

AGENDA
COMMITTEE OF MANAGEMENT FOR HURON LODGE
Meeting held Thursday, June 30, 2022
at 9:00 a.m. via Zoom video conference

1. **Call to Order**
2. **Disclosure of Interest**
3. **Minutes**
Adoption of the minutes of the meeting held March 9, 2022 – ***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 13, 2022 – ***attached***
6. **Date of Next Meeting**
To be determined
7. **Adjournment**

Committee of Management for Huron Lodge

Meeting held March 9, 2022

A meeting of the Committee of Management for Huron Lodge is held this day commencing at 9:00 o'clock a.m. via Zoom video conference, there being present the following members:

Councillor Ed Sleiman, Chair
Councillor Jeewen Gill

Regrets received from:

Councillor Gary Kaschak

1. Call to Order

The Chair calls the meeting to order at 9:04 o'clock a.m. and the Committee of Management 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 Gill, seconded by Councillor Sleiman,
That the minutes of the meeting of the Committee of Management for Huron Lodge held December 8, 2021 **BE ADOPTED** as presented.
Carried.

4. In Camera

No In Camera session is held.

5. Business Items

5.1 Administrator's Report

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

- The Ministry of Long-Term Care (MLTC) continues to issue numerous guidance documents, immunization policy updates, pandemic response updates as well as testing and outbreak protocols.
- In light of the highly transmissible Omicron variant, the Public Health Unit declared Huron Lodge in outbreak as of January 2, 2022. Family members and staff were notified immediately. All cases were mildly symptomatic or asymptomatic and the outbreak was finalized on February 15, 2022.
- Vaccine Clinics were set up at Huron Lodge due to the Ministry's mandatory Booster requirement.
- The MLTC launched the new Proactive Inspections Program in November 2021.
- The Program takes a resident-centred approach by allowing for more direct discussion with residents to focus on their care needs as well as the home's program and services.
- CAO 9/2022 approved that the Executive Director, Huron Lodge be authorized to sign the required attestation for the High Intensity Needs Fund to be submitted to the Ministry of Long-Term Care
- All long-term care homes will receive a proactive inspection by the end of 2024.
- Annualized funding for additional staffing at Huron Lodge – this new funding supports the increase to the provincial average of direct hands-on care provided by registered nurses, registered practical nurses and personal support workers to four hours a day per resident by the 2024-25 funding year.
- The Ministry has provided standalone Hepa Filtration Units to all qualifying Long Term Care Homes.
- Submission of a Grant Application for funding – New Horizons for Seniors Program on December 17, 2021. The application was submitted for \$25,000 for the Chrysalis Project Phase 2 on January 20, 2022.
- The Ontario government announced the Windsor Essex Ontario Health Team on February 10, 2022. The province will provide up to \$1.1 million to help the Windsor Essex Ontario Health Team to seamlessly integrate health care services for patients and support the region's continued response to COVID-19.
- On December 8, 2021, MLTC held a webinar: Fixing Long-Term Care Act, 2021: An Overview of the Proposed Legislation's Repairs to the System. As evidenced in the attached power point presentation there will be many areas of change in both the Act and regulations – the changes range from procedural to programs to enforcement and for the first time ever hours of care. Once Fixing the Long Term Care Act and regulations will be passed further updates will be provided.

In response to a question asked by Councillor Gill regarding what percentage of the staff have received the third dose of the vaccine, A. Sirbu responds that the directive from the Ministry mandates that if staff have contracted COVID, they have up to 100 days from the date tested positive to acquire a third dose. She adds that a lower number of

staff are being followed up to ensure compliance and that the majority of the residents have received their fourth dose.

J. Payne notes that in terms of possibly lifting the mask mandate, there will continue to be restrictions and directives associated with long term care. There may be issues with the public saying that they can live their life the way they want, yet Huron Lodge is still requiring a vaccine and a mask which may cause a push back from family, friends and visitors. It is important to note that there is a higher standard in long-term care homes.

In response to a question asked by the Chair regarding the Ontario Health Teams and how it affects the City of Windsor including our accountability, J. Payne responds that the Ontario Health Team is being led by the health care sector. She adds that she sits on the table from a social services lens as health care is a spectrum of services related to wellbeing. A. Sirbu brings the lens that represents the long-term care sector. Also included are all three hospitals, EMS, forty-seven local agencies (at the partnership table) and also a steering committee (with 15-20 members). The city is not the lead for healthcare but are definitely at the table.

The Chair asks in the future, can family members pick up a resident and take them out, i.e. to the Mall and asks if there are strict regulations associated with day trips for residents.

A. Sirbu responds that at this time, the Ministry is still using pandemic protocols and currently all social day absences are allowed for residents regardless of their vaccination status and may go with their caregiver overnight (if the resident has received three doses).

The Chair asks due to COVID-19 if staff have been working a lot of overtime. A. Sirbu responds that they have been proactive in their approach. They did not go to tremendous expense and adds that most of their colleagues had to pay staffing agencies in order to survive the last few months. When the outbreak hit, and the numbers at Huron Lodge were dwindling, they were still able to offer the staffing as appropriate and the Ministry provided an extra three months of prevention and containment funding to support all homes with whatever overtime was required due to the outbreaks.

Moved by Councillor Gill, seconded by Councillor 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, Ontario Health, Home and Community Care Support Services and other initiatives that impact the Long-Term Care sector **BE RECEIVED** for information and **APPROVED** for the period ending February 28, 2022.

Carried.

6. Date of Next Meeting

The next meeting will be at the call of the Chair.

7. Adjournment

There being no further business, the meeting is adjourned at 9:40 o'clock a.m.

CHAIR

COMMITTEE COORDINATOR

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: June 30, 2022

Author: Alina Sirbu

Report Date: June 13, 2022

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 ending June 30, 2022.

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 June 30, 2022. Not all items within this report are COVID related. It is critical to note that while nearly every aspect of operations are impacted by the pandemic, Huron Lodge is legislated to deliver services and that mandate has not changed.

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)

The MLTC continues to issue numerous guidance documents and directives; the Huron Lodge Management team and staff continue to work together to ensure the safety of our residents, family members & colleagues.

Huron Lodge's third outbreak was rescinded effective May 18, 2022. Communications were issued to thank staff and with reminders of infection control measures; reverting back to regular scheduling and call outs as well as the use of the new mandatory online screening tool.

Family Members were advised that we welcome back general visitors; small group activities in the home areas & that social outings can resume for residents not in isolation and thanks to all for their continued support.

Fixing Long-Term Care Act, 2021 (FLTCA) and Ontario Regulation 246/22

On April 6, 2022 the Ministry of Long-Term Care sent Implementation Tools and Supports for the FLTCA and regulation becoming effective April 11, 2022. The documents included General Implementation Q&As; Fact Sheets for Compliance and Enforcement; Complaints; Continuous Quality Improvement; Whistle-Blowing Protections new Infection Prevention and Control (IPAC) Standard; Palliative Care; Screening Requirements and Emergency Planning. For more information see the attached Technical Orientation to the FLTCA and Ontario Regulation 246/22 titled The New Framework to Govern Long-Term Care.

Thank you for providing your police record checks and declarations required as part of the enhanced screening measures.

The Assistant Director, Long-Term Care Inspections Branch issued a further directive under Ontario Regulation 246/22 on May 20, 2022 to announce the requirements for Temperature Monitoring in Long-Term Care Home Residents Rooms. See attached memo.

Inspections

MLTC conducted an Inspection under the FLTCA at Huron Lodge on May 11, 12, 13, 16, 17 and 18. Inspection Protocols used during this inspection included: Falls Prevention and Management; Infection Prevention and Control (IPAC); Medication Management and Resident Care and Support Services. There were no findings of non-compliance. The public report is attached for information.

Other Business:

1. Financial

a. MLTC Funding

A Temporary Retention Incentive for Nurses Guide was received as a follow-up to the government's announcement of this funding on March 7, 2022. Implementation meetings have been held with the Human Resources and Finance Departments.

On May 2, 2022 the Minister of Long-Term Care issued the following funding announcement memos:

- One-time funding for PPE and Covid-19 Prevention and Containment in the amount of \$1,386,048 for Huron Lodge for the 2022-23 funding year.
- One-time funding for Long-Term Care Minor Capital Programs, Infection Prevention and Control Professionals and Clinical Decision Support Tools totalling \$166,705 for Huron Lodge in the 2022-23 funding year
- 1.75% Level of Care Increases for 2022-23 which is subject to a CMI calculation and is unknown at this time.

High Intensity Needs Fund (HINF)

CAO 9/2022 authorized the Executive Director/Administrator of Huron Lodge to sign the required attestation for the High Intensity Needs Fund (HINF) Program. A report to Council will follow for future attestations.

b. Government of Canada Grant

The grant application submitted for \$25,000 for the Chrysalis Project Phase 2 was approved on April 1, 2022. Huron Lodge will continue to enhance the environmental controls that make it easier for the residents to locate their surroundings and be orientated to space in a way that significantly reduces their anxiety.

2. Qualify Indicator Performance Report

Huron Lodge continues to use an interdisciplinary approach to ensure quality indicators are in line with the provincial averages. As shown below, most indicators are well below the provincial average.

Quality Indicator	Q1-2022 Average Huron Lodge	Q1-2022 Provincial Average
Falls	8.82%	15.33%
Wound Care	2.34%	3.14%
Restraints	10.05%	2.99%
Continence Management	6.02%	18.27%
Pain Management	4.43%	4.5%
Responsive Behaviours	10.94%	12.84%
Antipsychotic Use	27.38%	20.32%

Restraint use trended up with new admissions and were high in January and February but are currently trending back down. Most of the restraint codes were issued for tilts

on wheelchairs. Interventions include recreational staff support, family support, fall interventions, personal assistive devices and frequent monitoring from the direct care nursing staff.

Responsive Behaviours have decreased in our Memory Care Unit due to our Chrysalis Project implementing a more home-like, familiar environment with personalized coloured doors, painted walls and more resident centered care by the staff.

Antipsychotic use is higher due to an increase in new admissions as well as a higher number of urinary tract Infections. Reduction of the antipsychotic medication use is ongoing using a comprehensive team approach with the pharmacist, nursing staff, Behavioural Supports team and physicians reviewing diagnoses and tapering ineffective medications. Education is ongoing for RAI MDS coding purposes. We will continue to use alternative therapies in managing resident behaviours to be below the provincial average.

3. Ministry of Labour, Training and Skills Development

A zoom meeting was held on March 22, 2022 in response to an employer report made on March 15, 2022 that one worker tested positive for Covid-19. No orders were issued. See the report attached.

On May 26, 2022 the Ministry of Labour conducted a field visit further to an anonymous complaint alleging unsafe scaffolding use. Vollmer Services was on site to change a chiller on the rooftop; both workplace parties concurred that measures were adequate & work had been finalized. See the field visit report attached.

4. Public Health Unit Inspections

Huron Lodge passed a Vaccine Cold Chain Maintenance Inspection on March 11, 2022 that was conducted by the Windsor-Essex County Health Unit. See attached report.

On March 24, 2022 the Windsor-Essex County Health Unit conducted:

- A compliance inspection – Infection Prevention and Control
- A Personal Service Setting Inspection and a
- Food Premises Inspection

Zero violations were noted on the attached reports.

Respectfully submitting this report for your information.



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



Debbie Cercone
Commissioner, Human and Health Services

/ja

The New Framework to Govern Long-Term Care

A Technical Orientation to the Fixing Long-Term Care Act, 2021, and Ontario Regulation 246/22

April 4, 2022

Purpose

To provide an overview of statutory and regulatory changes. Included in this presentation is information about:

- 1 Context
- 2 Strategic Objectives & Key Considerations
- 3 New Legislation
- 4 New Regulation

- 5 Transition Periods
- 6 Key Changes
- 7 Resources

Note:

*This document is for informational purposes only. It is intended to highlight some of the new aspects and requirements of the Fixing Long-Term Care Act, 2021 and its regulation. Licensees are responsible for ensuring compliance with the requirements of the Fixing Long-Term Care Act, 2021 and its regulation. In the event of a conflict or inconsistency between this document and the Act or regulation, the Act or regulation will prevail. **This document does not constitute legal advice or interpretation.***

Overview

A new framework to govern the long-term care sector will come into force **on April 11, 2022**.

- Includes new legislation and regulation.
 - Provisions that previously worked well were brought forward and important changes were implemented in several areas.
 - For details on prescribed requirements under the new Act and its regulation (O.Reg. 246/22), refer directly to them on e-Laws:
 - The new Act is located [here](#)
 - The regulation is located [here](#)
- Also on April 11, 2022, the *Long-Term Care Homes Act, 2007* will be repealed (i.e., will no longer be in force) and Ontario Regulation 79/10 will be revoked.

Long-term care homes will need to comply with the new regime once it comes into force unless otherwise specified (for some requirements certain transitional periods will apply).

Context

As Ontario emerges from the COVID-19 pandemic, the need to resolve the systemic and long-standing issues facing the long-term care sector is clear. The challenges are well-known, having been the focus of multiple external reviews: Ontario's population is aging, wait lists are long, staffing has not kept pace with demand, and compliance needs to improve.

The Government of Ontario has a plan to fix long-term care, so that every resident experiences the best possible quality of life, supported by safe, high-quality care:

- ✓ Sets out the action plan that will improve residents' experience and restore public trust
- ✓ Is informed by third-party reviews, including Ontario's Long-Term Care COVID-19 Commission Final Report (April 2021), demographic analysis, and external engagement on the challenges facing long-term care
- ✓ Prioritizes actions in three broad areas:

**Staffing
& Care**

**Accountability, Enforcement
& Transparency**

**Building Modern, Safe
& Comfortable Homes for Seniors**

The *Fixing Long-Term Care Act, 2021* lays the groundwork for systemic, long-lasting reform over time that will enhance resident quality of care and life in several key areas.

Strategic Objectives & Key Considerations

This new framework will impact all long-term care homes, including those run by for-profit, not-for-profit and municipal operators. It is informed by:



External Reviews

- Ontario's Long-Term Care COVID-19 Commission: Final Report released on April 30, 2021
- Auditor General of Ontario's COVID-19 Preparedness and Management: Special Report on Pandemic Readiness and Response in Long-Term Care released on April 1, 2021;
- Auditor General of Ontario's 2019 Annual Report: Food and Nutrition in Long-Term Care Homes;
- Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System (Gillese Inquiry) released on July 31, 2019; and
- Auditor General of Ontario's 2015 Annual Report: Long-Term Care Home Quality Inspection Program.
- External reviewers raised broadly similar recommendations related to care and staffing; accountability, enforcement and transparency; and home infrastructure and development.



Engagement

- Includes engagement with residents and families, home operators, healthcare and labour associations, regulators, labour unions and the broader health and aging sector.
- Discussions focused on specific policy areas and broader implications related to implementation.

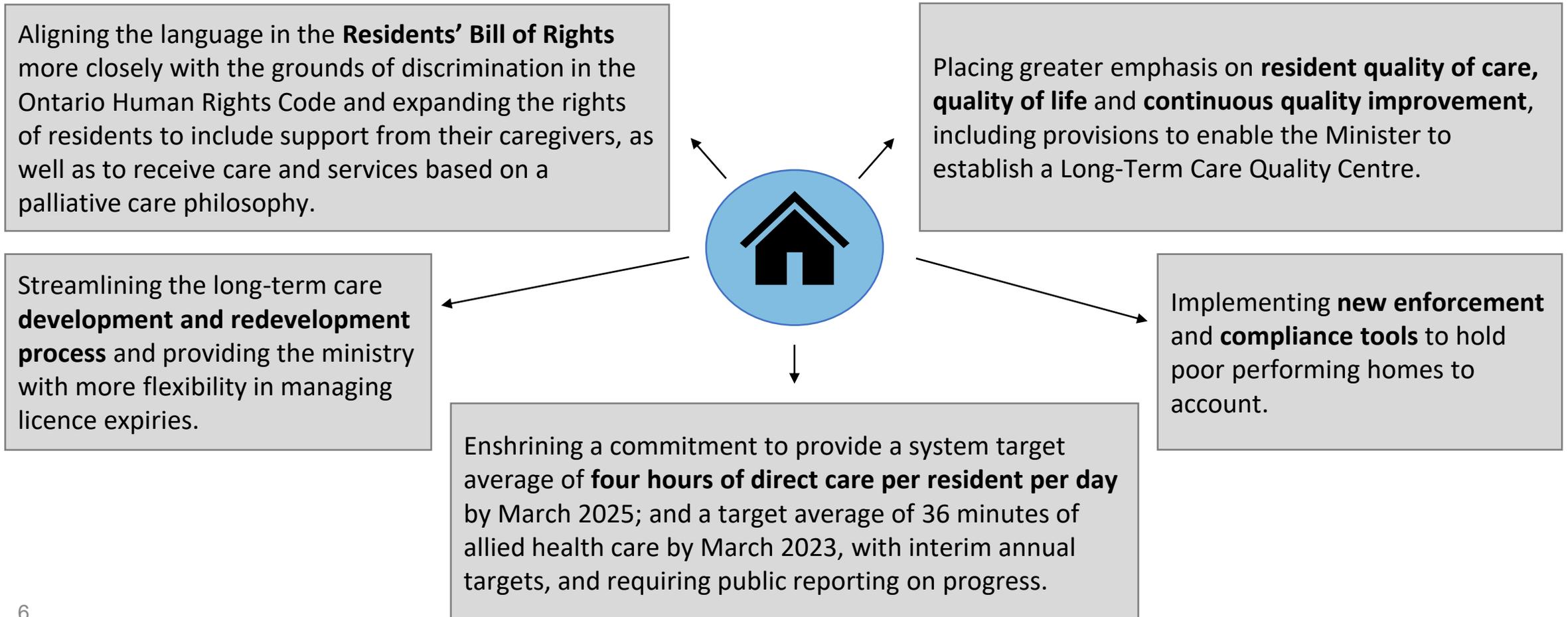


Public Input

- Includes opinion research, standing committee public hearings and feedback from Ontario's Regulatory Registry.
- Resident safety and wellbeing (i.e. IPAC, menu planning and nutrition, palliative care/philosophy) was the overwhelming focus. There was also interest in staffing, as well as accountability, enforcement, transparency and quality.

New Legislation

Acts are forms of law that articulate the government's policy intent and provide authority to make regulation. The *Fixing Long-Term Care Act, 2021* is the Ministry's new legislation to govern the sector and it will come into force on April 11, 2022, by repealing and replacing the *Long-Term Care Homes Act, 2007*. Included in it are the following important changes:



New Regulation

A regulation is a law that is made by a person or body whose authority to make the law is set out in an act. Ontario Regulation 246/22, is new regulation. Like its parent legislation, it will come into effect on April 11, 2022. At the same time, Ontario Regulation 79/10 will be revoked. Given the transformative nature of this work, the Ministry is taking a phased approach to regulation development with the most urgently needed provisions proceeding for April and further provisions being developed in Fall 2022. Key changes coming into effect this Spring include:

Ensuring **accountability** by:

- Setting out the criteria and amounts for issuing **administrative monetary penalties**.
- Expanding **whistleblower** protection when information is disclosed to resident and family councils.
- Enhancing **screening measures** for staff, volunteers and members of a board of directors, its board of management or committee of management or other governing structure.

Improving **resident safety**, wellbeing and quality of life by:

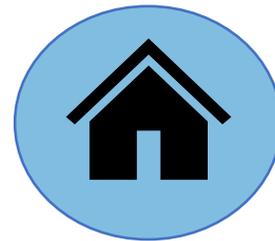
- Expanding and clarifying **IPAC** roles and requirements.
- Requiring, among other things, that the interdisciplinary assessment of a resident's **palliative care** needs for their plan of care considers their physical, psychological, emotional, social, cultural and spiritual needs.

Improving the resident experience by introducing a new requirement for **air conditioning** in resident bedrooms, as well as increasing **menu planning** flexibility and allowing more choice to better meet the needs of residents.

- Enhancing **emergency planning** requirements to support greater preparedness during emergencies, including outbreaks, epidemics and pandemics.
- Ensuring **continuity of certain requirements** that currently reside under O Reg 95/20 under the ROA.

Defining "**caregiver**" and requiring all long-term care homes to have a **visitor policy** that respects the Residents' Bill of Rights and ensures that caregivers continue to have access to long-term care homes during an outbreak subject to any restrictions of the Chief Medical Officer of Health.

Clarifying staffing requirements, such as the roles/responsibilities of **medical directors** to improve oversight, and defining the calculation method for **direct care targets** connected to a provincial average of four hours of direct care per resident per day by March 2025.



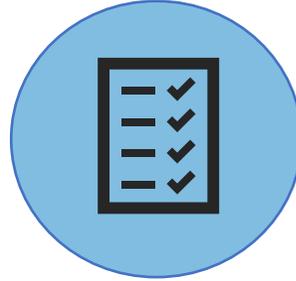
Support for the Sector

The Ministry will work in partnership with licensees to support successful transition to the new framework.



Sector Awareness and Education

- Ministry communications
- Final legislation/regulation published on e-laws
- Ministry-hosted webinars, workshops and information tools and guidance



LTC Home Readiness

- Staff training on new requirements
- Required policies/procedures in place
- Preparation underway for phased requirements over time



Communication with Residents/Families and Residents' Councils

- Easily accessed, plain language information for residents and families

Ongoing engagement with all partners, through appropriate forums

Residents' Bill of Rights

Context

- The Residents' Bill of Rights and, the fundamental principle are to be applied when interpreting the new Act and its regulation.
- Third-party reports consistently reiterated the importance of families and caregivers in supporting the quality of life of residents in long-term care and emphasized the critical nature of their role in meeting the mental, social-emotional and physical care needs of residents.
- The final report of the Ontario Long-Term Care COVID-19 Commission specifically recommended strengthening the Residents' Bill of Rights by aligning the language more closely with the prohibited grounds of discrimination in the *Ontario Human Rights Code, 1990*.



Summary of Changes

- The Residents' Bill of Rights was updated to make it easier for residents, their families and caregivers to understand, including the addition of subheadings.
- The language in the Residents' Bill of Rights was updated to more closely align with the grounds of discrimination in the **Ontario Human Rights Code**.
- Two new rights were added that provide residents with the right to ongoing and safe support from their **caregivers**, and assistance in contacting those caregivers, as well as the right to be provided care and services based on a **palliative care** philosophy.
- As noted, section 3 of the new Act defines residents' rights with respect to their caregivers.
- The new **visitor policy** under the regulation includes additional requirements to ensure residents have ongoing access to their caregivers; for example, during outbreak situations.



Timelines

- In force April 11 ,2022.

Four Hours of Direct Care

Context

- To address chronic staffing shortages in the long-term care sector, the government's plan to fix long-term care sets out actions to hire more staff, improve working conditions, drive effective and accountable leadership, and implement retention strategies.



Summary of Changes

- The new Act sets out in legislation **provincial targets** to increase direct care for residents of long-term care homes:
- A provincial target **average of four hours of direct care** to be provided by registered nurses (RNs), registered practical nurses (RPNs) and personal support workers (PSWs), per resident, per day by March 31, 2025; and
- a provincial target average **of 36 minutes of daily direct care** provided by allied health care professionals (such as physiotherapists and social workers), per resident, per day by March 31, 2023.
- It also establishes **interim annual targets** and requires **public reporting** by the Minister on progress towards the targets including a plan to address barriers if targets are not being met.
- The regulation provides further clarity on **calculation periods** and **periodic increases** applicable to the targets.



Timelines

- Provincial average of four hours of direct care to be provided by March 31, 2025.
- Provincial average of 36 minutes of daily direct care to be provided by allied health care professionals by March 31, 2023.

Emergency Planning

Context

- In response to the pandemic over the past two years, and recommendations received from the Auditor General, Long-Term Care COVID-19 Commission, and other sector partners, the new Act and its regulation include requirements to strengthen emergency and evacuation plans.



Summary of Changes

- Expanded list of emergencies requiring a **plan** (e.g., pandemics, boil water advisories, extreme weather, etc.).
- **Enhanced consultation** requirements including new requirements to consult with health service providers, Residents' Councils, and Family Councils (if any).
- New components for **evacuation** plans.
- Specific components for required emergency plans related to **outbreaks of a communicable disease**, outbreaks of a disease of public health significance, epidemics, and pandemics such as identification of isolation areas and cohorting of residents and staff.
- Requirements related to the new **attestation** requirements set out in the legislation (see s. 90(3) and 90(4) of the Act).
- Requirement to post emergency plans on homes' public **websites**.



Timelines

- Requirements related to emergency plans – licensees' emergency plans that were compliant with the LTCHA would be deemed to meet the requirements around emergency plans for three months after the coming into force of the section.
- Similarly, requirements around additional requirements for emergency plans for outbreaks, pandemics, and epidemics and new attestation requirements would not need to be met for three months after the coming into force of the applicable sections.
- New requirement to have a public website – compliance would be required three months after the coming into force of the section.



Supporting Resources

- The Ministry is preparing additional educational material and planning to provide dedicated webinars to support homes in adopting the new requirements and enhancing emergency planning processes across the sector.

Palliative Care (continued on next slide)

Context

- The *Compassionate Care Act, 2020* received Royal Assent on December 2, 2020. The purpose of this Act is to develop a palliative framework to ensure that every Ontarian has access to high-quality palliative care. The *Ontario Provincial Framework for Palliative Care* was tabled in the Ontario Legislature in December 2021 and sets out a vision for palliative care in Ontario.
- Third party reports highlighted the need to address the gaps in palliative and end-of-life care in long-term care and made recommendations to improve quality, access and training. The final report of the Ontario Long-Term Care COVID-19 Commission wrote about palliative and end-of-life care and specifically recommended that long-term care home licensees must ensure that residents are provided with appropriate palliative and end-of-life care.



Summary of Changes

- The new Act requires a resident's plan of care to cover all aspects of care, including palliative care, and requires that residents are provided with care or services that integrate a palliative care philosophy.
- The regulation sets out new palliative care requirements and requires every licensee to ensure:
 - the **interdisciplinary assessment of a resident's palliative care needs** for their plan of care considers their physical, emotional, psychological, social, cultural and spiritual needs;
 - that based on that assessment, an **explanation of the palliative care options** that are available is provided, which may include, but are not limited to early palliative care and end-of-life care;
 - the **palliative care options made available** must include (at a minimum) quality of life improvements, symptom management, psychosocial support, and end-of-life care (if appropriate); and,
 - that before taking any action to assess a resident's needs, provide care, or provide services, a resident's **consent** is received.
- The regulation updates palliative care training requirements for direct care staff and removes the training exemption under the Long-Term Care Homes Act, 2007 for persons such as medical directors.
- General requirements for programs in the regulation respecting palliative care and the palliative care philosophy must be complied with within six months of the coming into force of the applicable section.

Palliative Care (continued)



Timelines

- For general requirements for programs respecting palliative care and the palliative care philosophy: compliance would not be required for **six months** after the coming into force of the applicable section.



Supporting Resources

- [Information about the CCA, Ontario Provincial Framework for Palliative Care, and palliative care resources and guidance](#)
- Fact sheet on palliative care to be provided.

Quality

Context

- The final reports of the Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System and the Ontario Long-Term Care COVID-19 Commission specifically recommended that demonstrated improvements to residents' wellness and quality of life should be encouraged, recognized and financially rewarded.



Summary of Changes

The new Act creates a new Part dedicated to quality that includes requirements for a continuous quality improvement initiative, resident and family/caregiver experience survey and Long-Term Care Quality Centre. It requires that every long-term care home implement a continuous quality improvement initiative, as set out in regulation. The regulation requires every licensee to:

- establish an interdisciplinary continuous quality improvement committee within six months after the coming into force of the applicable section;
- ensure the home's continuous quality improvement initiative is coordinated by a designated lead;
- prepare an interim report for the 2022/2023 fiscal year on the continuous quality improvement initiative for the home, within three months after the coming into force of the applicable section, provide a copy to the Residents' Council and Family Council, if any, and publish the report on the home's website;
- prepare a report on the continuous quality improvement initiative for the home each fiscal year, provide a copy to the Residents' Council and Family Council, if any and publish the report on the home's website (the first report is for the fiscal year ending March 31, 2023); and,
- maintain a record setting out the names of the people who participated in evaluations of improvements in the continuous quality improvement report.
- The new Act requires a Licensee to ensure that at least once every year a survey is taken of residents, their families and caregivers to measure their experience with the home and the care, services, programs and goods provided at the home. It allows for regulations to be developed to set out further requirements on the administration of surveys.



Timelines

- The interim report for the continuous quality improvement initiative would not be required until three months after the section came into force.
- The continuous quality improvement initiative report each fiscal year no later than three months after the end of the fiscal year.



Supporting Resources

- Fact sheet on the Continuous Quality Improvement Initiative to be provided.

New Compliance and Enforcement Tools (continued on next slide)

Context

- Residents, families and advocates have expressed concerns regarding homes with repeat non-compliance issues that are not being held accountable for their poor performance. The FLTCA includes new and strengthened compliance and enforcement tools that will hold long-term care home licensees to account, improve enforcement and compliance, and ensure residents are safe and well cared for.



Summary of Changes

- These new and updated tools will be used as part of the ministry’s inspection program, which aims to hold licensees to account for the care they provide.
- The ministry’s inspection program focuses on ensuring that licensees comply with the legislation and protecting and promoting the quality of care and quality of life for residents.
- If an inspector or the Director finds non-compliance, they take into account the scope and severity of the non-compliance, and the compliance history of a licensee to determine the appropriate compliance action(s) to take under the Act.
- The new compliance and enforcement regime under the FLTCA was developed using modern regulator principles, including a broad range of compliance measures and proportional responses to specific instances of non-compliance.

Overview of New and Updated Tools

- | | |
|--|---|
| <ul style="list-style-type: none">Remedied Non-compliance [NEW]Written NotificationsCompliance Orders [Updated]Administrative Monetary Penalties [NEW] | <ul style="list-style-type: none">Order Requiring Management [Updated]Increased Fines for Offences [NEW]InvestigationsLicence Suspension and Supervisor [NEW] |
|--|---|



Timelines

- In force April 11, 2022.



Supporting Resources

- Fact sheet on compliance and enforcement tools to be provided.

New Compliance and Enforcement Tools



Summary of Changes - Administrative Monetary Penalties (AMPs)

The new regulation will implement an AMP regime that would:

- Require inspectors to issue an AMP when non-compliance has been found and if at any time during the three years prior the licensee received a compliance order for failing to comply with that same requirement. Each time the licensee fails to comply, the amount of the penalty would multiply.
- Provide authority for the Director to issue an AMP on the first compliance order.
- A licensee can ask the Director to review a compliance order or an AMP notice. During this process, the requirement to pay is put on hold until the matter is resolved.
- The Director may confirm the order or change it. This can include reducing the AMP.
- If a licensee still disagrees with the Director's decision following this review, they can appeal the outcome of the review to the Health Services Appeal and Review Board.
- In the case of AMPs issued by the Director in the first instance, the licensee can appeal these straight to the appeal board.

Complaints

Context

- It is important that the Ministry is able to respond to higher-risk complaints rather than low-risk complaints or those not related to the legislation. The ministry has the authority and the tools to follow up on these complaints and to take action, if appropriate, to remedy the issue and/or prevent harm.



Summary of Changes

- The new Act requires homes to provide information about the ministry and the **Patient Ombudsman** to individuals who have complained in order to ensure they can contact the government if they choose. This information must include the ministry's **toll-free number** for making complaints, **contact information** for the Patient Ombudsman, and **notification** that the complaint was forwarded to the ministry (where relevant).
- Under the previous Act, licensees had to forward every complaint about the care of a resident or the operation of a home to the Ministry. At the same time, they had to decide whether a complaint alleged harm or risk of harm to one or more residents. They did this in order to determine how quickly they had to begin an investigation.
- Under the new legislation, licensees must immediately forward to the Director those complaints that allege harm or risk of harm, including, but not limited to physical harm, to one or more residents.
- A process remains in place to ensure licensees **address complaints** where they are warranted, and that the ministry is aware and is forwarded certain complaints.
- This will help licensees focus on patient care rather than administering paperwork.
- The regulation also enables homes and the ministry to deal with **outstanding complaints** and orders issued under the previous Act.



Timelines

- In force April 11, 2022.



Supporting Resources

- Fact sheet on the complaints process to be provided.

Whistle-blowing Protections

Context

- Whistle-blowing protections are intended to give anyone the confidence to bring forward any concerns about a long-term care home, including the care of a resident, without fear of retaliation.



Summary of Changes

- The FLTCA and its regulations expand whistle-blowing protections.
- The Act prohibits anyone from retaliating or threatening to retaliate against someone else because of a disclosure to:
 - an inspector or the director
 - any other personnel of the ministry [NEW]**
 - residents' councils [NEW]**
 - family councils [NEW]**
- This prohibition also applies where evidence has been given or may be given in a proceeding.
- The law gives further protection to residents and families from worrying that raising concerns would affect the care or services a resident receives.
- A long-term care home cannot do anything that discourages someone from making a disclosure, nor can a home encourage someone to fail to make a disclosure.
- The Act also clarifies that a disclosure may be by any method such as by making a complaint to the ministry or by calling the ministry's action line.

EXISTING

Retaliation could be by action or by omission. It can include (without limiting its meaning):

- Dismissing, disciplining or suspending a staff member
- Imposing a penalty on any person
- Intimidating, coercing or harassing any person

Residents and their families have specific protections following a disclosure:

- No discharge or threat of discharge
- No discriminatory treatment, including service change
- No threatening family with any of the above

NEW

- Disclosures to **Residents' Councils and Family Councils** and **anyone working for the Ministry of Long-Term Care** now provide whistle-blowing protections.
- Clarity that a complaint to the ministry by any means constitutes a disclosure



Timelines

- In force April 11, 2022.



Supporting Resources

- Fact sheet on whistle-blowing protections to be provided.

Resident Experience: Menu Planning



Summary of Changes

More flexibility in menu planning increases choice for residents regarding what and when they eat and reduces food waste. Additionally, each menu cycle will continue to be evaluated to ensure residents' **nutrient requirements** are met.

- Key changes include:
 - The menu cycle will provide a **minimum of one entrée** and accompanying side dish at all three meals with other available entrees, side dishes and dessert to meet residents' specific needs/ preferences.
 - Meals will be served at times agreed upon by Residents' Council and the home's Administrator or Administrator's designate.
 - Menus to provide a variety of foods, including **fresh produce** and **local foods** in season.
 - Each menu cycle is to be evaluated by the **Nutrition Manager** and **Registered Dietitian** and approved by the Registered Dietitian for nutritional adequacy based on **Dietary Reference Intakes** relevant to the resident population
 - Canada's Food Guide was removed as a requirement for menu planning to align with expert advice that this is not an appropriate tool to use in menu-planning for a diverse long-term care demographic.



Timelines

- New requirements around menu planning have a **different commencement date**: they will come into force three months after the regulation first comes into force

Infection Prevention and Control (continued on next slide)

Context

- Infection prevention and control (IPAC) arose as a key challenge in the long-term care sector during the COVID-19 pandemic.
- The ministry is taking a number of actions to improve capacity and practice in this area.
- As well, a number of recommendations related to IPAC have been included in key third party reviews including the Long-Term Care COVID-19 Commission Final Report.
- Other key stakeholders have also highlighted the importance of IPAC and have made a number of recommendations for improvements to better protect residents and staff.



Summary of Changes

- The new Act and Regulation reinforce existing requirements for **IPAC programs** in homes while also making them more robust. This includes:
 - More comprehensive training, education, experience and certification requirements for IPAC leads;
 - A required **quality management program** for IPAC;
 - A requirement for an **ethical framework** to guide decision making related to IPAC and the required application of **the precautionary principle** in specific circumstances; and
 - The legislation and the regulation also make reference to a new evidence-based **Standard for IPAC** which will be issued under the Act.

Infection Prevention and Control (continued)



Summary of Changes

Related provisions in the Regulation:

- The Regulation sets out requirements for **IPAC Lead(s)** to oversee, implement and maintain the home's IPAC program. It also includes specific minimum IPAC education, experience, training and certification requirements for the leads.
- The Legislation and Regulation also require licensees to comply with a new IPAC Standard which is evidence-based and which includes the key components of a robust, comprehensive IPAC program.
- An **IPAC program** must be implemented that includes:
 - Evidence-based policies and procedures;
 - IPAC education and training;
 - Outbreak preparedness and management;
 - Surveillance;
 - Routine practices and additional precautions;
 - Regular IPAC audits and program evaluation;
 - Quality management.



Timelines

- New requirements for IPAC program lead qualifications – compliance with the requirement for IPAC leads to obtain their Certification in Infection Control (CIC®; awarded by the Certification Board of Infection Control and Epidemiology, Inc. (CBIC)) would not need to be met for three years after the section comes into force.
- Requirements related to IPAC training and education would come into force on April 11, 2022



Supporting Resources

- IPAC Standard
- Fact sheet on the IPAC Standard to be provided.

Screening Measures



Summary of Changes

- The Regulation under the new Act introduces **enhanced screening** requirements for staff, volunteers, and members of the licensee's board of directors, its board of management or committee of management or other governing structure.
- These include **restrictions on**:
 - hiring staff,
 - accepting volunteers, and
 - members of a licensee's board of directors, its board of management or committee of management or other governing structure if they have been convicted of certain offences with respect to vulnerable persons or have been found guilty of an act of professional misconduct that involved certain elements.



Timelines

- New declaration requirements for current staff and volunteers and for directors and management in cases when a pandemic does not apply would be required one month after the section comes into force.
- New screening requirements for staff hired or a volunteer accepted during a pandemic would be required three months after the section comes into force
- New requirements for police record checks for current directors and management would be required six months after the section comes into force.



Supporting Resources

- The ministry is preparing education material to support homes in adopting these new requirements.

Medical Directors

Context

- The *Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System* (Gillese Inquiry) and the Long-Term Care COVID-19 Commission recommended specific training requirements for medical leadership in long-term care. As well, other stakeholders have recommended changes to provide greater role clarity and accountability for Medical Directors.
- Similar to IPAC, the Ministry is taking a number of actions to address these issues.



Summary of Changes

Detailed related changes in the regulation include:

- The required terms of the contract between the licensee and the Medical Director have been updated to include:
 - completion of the **OLTCC Medical Director’s course**
 - completion of specified **training** within a specific time period
 - a required minimum **number of hours on site each month**, and specific duties which the Medical Director must complete on site
- The **Medical Director’s responsibilities** and duties have been updated to include:
 - Advising on and approving clinical policies and procedures
 - Communication of relevant medical policies and procedures to attending physicians and NPs
 - Attendance and participation in interdisciplinary committees and quality improvement activities
 - Providing oversight of resident clinical care in the home



Timelines

- New training requirements for Medical Directors: compliance would not be required for 12 months after the section comes into force (within 12 months for current Medical Directors and within 12 months of being hired for Medical Directors once the provision has come into force)

Visitor Policy & Caregiver Definition (continued on next slide)

Context

- Based on the advice of the Chief Medical Officer of Health, visitor restrictions were put in place during the pandemic to keep residents, staff, and all those attending a long-term care home safe from the risk of COVID-19. However, these restrictions inadvertently left residents without access to a critical source of support provided by their caregivers. This led to several third-party recommendations from the Long-Term Care COVID-19 Commission, Office of the Auditor General, the Visitor and Caregiver Policy Task Team under the Response and Recovery Advisory Committee, the Ontario Patient Ombudsmen among other sector partners and stakeholders to:
 - Recognize the role of caregivers in Regulation, and
 - Ensure caregivers continue to have access to residents during outbreaks.
- The new visitor policy and caregiver definition responds to third party recommendations and enshrines best practices and lessons learned during the pandemic and set out minimum requirements with respect to homes' visitor policies.



Summary of Changes – Visitor Policy

- The new regulation requires homes to have a visitor policy that complies with all applicable laws.
- Any limitations regarding the **number of caregivers** or visitors in a long-term care home are subject to any applicable directives, orders, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health.
- **'Essential visitors'** are defined as a caregiver, support worker, a person visiting a very ill resident, or a government inspector with a statutory right of entry.
- Essential visitors will continue to have access to the long-term care home during an outbreak (subject to applicable laws)
- Homes must maintain **visitor logs** for a minimum of 30 days
- The current version of a homes' visitor policy must be provided to the **Residents' Council and Family Council**, if any, included in resident information packages, posted in the home and communicated to residents, and posted on the homes' website

Visitor Policy & Caregiver Definition (continued)



Summary of Changes – Caregiver Definition

- Defines a ‘caregiver’ as a family member or friend, or a person of importance to a resident and who provides **one or more forms of support or assistance**, including direct physical support or social, spiritual, or emotional support.
- Any individual younger than 16 years of age must receive approval from a parent or legal guardian to be designated as a caregiver.
- The designation of a caregiver is the responsibility of the resident and/or their substitute decision-maker with authority to make that designation, if any, and not the home.



Timelines

- In force April 11, 2022.



Supporting Resources

- Ontario COVID-19 Guidance Document for long-term care homes
- The Regulation under the new Act sets out the IPAC training requirements for caregivers as well as visitors which will be supported by the IPAC Program Standard that will be posted on LTCHomes.net

Resident Experience: Air Conditioning



Summary of Changes

- When air conditioning is not available in resident bedrooms, this information must be disclosed on the **website** of the long-term care home.
- Limited exceptions to the requirement to have air conditioning installed in resident rooms may apply if a home can demonstrate that certain **exemption criteria** related to building structure, materials, the electrical system, or supply chain issues are met.



Timelines

- Unless limited exception criteria is met, licensees must ensure air conditioning is installed in resident rooms by June 22, 2022
- To ensure that new home builds have sufficient time to meet the requirement and adjust any plans as necessary, homes that are not yet licensed (including re-issuance) with anticipated licensing date in 2022 (calendar year) will have **six months** from the effective date of their licence to meet the requirement for air conditioning to be installed in resident rooms

Development and Redevelopment

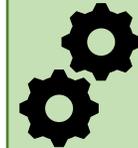
Context

- Addressing recommendations from the Long-Term Care COVID-19 Commission regarding long-term care home design standards and enabling redevelopment and new development.
- The need to address a potential loophole in the requirement to seek approval before gaining a controlling interest in a home and increase transparency and accountability to maintain the commitments made within Development Agreements regarding design standards of homes.
- Responding to the need to build modern, safe comfortable homes for Ontario's residents by addressing issues raised by operators who have experienced delays within the licensing process due to:
 - prolonged licence reviews;
 - duplicated processes and administrative burden; and
 - wait times for licence approvals.



Summary of Changes

- Addressed the previous Act's lack of flexibility (i.e. Exceptions, policy) for the Minister in making determinations through the addition of section 99(2) and 100(2) of FLTCA which enable the Minister to make a policy regarding Minister's Determinations.
- Removing the previous notice requirements prior to licence expiry in order to reduce red tape and administrative burden of premature and/or duplicated licence reviews for expiring licences. This removal, and the movement of requirements to policy allows Licensees to focus on planning for redevelopment.
- Enabling the Director to make timely and efficient approvals of management companies and helping Licensees meet critical timelines by removing the need for a Minister's determination for management company approvals.
- Ensuring ongoing compliance with the design standards set out in Development Agreements by defining these as agreements under the Act. As agreements under the Act, Development Agreements are included in the conditions of a licence.
- Generalizing the definition of design manuals in order to ensure that the regulation does not need to be amended each time design manuals are updated.



Supporting Resources

- Licence Expiry Policy to be provided.

Transitional Periods

- Most of the requirements in the regulation made under the FLTCA will come into force on April 11, 2022.
- However, to allow licensees time to prepare for and operationalize the new framework, some specific requirements set out in the proposed regulation allow for a period of time for licensees to establish compliance.
- Transitional periods range from a period of one month to three years.
- Examples of areas that would allow for a period of time for licensees to establish compliance include (but are not limited to): requirements to emergency planning, screening, staffing and qualifications, general requirements for programs respecting palliative care and the palliative care philosophy etc.

Contact Us

While the Ministry of Long-Term Care does not provide legal advice, we are available to help you with general questions regarding the new legislation, regulation or implementation.

Please contact us by e-mail at mltc.correspondence@ontario.ca.

Ministry of Long-Term Care

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

Sudbury Service Area Office
Suite 403, 159 Cedar Street
Sudbury ON P3E 6A5
Tel.: 705 564-3130 | 800 663-6965
Fax: 705 564-3133

Ministère des Soins de longue durée

Directeur Adjoint
Inspection de soins de longue durée
Division des opérations de soins de longue durée

Bureau régional de services de Sudbury
Suite 403, 159 Cedar Street
Sudbury ON P3E 6A5
Tél: 705 564-3130 | 800 663-6965
Télééc.: 705 564-31336



eApprovals: 178-2022-282

May 20, 2022

Dear Long-Term Care Home Licensees:

RE: Temperature Monitoring in Long-Term Care Home Resident Rooms

Thank you for your continued hard work and ongoing support to ensure that long-term care (LTC) residents receive the best care possible.

With warmer weather arriving, please see below a communication outlining requirements for licensees related to air conditioning and temperature monitoring in LTC homes. Included are details of the temperature monitoring requirements for all LTC homes and of the **new requirement to provide daily temperature reports for LTC homes without air conditioning in all resident rooms**.

Temperature Monitoring Requirements Under Ontario Regulation 246/22

Ontario Regulation 246/22 (Regulation) under the *Fixing Long-Term Care Act, 2021* (FLTCA) sets out requirements for monitoring temperatures in LTC homes. Each day throughout the year, licensees are required to ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
3. Every designated cooling area, if there are any in the home.

These measurements are required to be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The temperature measurements taken by the licensee may trigger additional implementation of the heat related illness prevention and management plan. In particular, the heat related illness prevention and management plan for the home must be implemented by the licensee every year continuously during the period from May 15 to September 15 and it is also required to be implemented,

- a) on any day on which the outside temperature forecasted by Environment and Climate Change Canada for the area in which the home is located is 26 degrees Celsius or above at any point during the day; and

- b) anytime the temperature in an area in the home measured in the required locations (listed above) reaches 26 degrees Celsius or above, for the remainder of the day and the following day.

Additional temperature monitoring requirements apply for homes with resident bedrooms that are not served by air conditioning (before or after that date). For every resident bedroom that is not served by air conditioning, licensees must ensure that the temperature is measured in the room once a day in the afternoon between 12 p.m. and 5 p.m. and documented in writing.

Licensees are required to keep a record of all the documented measurements for at least one year. These temperature monitoring requirements are set out in subsections 24(2)-(5) of the Regulation.

Mandatory Daily Reports

All licensees that do not currently have air conditioning in all resident bedrooms of LTC homes, including LTC homes where installation is still in progress, are to submit daily temperature monitoring reports. These reports will note, among other information, when temperatures reach above 26°C in any such resident bedrooms, and detail heat mitigation strategies, until all resident bedrooms are fully air conditioned. The Temperature Monitoring Reporting Portal to provide these reports can be accessed at the following link - [LTC Home Temperature Monitoring \(smartsheet.com\)](https://smartsheet.com).

This request for the reports is being made under subsection 91(2) of the FLTCA, which provides that the Director may at any time request a licensee to submit a report to the Director on any matter, in a form acceptable to the Director and the licensee shall comply with such a request. As such, the submission of the daily report is mandatory.

The Ministry will review the results and evaluate further action for LTC homes reporting a temperature over 26°C in any resident bedroom. These instances will be flagged for the Inspections Branch for follow-up and possible action where mitigating actions are determined to be insufficient.

As a reminder, it is the responsibility of each licensee to meet the requirements found in the FLTCA and Regulation, including section 356 which requires licensees to first seek director approval prior to commencing any alterations, additions or renovations or other work on the home or work on its equipment, if doing the work may significantly disturb or significantly inconvenience residents.

If you have any questions or require further information, please contact the ministry by e-mail at LTC.Info@ontario.ca.

Thank you once again for your ongoing partnership and continued support.

Sincerely,

Original Signed

Brad Robinson
Assistant Director, Long-Term Care Inspections Branch
Director under the *Fixing Long-Term Care Act, 2021, s. 91(2)*

- c: Nancy Matthews, Deputy Minister, Ministry of Long-Term Care
Jeff Butler, Assistant Deputy Minister, Long-Term Care Operations Division
Mike Moodie, Director, Long-Term Care Inspections Branch
Abby Dwosh, Director, Programs and Funding Branch
Anita Hooper, Director, Operational Policy and Implementation Branch

Operations Division Occupational Health and Safety

Field Visit Report

Page 1 of 6

OHS Case ID: **04835RGCR437**
 Field Visit no: **04835RGCR438** Visit Date: **2022-MAR-22** Field Visit Type: **INITIAL**
 Workplace Identification: **HURON LODGE HOME FOR SENIORS** Notice ID:
1881 CABANA ROAD WEST, WINDSOR, ON, CANADA N9G 1C4
 Telephone: **(519) 253-6060** JHSC Status: **Active** Work Force #: **350** Completed %:
 Persons Contacted: **CATHERINE DELUCA - CERTIFIED JHSC WORKER REPRESENTATIVE**
CATHY HARRIS - HURON LODGE MANAGER
JACKIE RYCKMAN - HUMAN RESOURCE MANAGER
PHILLIP RUSSO - HEALTH AND SAFETY ADVISOR
 Visit Purpose: **INVESTIGATION**
 Visit Location: **ZOOM MEETING**
 Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

As the Province moves towards a staged exit from specific COVID-19 public health measures, it is important for health care employers to ensure that appropriate measures and procedures are in place to protect workers to address the current hazards in the workplace.

Measures to assist in the prevention of the spread of infectious disease may include:

- mask or PPE usage as appropriate when within 2m of other individuals
- recognizing the signs and symptoms of respiratory illness and take appropriate action
- active screening (in Long Term Care and Retirement Homes)
- hand hygiene and sanitation practices
- other relevant workplace specific controls

In addition to OHS compliance assistance and enforcement, Inspectors will promote and enforce the ROA requirements at workplaces.

Under the OHS, employers and supervisors must take every precaution reasonable in the circumstance for the protection of workers. Workers are required to wear any protective equipment required by their employer and to report any hazards they observe.

Employers and workers should engage the internal responsibility system to continue to look at ways of decreasing the risk of exposure. As a reminder, Worker Representatives and Joint Health and Safety Committees have the power to make recommendations to employers with respect to health and safety in the workplace which includes the employer's measures and procedures with respect to COVID-19.

Recipient	Inspector Data	Worker Representative
Name <i>Cathy Harris</i>	AARON SMITH OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name <i>Catherine Deluca</i>
Title <i>Manager of Nutrition Management Rep.</i>	4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 256-8277 Fax: (519) 258-1321	Title <i>Labour Rep - RW</i>
Signature <i>[Signature]</i>	Signature <i>[Signature]</i>	Signature <i>[Signature]</i>

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/english/homepage.htm> for more information.

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

Operations Division Occupational Health and Safety

Field Visit Report

OHS Case ID: 04835RGCR437

Field Visit no: 04835RGCR438

Visit Date: 2022-MAR-22

Field Visit Type: INITIAL

Workplace Identification: HURON LODGE HOME FOR SENIORS

Notice ID:

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

PURPOSE OF THIS VISIT

The reason for this visit is to respond to an employer report made to the Ministry of Labour, Training and Skills Development on March 15 2022.

The employer received information that one worker of this workplace tested positive for COVID-19.

DISCUSSIONS/FINDINGS BY MLTSD

Workplace primary activity: Long-term care home

The employer representatives verified the above listed information

Contact tracing was complete and no close contacts were identified.

There was no reported breach in personal protective equipment on the worker involved.

Section 52(2) of The Occupational Health and Safety Act was discussed. "If an employer is advised by or on behalf of a worker that the worker has an occupational illness or that a claim in respect of an occupational illness has been filed with the Workplace Safety and Insurance Board by or on behalf of the worker, the employer shall give notice in writing, within four days of being so advised, to a Director, to the committee or a health and safety representative and to the trade union, if any, containing such information and particulars as are prescribed."

- Occupational Illness Report contents are specified in Ontario regulation 851, Sect. 5(2). A report form sample can be found here: <https://www.pshsa.ca/products/occupational-illness-infectious-disease-reporting-form>

- Occupational Illness Reports, respecting COVID-19, should be sent to the following email address: MLTSDocIllness.notices@ontario.ca

** For more workplace specific COVID related information and regulation, the employer may reference The Re-Opening Ontario Act.

Recipient	Inspector Data	Worker Representative
Name: <u>Cathy Morris</u>	AARON SMITH OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name: <u>Katherine Belcaro</u>
Title: <u>Manager of Nutrition Programs & Chair</u>	4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 256-8277 Fax: (519) 258-1321	Title: <u>Labour Rep - RPN</u>
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>

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

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Operations Division Occupational Health and Safety

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Visit Date: 2022-MAR-22

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

Notice ID:

FURTHER DISCUSSIONS/FINDINGS

The employer representatives indicated that the employer has measures and procedures in place, in part, addressing the following:

Information and Instruction to Workers:

- Information delivered through written policy.
- } Frequently updated to reflect Public Health requirements
- } Communicated via email and posted

- Topics covered: What it is; signs and symptoms/screening; self assess and reporting; distancing; hand hygiene; sanitizing; PPE use.

Social/Physical Distancing Measures in Place:

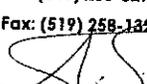
- Workers are directed to maintain a minimum distance of 2 meters from other people at all times.
- Where distancing is not possible during patient care, the employer requires the use of facemasks and eye protection
- Expanded lunch/break rooms has been utilized to promote social distancing
 - } Distance indicators were installed
 - } Extra chairs were removed

Screening Measures:

- Workers are required to self assess at home prior to entering the workplace
- Screeners were hired and are located at worker/visitor entrances
- Workers are required to complete a formal screening process upon entry to the workplace
- A questioner is completed and negative test verification is provided to the screeners
- Workers are required to test for COVID-19 two times per week.
- Contact tracing is complete when a worker tests positive for COVID-19
- The employer has a vaccine mandate in effect
- The employer has COVID-19 test kits.

Cleaning and Disinfecting:

- Enhanced sanitizing is being conducted within the workplace.
- Surface sanitizing is being conducted on high touch areas multiple times per day - Tracked

Recipient	Inspector Data	Worker Representative
Name: Cathy Harris	AARON SMITH OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 256-8277 Fax: (519) 258-1321	Name: Katherine Deleka
Title: Renée de la Vallée Renée de la Vallée		Title: Labour Rep - RPN
Signature: 	Signature: 	Signature: 

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Operations Occupational
Division Health and Safety

Field Visit Report

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

Notice ID:

- Dedicated workers were hired to sanitize the workplace
- Washrooms with handwashing facilities and soap, are located in the workplace and are easily accessible to workers at all times.
- Hand sanitizer is located throughout the workplace and required to be utilized upon entry

Personal Protective Equipment:

- The employer provides the following in relation to COVID-19 protection:
 - } Facemasks, N95 respirators, isolation gowns, safety glasses, face shields
- The employer requires all workers and essential visitors to wear a face mask at all times while in this workplace
- Workers are fit tested for N95 respirators
- Workers are able to request additional PPE when needed

PREVIOUS MLTSD VISITS

This workplace was visited on the following dates where the employer's COVID-19 measures and procedures were discussed:

July 3 2020 - OHS Case: 04482PMHS125, specifically Field Visit: 04482PMHS126

February 3 2022 - OHS Case: 04222RCSL112, specifically Field Visit: 04222RCSL113

No further MLTSD action required at this time.

RESOURCES THAT MAY ASSIST WORKERS AND EMPLOYERS:

Office of The Worker Advisor: www.owa.gov.on.ca

Recipient	Inspector Data	Worker Representative
Name: Cathy Harris	AARON SMITH	Name: Katherine Deves
Title: Manager/Assistant Manager/Coordinator	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 256-8277 Fax: (519) 259-1321	Title: Labour Rep - RPN
Signature: [Handwritten Signature]	Signature: [Handwritten Signature]	Signature: [Handwritten 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, 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/english/homepage.htm> for more information.

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

Operations Occupational
Division Health and Safety

Field Visit Report

OHS Case ID: 04835RGCR437

Field Visit no: 04835RGCR438

Visit Date: 2022-MAR-22

Field Visit Type: INITIAL

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

Notice ID:

Health & Safety Associations: www.healthandsafetyontario.ca

For more information regarding the Occupational Health and Safety Act and regulations, call the Ministry of Labour western region call centre at 1-877-202-0008 or visit the Ministry of Labour website at: www.labour.gov.on.ca

For external assistance and for additional information/resources or occupational health and safety training and educational programs, see the yellow pages in your phone book or contact:

- The Public Services Health and Safety Association (PSHSA) at 1-877-250-7444 (www.pshsa.ca)
- The Infrastructure Health and Safety Association at 1-800-263-5024 (www.ihsa.ca)
- Workplace Safety and Prevention Services (WSPS) at 1-888-478-6772 (www.wspss.ca)
- The Workers Health and Safety Centre (WHSC) at 1-888-869-7950 (www.whsc.on.ca)

Keep up to date on Ministry of Labour legislation, operations and resources by subscribing to "What's New", a monthly e-newsletter, to read the ministry's latest news on workplace health and safety, employment Recipient standards and labour relations. <http://www.labour.gov.on.ca/english/resources/subscribe/index.php>

Develop your COVID-19 workplace safety plan:

<https://www.ontario.ca/page/develop-your-covid-19-workplace-safety-plan>

Learn what employers can do to help control exposure to COVID-19 at meal and break times:

<https://www.ontario.ca/page/meal-and-break-periods-work-during-covid-19>

COVID resources are available in languages other than English and French. Please visit:

Ontario government COVID resources:

<https://www.ontario.ca/page/resources-prevent-covid-19-workplace>

Public Health Ontario resources in multiple languages:

<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/public-resources?tab=25>

Emergency Leave under Employment Standards Act

Employees may have the right to take unpaid, job-protected infectious disease emergency leave. For information on infectious disease emergency leave under the Employment Standards Act, 2000 visit

Ontario.ca/ESAGuide <http://ontario.ca/esaguide> or call the Employment Standards Information Centre at

Recipient	Inspector Data	Worker Representative
Name <u>Cathy Hauser</u>	AARON SMITH OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name <u>Katherine Debevoise</u>
Title <u>Manager of Health Management Co-Coord</u>	4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 256-8277 Fax: (519) 258-1321	Title <u>Labour Rep. RPA</u>
Signature <u>[Handwritten Signature]</u>	Signature <u>[Handwritten Signature]</u>	Signature <u>[Handwritten Signature]</u>

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Operations Division Occupational Health and Safety

Field Visit Report

OHS Case ID: 04835RGCR437

Field Visit no: 04835RGCR438

Visit Date: 2022-MAR-22

Field Visit Type: INITIAL

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

Notice ID:

1-800-531-5551. Employees who take infectious disease emergency leave may be entitled to employment insurance benefits or to other federal government financial supports. For information, visit the federal government's website <https://www.canada.ca/en/services/benefits/covid19-emergency-benefits.html> or contact Service Canada's Employment Insurance Automated Telephone Information Service at 1-800-206-7218.

Workplace Mental Health: Workplace mental health has become more of a concern during COVID-19. For information and resources, please visit the Ministry's Workplace Mental Health webpage. https://www.labour.gov.on.ca/english/hs/mental_health.php

Ministry of Health Emergency Planning and Preparedness
<http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx>

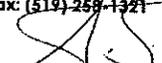
Public Health Ontario
<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus>

Public Health Agency of Canada
<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/frequently-asked-questions.html>

Health and Safety System Partners
<http://www.healthandsafetyontario.ca/>

Infection Prevention and Control at Work- Free Basic Awareness online training
Public Services Health and Safety Association | Infection Prevention and Control at Work: Basic Awareness Training (pshsa.ca)
<https://www.pshsa.ca/training/free-training/infection-prevention-and-control-at-work-basic-awareness-training>

Additional Guidance:
www.ontario.ca/coronavirus <http://www.ontario.ca/coronavirus04482PMHS125>

Recipient	Inspector Data	Worker Representative
Name: Cathy Harris	AARON SMITH OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name: Katherine Deleca
Title: Manager of Nutrition Manager of Co-ops	4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 256-8277 Fax: (519) 259-1321	Title: Labour Rep - RPN
Signature: 	Signature: 	Signature: 

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

Premises Information

Client ID (If applicable)		Name of Premises Huron Lodge	
Date of Inspection (yyyy/mm/dd) 2022/03/11	Type of Inspection <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Re-inspection no _____	Number of Refrigerators in this Premises 1	This Inspection is for Refrigerator no./ID 1

Premises Contact Information

Last Name Rudowicz	First Name Elwira
-----------------------	----------------------

Address

Unit Number	Street Number 1881	Street Name Cabana Rd. West
P.O. Box	City/Town Windsor	Province ON
Postal Code N9G 1C7	Telephone Number 519 253-6060	Fax Number 519 977-8027
Email Address		

Temperature Monitoring Device

Max-min Thermometer Data Logger Other

Type of Refrigerator

<input type="checkbox"/> Bar Style	<input type="checkbox"/> Domestic	<input checked="" type="checkbox"/> Purpose-built	Age of Refrigerator
<input type="checkbox"/> Separate Freezer	<input type="checkbox"/> Separate Freezer		<input type="checkbox"/> 0 years to < 1 year <input checked="" type="checkbox"/> 1 year to < 5 years
<input type="checkbox"/> Combined Freezer	<input type="checkbox"/> Combined Freezer		<input type="checkbox"/> 5 years to < 10 years <input type="checkbox"/> > 10 years
<input type="checkbox"/> Refrigerator Only			

Premises Type

<input type="checkbox"/> Physician Office (FP)	<input checked="" type="checkbox"/> Long-Term Care Home	<input type="checkbox"/> Occupational Health	<input type="checkbox"/> Pharmacy
No. of Immunizers: _____	<input type="checkbox"/> Hospital	<input type="checkbox"/> First Nations Facility	<input type="checkbox"/> Other _____
<input type="checkbox"/> Physician Office (PED)	<input type="checkbox"/> Community Health Centre	<input type="checkbox"/> Retirement Home	
No. of Immunizers: _____	<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Walk-in Clinic	
<input type="checkbox"/> Family health team	<input type="checkbox"/> Addiction Treatment Centre	<input type="checkbox"/> Public Health Unit	
No. of Immunizers: _____	<input type="checkbox"/> Nursing Agency	<input type="checkbox"/> School	

1. Vaccine Refrigerators Temperature and Readings	Compliant	Strategies/Actions Taken
a. Temperature monitoring device is present and is able to record current, maximum and minimum temperatures	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Premises given a temperature monitoring device or advised to obtain a temperature monitoring device <input type="checkbox"/> Conducted a cold chain incident inspection <input type="checkbox"/> Implemented troubleshooting measures
b. Current temperature of refrigerator using premises' temperature monitoring device <u>5.3</u> °C	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Temperature variance between public health unit's temperature monitoring device and premises' temperature monitoring device _____ °C <input type="checkbox"/> Replaced premises' temperature monitoring device's battery <input type="checkbox"/> Accuracy of the premises' temperature monitoring device was checked using the slush test <input type="checkbox"/> Replaced premises' temperature monitoring device
Current temperature of refrigerator using public health unit's temperature monitoring device <u>4.4</u> °C		

Client ID (If applicable)

Name of Premises

Huron Lodge

4. Organization of Refrigerator	Compliant	Strategies/Actions Taken
k. Refrigerator type and size is sufficient to accommodate required stock	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Advised that refrigerator has exceeded capacity to safely accommodate required stock. Instructed to: <ul style="list-style-type: none"> <input type="checkbox"/> Obtain larger or additional refrigerator <input type="checkbox"/> Obtain additional refrigerator to store publicly funded vaccine only <input type="checkbox"/> Order and stock less publicly funded vaccines and if applicable, drugs
l. No more than a 1 month supply of publicly funded vaccines is in stock	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inventory control measures have been taken by the public health unit
Rating for Section 4: <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Conditional <input type="checkbox"/> Fail		
Comments		

5. Vaccine Handling Review	Compliant	Strategies/Actions Taken
a. Office staff know to remove publicly funded vaccines from refrigerator for immediate use only	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Instructed to only remove publicly funded vaccines from the refrigerator for immediate use
b. Multi-dose publicly funded vaccine vials (if present in refrigerator) are marked with the date opened and discarded within 30 days or as per manufacturer's instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Instructed to mark multi-dose publicly funded vaccine vials with the date opened and dispose as per manufactures' instructions
Rating for Section 5: <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Conditional <input type="checkbox"/> Fail		
Comments		

No publicly funded multi dose vials open at time of inspection. Nurse counseled to ensure multi dose vials are labeled with an opened on date and are discarded based on the manufacturer

6. General	Compliant	Strategies/Actions Taken
a. Refrigerator should be optimally placed:		<input type="checkbox"/> Instructed to relocate refrigerator:
i. In an area that is well ventilated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> To an area that is well ventilated
ii. Away from direct sunlight	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Out from direct sunlight
iii. Away from external walls	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Away from external walls
b. Refrigerator door OR refrigerator room is locked at the end of the day	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Instructed to install lock on vaccine refrigerator or refrigerator room door
c. Refrigerator electrical outlet is:		<input type="checkbox"/> Ensured refrigerator's electrical outlet is covered by metal cage or is not easily accessible
i. Covered by metal cage; OR	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Given 'do not unplug' sticker and placed beside refrigerator electrical outlet
ii. Not easily accessible; OR	<input type="checkbox"/> Yes <input type="checkbox"/> No	
iii. Accessible but the Do not unplug sticker sign is posted beside refrigerator electrical outlet	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. Refrigerator maintenance is performed:		<input type="checkbox"/> Instructed to:
i. If applicable, freezer has been defrosted and ice is < 1 cm thick	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Defrost refrigerator and move publicly funded vaccines to a monitored and insulated container while defrosting
ii. Back (including the coils, if necessary), top and sides are cleaned and dusted	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Dust and clean the back (including the coils, if necessary), top and sides of the refrigerator
iii. Door is sealed tightly and properly and has:		<input type="checkbox"/> Replace door seals
• Adequate door seals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Install Velcro door latch
• Velcro door latch installed (if required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Tighten door hinges
• Tight door hinges	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
e. One office staff member and a backup person is responsible for vaccine management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Assigned one office member and a backup person the responsibility of vaccine management

Client ID (If applicable)

Name of Premises

Huron Lodge

6. General	Compliant	Strategies/Actions Taken
f. Office staff know to review existing publicly funded vaccine stock prior to each vaccine order	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Instructed to review existing publicly funded vaccine stock prior to each vaccine order
g. If applicable: Stocks of private and publicly funded vaccine should be clearly marked and/or separated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Private and publicly funded vaccine supply is clearly marked and/or separated
h. Office staff know to contact public health unit immediately when publicly funded vaccines are exposed to temperatures below +2°C or above +8°C	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Instructed to: <input type="checkbox"/> Report cold chain incidents to the public health unit <input type="checkbox"/> Place publicly funded vaccine involved in a cold chain incident in a bag marked 'Do Not Use' <input type="checkbox"/> Keep labeled bag of publicly funded vaccines in a monitored refrigerator or monitored insulated container until evaluated by the public health unit
i. Office staff know to return wasted publicly funded vaccines to the public health unit (or to OGPMS if premises is in the City of Toronto) for disposal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Instructed to return wasted publicly funded vaccines to the public health unit or OGPMS for disposal
j. Contingency (emergency) plan developed in the event of a vaccine refrigerator malfunction, power failure or other emergencies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Discussed a contingency plan <input type="checkbox"/> Premises instructed to establish a contingency plan
k. Health care providers are knowledgeable regarding reporting adverse events following immunization (AEFIs) to the public health unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Given Public Health Ontario's AEFI reporting fact sheet for health care providers <input type="checkbox"/> Informed of Public Health Ontario's vaccine safety website (www.publichealthontario.ca/vaccinesafety) <input type="checkbox"/> Given ministry's parent vaccine safety information sheet to distribute to parents (if applicable)
l. Office staff are aware that only publicly funded vaccines that are: • ordered by the premises are stored in the premises • administered within the geographic boundaries of the public health unit.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Instructed to only store publicly funded vaccines that was received by the premises. <input type="checkbox"/> Instructed to not store publicly funded vaccine that the premises did not order. <input type="checkbox"/> Instructed to administer publicly funded vaccines within the geographic boundaries of the public health unit.

Rating for Section 6:

 Pass Conditional Fail

Comments

7. Inventory

Publicly Funded Vaccines	Cost per Dose	# of Expired Doses	# of Doses Not Expired	Total Value of Expired Doses	Total Value of Non Expired Doses
Act-Hib®	\$46.00				
Adacel®	\$38.55		9		\$346.95
Adacel®-Polio	\$52.79				
Bexsero®	\$109.64				
Boostrix®	\$30.74				
Boostrix®-Polio	\$37.06				
Engerix B® Adolescent/Adult	\$24.01				
Engerix B® Pediatric	\$11.39				
Gardasil® 9	\$170.87				

Client ID (If applicable)

Name of Premises

Huron Lodge

Publicly Funded Vaccines	Cost per Dose	# of Expired Doses	# of Doses Not Expired	Total Value of Expired Doses	Total Value of Non Expired Doses
Havrix® Adult	\$49.37				
Havrix® Pediatric	\$24.68				
Imovax® Polio	\$47.00				
Imovax® Rabies	\$207.65				
Menactra®	\$105.30				
Menjugate®	\$36.74				
Menveo®	\$107.21				
Nimenrix®	\$99.48				
M-M-R® II	\$34.33				
NeisVac-C®	\$80.19				
Pediacel®	\$55.02				
Pneumovax® 23	\$24.97		7		\$174.79
Prevnar® 13	\$99.02				
Priorix®	\$29.32				
Priorix Tetra™	\$96.70				
ProQuad®	\$116.17				
RabAvert®	\$181.16				
Recombivax HB® Adolescent/Adult	\$22.54				
Recombivax HB® Paediatric	\$11.40				
Recombivax HB® Renal	\$184.80				
Rotarix™	\$88.16				
Shingrix®	\$129.20				
Td Adsorbed	\$22.56				
Td Polio	\$61.55				
Tubersol®	\$39.60				
Varilrix®	\$61.56				
Varivax® III	\$81.85				
Alfuria Tetra	\$13.75				
Fluad®	\$13.04				
Flucelvax	\$25.00				
FluLaval Tetra	\$14.00		30		\$420.00
Fluzone® Quadrivalent HD	\$69.50		15		\$1,042.50
Fluzone® Quadrivalent	\$6.85				
Subtotal in this refrigerator			61		\$1,984.24
Grand total in this refrigerator			61		\$1,984.24

Client ID (If applicable)

Name of Premises

Huron Lodge

Recommendations *

1. Please ensure that temperatures are checked twice daily and are recorded in the temperature log book. The log book should include the time the temperature was taken, the current, maximum and minimum temperatures and the initials of the recorder. Please clear the thermometer after each reading.
2. Thank you for continuing to follow the Vaccine Storage and Handling Guidelines set forth by the Ministry of Health.

Final Results of Inspection (Final Rating)

Pass Conditional Fail

Client ID (If applicable)

Name of Premises

Huron Lodge

Signature

Name of Premises

Huron Lodge

Contact Person

Last Name

Rudowicz

First Name

Elwira

Signature

Date (yyyy/mm/dd)

Name of Public Health Unit

Windsor Essex County Health Unit

Inspector

Last Name

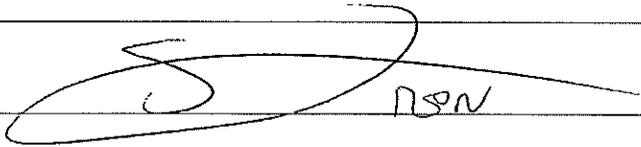
Sleiman

First Name

Shady

Signature

Date (yyyy/mm/dd)



Handwritten signature of Sleiman Shady, consisting of a large, stylized loop followed by the name 'Sleiman' written in cursive.

Windsor-Essex County Health Unit

1005 Ouellette Avenue, Windsor ON N9A 4J8

Phone Number: (519) 258-2146

Fax Number: (519) 258-8672

Inspection Start Time

24-Mar-2022 12:10 PM

FOOD PREMISES INSPECTION REPORT

Facility Inspected: Huron Lodge	Inspection #: FS1430205-0048240
Primary Owner: Alina Sirbu [2018-027-0002127]	Inspection Date: 24-Mar-2022
Site Address: 1881 Cabana Rd W Windsor ON N9G 1C7	Inspected By: Mansoor Rehman
Site Phone: (519) 253-6060	Facility Type: Long-Term Care Home
Site Fax: (519) 977-8027	Inspection Type: Required
	Inspection Reasons: Compliance Inspection
	Violations: 0
	Certified Food Handler: On Hand: 1 Required: 1

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

Long-Term Care Home

Operation and Maintenance

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

Equipment

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

Food Handling

18. Food is obtained from an approved source YES
19. All food is protected from contamination and adulteration YES
20. Ice is made from potable water and is stored and handled in a sanitary manner YES
21. Potentially hazardous foods are maintained at proper internal temperatures YES
Readings Taken: Thai chicken soup in hot holding: 69°C

Inspection # FS1430205-0048240

Page 1 of 3

Inspection Start Time

24-Mar-2022 12:10 PM

Facility Contact: Alina Sirbu [2018-027-0002127]
Facility Address: 1881 Cabana Rd W, Windsor ON N9G 1C7

chicken burgers in freezer: -18°C

- 22. Frozen foods are kept frozen YES
- 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
 Facility has a policy that all food handlers must have completed food handler training.
 Safecheck # 59573264
 Expiry date: February 4th, 2027
- 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
 High temp dishwasher
 Readings Taken: sanitizing rinse: 193°F
 wash water : 157°F
- 30. Utensils and multi-service articles are cleaned and sanitized as required YES
- 31. Concentration of sanitizing agent is adequate YES
 QUAT = 200 ppm
- 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
 Orkin- visits once a month

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/A

Office Use:

Inspection Times

Inspection Start Time
24-Mar-2022 12:10 PM
Inspection End Time
24-Mar-2022 01:00 PM

Contacts Present During Inspection

Cathy Harris

Action(s) Taken

Inspection Outcome: Satisfactory - No Action Required; Actions Taken: Certified Food Handler - Non-Management, Disclosure Sign

Facility Contact: Alina Sirbu [2018-027-0002127]

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

Posted, Education Provided

I have read and understood this report:

N/A

Cathy Harris

MR

Mansoor Rehman

Windsor-Essex County Health Unit

1005 Ouellette Avenue, Windsor ON N9A 4J8

Phone Number: (519) 258-2146

Fax Number: (519) 258-8672

Inspection Start Time

24-Mar-2022 11:10 AM

PERSONAL SERVICE SETTING INSPECTION REPORT

Facility Inspected: Huron Lodge	Inspection #: IC1430205-0048233
Primary Owner: Diana O'Connor [2018-027-0002130]	Inspection Date: 24-Mar-2022
Site Address: 1881 Cabana Rd W Windsor ON N9G 1C7	Inspected By: Mansoor Rehman
Site Phone: (519) 253-6060	Facility Type: Barber Shop/Hair Salon
	Inspection Type: Required
	Inspection Reasons: Compliance Inspection
	Violations: 0

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

Barber Shop/Hair Salon

Operation: General Condition

1. Premises free from every condition that may constitute a health hazard YES
2. Results are posted in accordance with the inspector's request YES

Operation: Notice of Intention, Operation, Additional Services, Construction

3. Notice provided for additional services, operation during renovation or construction YES

Operation: Information & Record Keeping

4. Information about client seeking personal services are obtained YES
5. Adequate record of information provided to client seeking services is maintained YES
6. Disinfection records are maintained YES

Education provided: Advised operator to maintain records of disinfection (e.g. barbicide disinfection solution) including,

- the date when the disinfectant was prepared ,and
- the date by which the disinfectant solution must be discarded, if applicable

7. Accidental exposures to blood or bodily fluid records are maintained YES
8. Records retention is adequate YES

Operation: Prohibited Services

9. Premises free from prohibited services and free of articles used in prohibited services YES

Operation: Sanitation

10. Premises is free from every condition that may adversely affect the sanitary operation of the premises YES

Operation: Setting Requirements

11. Premises is equipped with at least one handwashing station YES
12. Lighting and ventilation is adequate YES
13. Adequate waste receptacles and storage space is provided for sanitary operation and maintenance YES
14. At least one sink provided for the purpose of reprocessing re-usable equipment YES

Equipment: Maintenance

15. Equipment is maintained in good repair and in sanitary condition YES

Inspection # IC1430205-0048233

Page 1 of 2

Inspection Start Time

24-Mar-2022 11:10 AM

Facility Contact: Diana O'Connor [2018-027-0002130]

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

Equipment: Cleaning, Disinfection, Sterilization

16. Reusable equipment is cleaned and disinfected or sterilized adequately YES

Education provided:

-Remove excess hair from combs and brushes. Combs should be cleaned with soap and water and dry before disinfection.

-Immerse combs and brushes in a low-level disinfectant for the appropriate contact time.

Equipment: Single-Use Equipment

17. Single-use equipment and instruments are discarded immediately YES

18. Used sharps are handled appropriately YES

Equipment: Products On-Site

19. Products used in the setting are stored and used appropriately YES

Operators

20. Operator is adequately trained in health and safety, and proper infection prevention and control practices YES

21. Personal service provider hygiene is adequate YES

Office Use:

Inspection Times

Inspection Start Time

24-Mar-2022 11:10 AM

Inspection End Time

24-Mar-2022 11:30 AM

Contacts Present During Inspection

Diana O'Connor

Action(s) Taken

Inspection Outcome: Satisfactory - No Action Required; Actions Taken: Disclosure Sign Posted, Education Provided; IPAC Lapse: IPAC Lapse - Not Applicable

I have read and understood this report:

N/A

MR

Diana O'Connor

Mansoor Rehman