOME INSPECTION REPORT

Facility Inspected: Huron Lodge Primary Owner: The Corporation of the City of Windsor [2019-041-90489] Site Address: 1881 Cabana Rd W Windsor ON N9G 1C7 Site Phone: (519) 253-6060 Site Fax: (519) 977-8027	Inspection #: IC1430147-0078759 Inspection Date: 25-Jul-2024 Inspected By: Jelena Reeves Facility Type: Long-Term Care Home Inspection Type: Demand/Request Inspection Reasons: Outbreak Response Violations: 0
Opening Comments and Observations: Respiratory OB#2268-2024-00117	

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 # IC1430147-0078759

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Inspection End Time

25-Jul-2024 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

- 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
25-Jul-2024 11:15 AM

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

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

Inspection End Time
25-Jul-2024 01:00 PM

Action(s) Taken

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

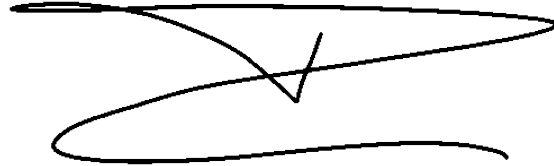
Closing Comments:

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

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

25-Jul-2024 01:00 PM

LONG-TERM CARE HOME INSPECTION REPORT

Facility Inspected: Huron Lodge	Inspection #: IC1430147-0078761
Primary Owner: The Corporation of the City of Windsor [2019-041-90489]	Inspection Date: 25-Jul-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 # IC1430147-0078761

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Inspection End Time

25-Jul-2024 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
 25-Jul-2024 11:15 AM
 Inspection End Time
 25-Jul-2024 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:

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

25-Jul-2024 01:00 PM

FOOD PREMISES INSPECTION REPORT

Facility Inspected: Huron Lodge Primary Owner: The Corporation of the City of Windsor [2019-041-90489] Site Address: 1881 Cabana Rd W Windsor ON N9G 1C7 Site Phone: (519) 253-6060 Site Fax: (519) 977-8027	Inspection #: FS1430147-0078758 Inspection Date: 25-Jul-2024 Inspected By: Jelena Reeves Facility Type: Long-Term Care Home Inspection Type: Required Inspection Reasons: Compliance Inspection Violations: 0 Certified Food Handler: On Hand: 1 Required: 1
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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 # FS1430147-0078758

Page 1 of 3

Inspection End Time

25-Jul-2024 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

WECHU
2024-004
Expiry date: January 9, 2029

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

Sanitary Facilities

27. Sanitary facilities provided and maintained as required YES

Cleaning and Sanitizing

28. Manual dishwashing equipment and procedures are satisfactory YES

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

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

31. Concentration of sanitizing agent is adequate YES

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

Storage of Substances

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

Pest Control

34. Adequate protection against pests is provided YES

Meat and Meat Products

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

Milk and Milk Products

36. Repackaged milk products are adequately identified N/O

Inspection Start/End Time

Inspection Times

Inspection Start Time
25-Jul-2024 11:15 AM

Inspection End Time
25-Jul-2024 01:00 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:

Condition were satisfactory at the time of inspection.

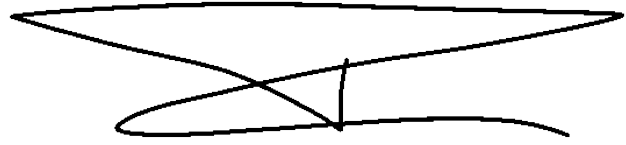
Facility Contact: The Corporation of the City of Windsor [2019-041-90489]

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

I have read and understood this report:



Cathy Harris



Jelena Reeves

Occupational
Health and Safety

Field Visit Report

Page 1 of 4

OHS Case ID: **4839CPJSPQL**Field Visit no: **4839CPJSPQL-4839-FV001**Visit Date: **2024-AUG-13**Field Visit Type: **INITIAL**

Workplace Identification:

HURON LODGE HOME FOR SENIORS

Notice ID:

1881 CABANA ROAD WEST, WINDSOR, ON CA N9G 1C4Telephone:
(519) 253-6060JHSC Status:
ActiveWork Force #:
400

Completed %:

Persons Contacted: **CATHY HARRIS - MANAGER OF NUTRITION & FOOD SERVICES/JHSC MANAGEMENT CO-CHAIR, BRANDON HOLLAND - RPN/JHSC WORKER REP NON-CERTIFIED, JULIE RYCKMAN - HEALTH AND SAFETY ADVISOR**Visit Purpose: **INJURY INVESTIGATION**Visit Location: **BOARD ROOM, POPLAR AREA**Visit Summary: **REQUIREMENT ISSUED****Detailed Narrative:**

This field visit took place as a result of an injury reported to the MLITSD which alleged the following:

Worker was walking into nurse station at the long term care facility and as she was walking by the washer she lost her balance hitting her left temple and left elbow and had a LOC for a few minutes -Worker suffered swelling under the eye along with feeling nausea -Scene not held

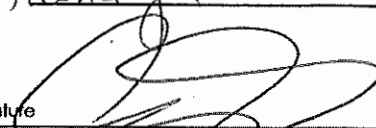
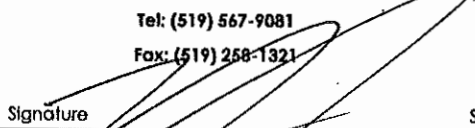
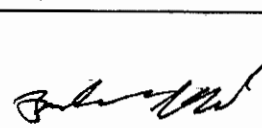
DISCUSSION AND FINDINGS BY THE MLITSD:

Section 51(1) of the Occupational Health and Safety Act were reviewed with the workplace parties as this incident was not reported to the MLITSD until 16:38 12AUG2024. The employer is reminded of the requirement set forth in section 51(1) of the OHS Act to notify the MLITSD immediately of the occurrence.

"Notice of death or injury

51 (1) Where a person is killed or critically injured from any cause at a workplace, the constructor, if any, and the employer shall notify an inspector, and the committee, health and safety representative and trade union, if any, immediately of the occurrence by telephone or other direct means and the employer shall, within forty-eight hours after the occurrence, send to a Director and to the committee, health and safety representative and trade union, if any a written report of the circumstances of the occurrence containing such information and particulars as the regulations prescribe. R.S.O. 1990, c. O.1, s. 51 (1); 2011, c. 1, Sched. 7, s. 2 (7); 2021, c. 34, Sched. 15, s. 7."

Section 51(2) of the Occupational Health and Safety Act were reviewed with the workplace parties as the incident area was not

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 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 567-9081 Fax: (519) 258-1321	Name <u>Brandon Holland</u>
Title <u>Manager</u>		Title <u>RPN</u>
Signature 	Signature 	Signature 

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, 605 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.olrb.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

Page 2 of 4

OHS Case ID: 4839CPJSPQL

Field Visit no: 4839CPJSPQL-4839-FV001

Visit Date: 2024-AUG-13

Field Visit Type: INITIAL

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

Notice ID:

preserved as required. The employer is reminded of the requirement set forth in Section 51 (2) of the OSHA to preserve the scene of an incident when required under Ontario Regulation 420/21 - NOTICES AND REPORTS UNDER SECTIONS 51 TO 53.1 OF THE ACT - FATALITIES, CRITICAL INJURIES, OCCUPATIONAL ILLNESSES AND OTHER INCIDENTS.

"Preservation of wreckage

(2) Where a person is killed or is critically injured at a workplace, no person shall, except for the purpose of,


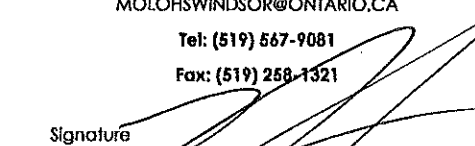

- (a) saving life or relieving human suffering;
- (b) maintaining an essential public utility service or a public transportation system; or
- (c) preventing unnecessary damage to equipment or other property,

interfere with, disturb, destroy, alter or carry away any wreckage, article or thing at the scene of or connected with the occurrence until permission so to do has been given by an inspector. R.S.O. 1990, c. O.1, s. 51 (2)."

The employer stated there is a policy for required footwear at this workplace as well as a slips, trips and falls policy.

The employer shall provide the following information to this Inspector not later than Friday 13 AUG 2024.

- 1) WSIB Forms 7 & 8
- 2) Internal Investigation Report
- 3) Proof of employment for the injured worker and the supervisor of the injured worker
- 4) Video footage as discussed with the employer
- 5) Slips, Trips and Falls Policy
- 6) Required footwear policy
- 7) Proof of information and instruction for the injured worker in the contents of the slips trips and falls policy as well as required footwear policy.
- 8) Contact information for the injured worker

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 

You are required under the Occupational Health and Safety Act to post a copy of this report in a conspicuous place of 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.olrb.gov.on.ca/> for more information.

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Occupational
Health and Safety

Field Visit Report

OHS Case ID: 4839CPJSPQL

Field Visit no: 4839CPJSPQL-4839-FV001

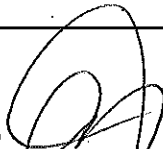
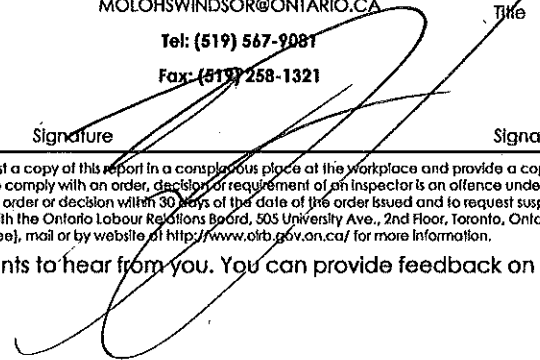

Visit Date: 2024-AUG-13

Field Visit Type: INITIAL

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

Notice ID:

This case is ongoing.....

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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Occupational
Health and Safety

Field Visit Report

OHS Case ID: **4839CPJSPQL**

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

Visit Date: **2024-AUG-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:
, PO BOX/RR 1607, WINDSOR, ON, CA N9A6S1


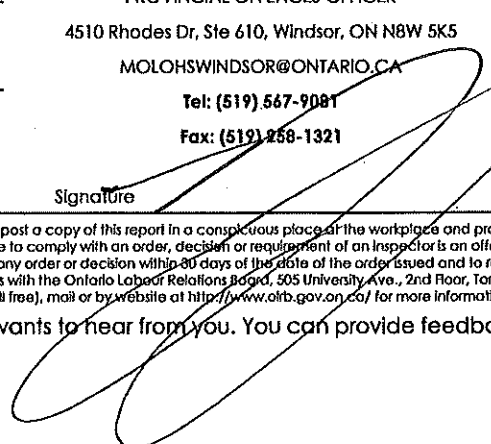

Order(s) /Requirement(s) Description:

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 4839CPJSPQL- 4839-OR001	OHSA	1990	54	1	c	An Inspector may, for the purposes of carrying out his or her duties and powers under this act and the regulations, (c) require the production of any drawings, specifications, licence, document, record or report, and inspect, examine and copy the same.	2024-AUG-16

This requirement is specific to the following documents:

- 1) WSIB Forms 7 & 8
- 2) Internal Investigation Report
- 3) Proof of employment for the Injured worker and the supervisor of the Injured worker
- 4) Video footage as discussed with the employer
- 5) Slips, Trips and Falls Policy
- 6) Required footwear policy
- 7) Proof of information and instruction for the Injured worker in the contents of the slips trips and falls policy as well as required footwear policy.
- 8) Contact information for the injured worker

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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Return To:
MICHAEL JONES
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) 567-9081
Fax: (519) 258-1321

OHS Case ID: **4839CPJSPQL**
Field Visit no: **4839CPJSPQL-4839-FV001**

Visit Date: **2024-AUG-13**

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

Notice ID:

Take Notice

Compliance Order(s) were served under the authority of the Occupational Health and Safety Act or Regulations made there under. A notice of compliance shall be submitted to the Ministry of Labour, Immigration, Training and Skills Development within three days after the person believes that compliance with the Compliance Order(s) has been achieved. This form can be used as a cover page to respond to demand(s).

Order(s) / Requirement(s) Issued:

To:
THE CORPORATION OF THE CITY OF WINDSOR

Org/Ind Role:
Primary Employer

Mailing Address:
, PO BOX/RR 1607, WINDSOR, ON, CA N9A6S1

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	Compliance Details / Date	JHSC Worker Member / Worker Representative	Comply by Date
1	Rqmt-T 4839CPJSPQL- 4839-OR001	OHSA	1990	54	1	c		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	2024-AUG-16
								(Signature)	

Form completed by _____

Joint Health and Safety Committee Member representing workers or worker Representative agrees or disagrees that compliance has been achieved with all of the Order(s) as indicated above

Title _____

For / on behalf of _____

Name _____

Signature _____

Signature _____

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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) 253-6060JHSC Status:
ActiveWork 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.

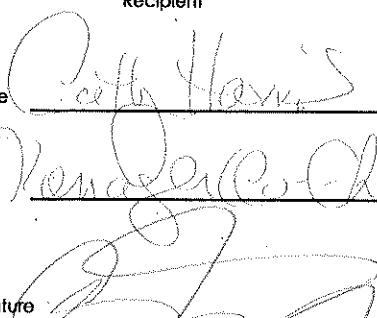
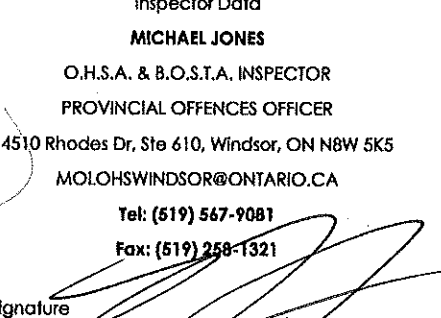
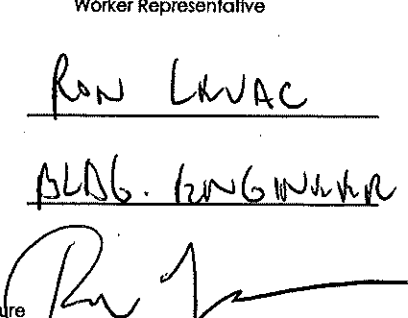
The employer post notices to notify workers of the outbreak and required PPE when entering the affected areas.

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>ASST. MGR</u>
Signature: 	Signature: 	Signature: 

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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**


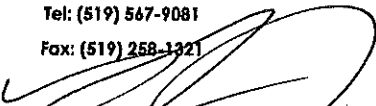

Workplace Identification: **HURON LODGE HOME FOR SENIORS**

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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