

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

Meeting to be held September 9, 2025, at 2:00 p.m.

Meeting Room 522b, 350 City Hall Square West

- 1. Call to Order**
- 2. Disclosure of Interest**
- 3. Minutes**  
Adoption of the minutes of the meeting held June 12, 2025 – ***attached***
- 4. In Camera**  
Subject – Personal matter(s) about an identifiable individual – s. 239 (2) (b)
- 5. Business Items**
  - 5.1 Administrator's Report**  
The Administrator's Report dated September 9, 2025 – ***attached***
- 6. Date of Next Meeting**  
December 9<sup>th</sup>, 2025 at 9:00a.m.
- 7. Adjournment**

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

Meeting held June 12, 2025

A meeting of the Committee of Management for Huron Lodge is held this day commencing at 9:00 o'clock a.m. in Room 522a, 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 Home, Administrator of Huron Lodge  
Dana Paladino, Acting Commissioner, Human & Health Services

### **2. Disclosure of Interest**

None disclosed.

### **3. Minutes**

Moved by Councillor Jo-Anne Gignac, seconded by Councillor Ed Sleiman,  
That the minutes of the Committee of Management for Huron Lodge of its meeting held March 4, 2025, **BE ADOPTED** as presented.  
Carried.

### **5. Business Items**

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

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

- The Ministry of Long-Term Care (MLTC) announced that the Ontario government will be maintaining the-fee-per-bed capitation rate of \$1,500 for the fiscal year

2025-26 to support the ongoing delivery of high-quality pharmacy services to long-term care residents in Ontario.

- The Ministry of Long-Term Care attended Huron Lodge from February 3-7, 2025, to complete their Critical Incident Inspection.
- Quality Improvement – The second quarter CQI committee meeting of 2025 is scheduled for June 16, 2025.
- **Residents' Council Involvement** – They continue to be informed and consulted in the home to uphold resident-centred voices and choices; they continue to receive monthly quality improvement updates.
- **Palliative Care Committee** – The committee remains focused on continuing to support compassionate care at end-of-life for the residents and families. The partnership continues to strengthen between the Palliative Care Committee and the Home's Resident's Council with end of life.
- Information relating to falls, antipsychotics and restraints are outlined in the Administrator's report.
- **Shining Moments: Celebrating our Successes** – The upcoming launch of an innovative software system in their Food Service Department is set to revolutionize the operations at Huron Lodge starting at the end of June 2025. The key feature of the system includes real-time updates, an enhanced dining experience, efficient order management and comprehensive training.

Councillor Jo-Anne Gignac advises that hospitals dispense their own meds and asks if there is a dispensing fee associated in a hospital for meds that are given to patients. Alina Sirbu responds that long term care does not have that associated fee .

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 starting March 4, 2025, ending June 12, 2025.

Carried.

#### 4. In Camera

Moved by Councillor Jo-Anne Gignac, seconded by Councillor Ed Sleiman to move In Camera at 9:18 o'clock a.m. for discussion of the following items:

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

Motion carried.

Discussion on the items of business.

**Verbal Motion is presented by Councillor Jo-Anne Gignac, seconded by Councillor Ed Sleiman to move back into public session at 9:20 o'clock a.m.**

Moved by Councillor Jo-Anne Gignac, seconded by Councillor Ed Sleiman,  
That the verbal In Camera report relating to the personal matter about identifiable individual(s) including municipal or local board employees **BE RECEIVED** and further, that Administration **BE AUTHORIZED** to proceed in accordance with the verbal direction of the Committee of Management for Huron Lodge Long Term Care Home.  
Carried.

In response to a question asked by Councillor Ed Sleiman regarding if there have been increases in the cost of food due to the tariffs, Alina Sirbu responds they have seen increases in prices and adds that they work closely with Finance.

**6. Date of Next Meeting**

The next meeting will be held on Tuesday, September 9, 2025.

**7. Adjournment**

There being no further business, the meeting is adjourned at 9:26 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 9, 2025

Clerk’s File #:

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

**Recommendation:**

**THAT** the report from the Administrator of Huron Lodge providing the Committee of Management with an update on issues related to resident care; the Ministry of Long-Term Care (MLTC); Ontario Health; Home and Community Care Support Services (HCCSS); and other initiatives that impact the Long-Term Care sector **BE RECEIVED** for information and **APPROVED** for the period starting June 12, 2025, and ending September 9, 2025.

**Background:**

This Committee of Management report serves as the Administrator of Huron Lodge’s updates and official record for the Committee of Management for the period to end September 9, 2025.

**In Camera Report**

“Resident matters” – Section 239(2) (b) Municipal Act – Personal matters about an identifiable individual, including municipal or local board employees.

**Discussion:**

**Ministry of Long-Term Care (MLTC) Updates**

The MLTC continued to send updates on education, resources and upcoming deadlines for reporting and compliance – there are no relevant updates regarding process or legislation changes at this time.

## **Ministry of Long-Term Care Inspections**

The Ministry of Long-Term Care (MLTC) inspectors attended Huron Lodge May 26 - 30, 2025, to complete an inspection on a complaint and a Critical Incident. Previously issued compliance orders were found to be in compliance at the visit.

Huron Lodge received one written notification regarding fall prevention and management. **(Appendix A)**

## **Other Business:**

### **1. Financial**

At this time, there are no further updates from a finance perspective regarding the report previously submitted to the Committee of Management.

### **2. Quality Improvement**

#### **CQI**

The third quarter CQI committee meeting of 2025 was scheduled for August 25, 2025. The committee looked forward to welcoming a Huron Lodge Family Council representative to the meeting. At this meeting, the committee discussed current trends in quality indicators and progress toward quality improvement goals set for 2025.

#### **Residents' Council Involvement**

The Residents' Council of Huron Lodge continues to lead resident-focused initiatives throughout the home. Recently, the Council partnered with Street Help to host a successful fundraiser collecting canned goods and raising \$500 in support of the local community.

Resident feedback remains central to the Home's ongoing improvements. Residents are looking forward to enjoying the benefits of recent upgrades, including new windows and a renovated kitchen. The Council also continues to play an active role in meal service planning and is closely involved in the evaluation of the newly implemented Meal Suite program.

As outlined in the Quality Improvement Plan, a Resident Council member continues to participate in monthly staff orientation sessions, helping to welcome new team members. This presentation has received overwhelmingly positive feedback from staff.

Council members are eagerly anticipating an exciting and engaging Residents' Council Week in September as they celebrate their ongoing contributions to life at Huron Lodge.

### **Palliative Care Committee**

This committee remains committed to supporting compassionate, resident-centered end-of-life care for residents and their families. A collaborative initiative between the Palliative Care Committee and Residents' Council is underway to develop a Memorial Garden in honour of residents who have passed away. A representative from the David Suzuki Foundation has generously offered to volunteer their expertise advising on the use of native plants and meaningful, symbolic memorial elements.

The Palliative Care Committee has also introduced new training opportunities for staff, residents, and families. These sessions are designed to support serious illness conversations, enhance resident and caregiver education, and provide foundational knowledge in palliative care. The committee will continue to meet quarterly to review best practices and advance initiatives related to pain management and palliative care.

### **Resident and Family Satisfaction Surveys**

#### **Resident Satisfaction Survey**

The Resident Satisfaction Surveys are being updated and will be conducted during the early Fall. In line with our Quality Improvement Plan, we are striving to maintain resident satisfaction with care and service with the resident recommendation of Huron Lodge both registering at 100% in 2024. The goal for 2025 is to aim to increase resident response rates to gain more accurate data. Huron Lodge is looking forward to hearing feedback from the Residents.

#### **Family Satisfaction Survey**

The Family Satisfaction Surveys are currently being updated and are scheduled to be conducted in early Fall. Based on the results from the previous year, the home remains optimistic about maintaining a 100% recommendation rate from surveyed families. Preliminary data from the 2024 surveys indicate an opportunity to gather additional feedback regarding services. The home looks forward to continuing its collaboration with family members to support ongoing satisfaction and quality of care.

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

The Huron Lodge Quality Improvement Team remains committed to advancing the goals outlined in the 2025/2026 Quality Improvement Plan (QIP), as submitted to Health Quality Ontario (HQO). Our continued focus is on enhancing resident care, safety and satisfaction through evidence-based practices and interdisciplinary collaboration.

To support alignment with resident engagement and satisfaction, a Resident Council Liaison has successfully attended 100% of Orientation sessions to date, ensuring consistent communication and integration of resident perspectives into care planning and delivery.

In addition, Huron Lodge is pleased to report continued progress in the implementation of the Chrysalis Program. This resident-driven initiative involves the selection of personalized mural designs, which are scheduled for installation throughout the home in 2026. The program aims to enrich the living environment and further promote resident well-being and a sense of ownership within the home.

The continued enhancement of our falls reduction program is designed to further decrease avoidable emergency department visits - a key priority indicator in the 2025/2026 Quality Improvement Plan - specifically those resulting from falls within the home. We are pleased to report the success of several targeted interventions, including comprehensive resident assessments to identify patterns and integrate personalized strategies into care plans. Additionally, the Fall Huddle Form has been updated to support more effective post-fall analysis, and education for registered staff has been increased to strengthen clinical decision-making and preventative care.

A public copy of the report can be found on both the HQO website and the website for Huron Lodge.

## **Quality Improvement Indicators Update (as of June 4<sup>th</sup>, 2025)**

### **Falls:**

*Current score: 8.00%*

*4-quarter average: 9.29%*

*Provincial average: 16.20%*

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

review which consists of Personal Support Workers (PSWs) from each unit in the home, Quality Improvement Registered Nurses (RNs) and Registered Practical Nurses (RPNs) as well as the Falls Assistant Director of Care (ADOC) lead. This involves looking at residents who have trended in increased/decreased falls over the past quarter and discussing and implementing new strategies to further

decrease fall risk. Inventory of fall precaution device usage in the home is also reviewed, with registered staff and our QI committee updating a residents' plan of care as indicated.

A new Post Fall Huddle form has been created and implemented with QI RPNs for residents who have fallen 5+ times within the last year and/or residents who have had an increase in falls within a few days/within their new admission period. This root cause analysis evaluation looks at physical, cognitive and environmental factors that may cause a resident to fall inclusive of a medication review. Following completion of this form, unit huddles are conducted by QI RPNs to educate staff on ways they can decrease fall risk in our highest risk residents, and their plan of care is updated to assist staff in identifying our high fall risk residents.

A new fall monitoring form was created by the QI RPN, that is utilized daily by the falls lead ADOC to further analyze trends in resident falls, inclusive of date, shift, time, location and injuries. The goal of this documentation is to better individualize a resident's plan of care and adapt fall prevention initiatives to target certain trends in high risk falling residents. Additionally, fall whiteboards have been revised to just include high-fall risk resident pictures – a unit binder was created to have more specific resident information that is also reflected in the residents' plan of care.

All registered staff have had in-person training regarding our Fall Policies and Procedures/Head Injury Routine Policy by the fall lead ADOC and Staff Development Coordinator (SDC). Emphasis has been placed on completing the head injury routine between both registered staff within the required shift and to complete full assessment of the residents to ensure change of status signs and symptoms are not missed.

### **Antipsychotics:**

*Note – current scores are based on the present month. The 0.00% scores for new or worsening wounds reflect the 29 residents who were assessed during this month.*

*Current score: 28.57%*

*4-quarter average: 23.53%*

*Provincial average: 20.00%*

We continue to closely monitor residents prescribed antipsychotics from admission onward, with routine reassessments to ensure appropriate use. All new admissions are reassessed six weeks post-admission, and a building-wide review is currently underway. To date, 5 of 7 units have been completed, with 44 residents reviewed. Of these, 16 have been identified as candidates for gradual dose reduction or discontinuation pending further review by the pharmacist and attending physician.

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

### **Wounds:**

Worsened stage 2-4 pressure injuries	New stage 2-4 pressure injuries
<i>Current score: 0.00%</i>	<i>Current score: 0.00%</i>
<i>4-quarter average: 5.65%</i>	<i>4-quarter average: 5.63%</i>
<i>Provincial average: 2.30%</i>	<i>Provincial average: 1.80%</i>

Our wound care program continues to demonstrate measurable success in both prevention and healing. Compliance with weekly wound reviews has significantly improved, ensuring timely monitoring and intervention. Through a targeted quality improvement initiative on one unit with elevated pressure injury rates, we implemented weekly communication, focused education, and active auditing. As a result, we successfully resolved 13 pressure injuries between June and July, representing a 62% reduction from the 21 pressure injuries that were present initially.

These outcomes highlight the effectiveness of a coordinated team approach and reinforce the value of sustained quality improvement efforts. Ongoing individualized care planning, coupled with evidence-based interventions, continues to support improved resident skin health and long-term healing outcomes.

The interdisciplinary team is also working on ensuring coding accuracy to be able to further adjust the indicators' level and bringing it closer to the provincial average.

## **Restraints:**

*Current score: 2.04%*

*4-quarter average: 1.25%*

*Provincial average: 1.50%*

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

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

There have been no third-party inspections during this reporting period.

### **4. Shining Moments: Celebrating our Successes**

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

In the fall of 2023, Huron Lodge was prominently featured in Season's Magazine, a semi-annual publication produced by the Ontario Association of Residents' Councils (OARC). This magazine showcases innovative programming, quality improvement initiatives, and relevant news for individuals living and working in long-term care settings. Widely regarded as a leading source for best practices and sector updates, Season's Magazine serves as a trusted resource across Ontario's long-term care community.

The featured article emphasized the value of a collaborative relationship between a home's Residents' Council and its Administration. It highlighted the development of a new vision statement created by the Huron Lodge Residents' Council, which was recognized by OARC as a model of collaborative best practice.

Building on this recognition, OARC is currently developing a toolkit aimed at supporting resident engagement in shaping their living environments. Huron Lodge's story has been selected for inclusion as a best practice example within

this toolkit. Once completed, the toolkit will offer actionable strategies for fostering resident involvement and will be made available to all 627 long-term care homes across Ontario, collectively serving over 78,000 residents.

Below is an excerpt from the draft Toolkit OARC is developing.

#### Spotlight 8: Co-Creating and Showcasing a New Mission Statement at Huron Lodge

At Huron Lodge in Windsor, Ontario, the residents and team helped to create a welcoming home environment by working together on a new mission and vision statement for the home. Their process involved regular meetings between the home's Administrator and the Residents' Council, with the Administrator posing open-ended questions to generate discussion and to capture what residents expressed as being most important. Emphasis was placed on involving inclusive and person-centred language. After crafting their new statement, the residents suggested to display it proudly in the form of a wall graphic located at the front of their home. Residents worked with a designer to select their preferred design, text style and colours. Now, permanently displayed is a beautiful statement that begins with the message that "Huron Lodge is first and foremost the home of our Residents as they represent the core of our vision for the future."



A Toolkit for Engaging Residents | Page 36 of 40

Respectfully submitting this report for your information.



---

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



---

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



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

### Ministry of Long-Term Care

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

### London District

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

## Public Report

**Report Issue Date:** May 30, 2025

**Inspection Number:** 2025-1626-0002

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

**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 dates: May 26 - 30, 2025

The following intakes were inspected:

- Intake: #00140211 - Follow-up #1: Compliance Order #001/2025-1626-0001 - O. Reg. 246/22 - s. 18 (1) (a) Bed Rails, Compliance Due Date (CDD) April 28, 2025. Extended CDD May 19, 2025.
- Intake: #00143000 / Critical Incident (CI) #M631-000011-25 - related to alleged improper/incompetent treatment of a resident
- Intake: #00145085 / CI #M631-000014-25 - related to alleged improper/incompetent treatment of a resident
- Intake: #00145971 - complaint related to plan of care
- Intake: #00146413 / CI #M631-000018-25 - related to the unexpected death of a resident
- Intake: #00146921 - complaint related to nursing and personal care services

**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

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2025-1626-0001 related to O. Reg. 246/22, s. 18 (1) (a)

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Housekeeping, Laundry and Maintenance Services
- Falls Prevention and Management
- Restraints/Personal Assistance Services Devices (PASD) Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Required programs

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

**Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.**

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee failed to comply with the home's falls prevention and management program when a resident's Head Injury Routine (HIR) was not completed following an unwitnessed fall.

**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

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written programs developed are complied with.

As per the home's Head Injury Routine/Neurological Assessment procedure, a resident was required to have a head injury assessment at set intervals unless otherwise directed by the physician. On four separate occasions staff documented that the resident was sleeping. Staff #101 confirmed the expectation would be for staff to complete all aspects of the head injury routine.

Sources: Head Injury Routine/Neurological Assessment procedure, resident incomplete assessments and interview with staff #101.