

**AGENDA**  
**COMMITTEE OF MANAGEMENT FOR HURON LODGE**  
Meeting to be held September 11, 2023 at 9:00 a.m.  
Huron Lodge Board Room

- 1. Call to Order**
- 2. Disclosure of Interest**
- 3. Minutes**  
Adoption of the minutes of the meeting held March 15, 2023 - ***attached***
- 4. In Camera**  
Subject – Personal matter(s) about an identifiable individual – s. 239 (2) (b)
- 5. Business Items**
  - 5.1 Administrator’s Report**  
The Administrator’s Report dated September 11, 2023 – ***attached***
- 6. Date of Next Meeting**  
  
To be determined
- 7. Adjournment**

# **Committee of Management for Huron Lodge**

Meeting held March 15, 2023

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 Fred Francis  
Councillor Jo-Anne Gignac

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

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

## **1. Call to Order**

The Committee Coordinator calls the meeting to order at 9:00 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. Election of Chair**

The Committee Coordinator calls for nominations from the floor for the position of Chair. Councillor Jo-Anne Gignac nominates Councillor Ed Sleiman, seconded by Councillor Fred Francis. As there are no further nominations from the floor for the position of Chair, the Committee Coordinator asks Councillor Ed Sleiman if he accepts. Councillor Ed Sleiman accepts and assumes the Chair.

## **3. Disclosure of Interest**

None disclosed.

## **4. Minutes**

Moved by Councillor Fred Francis, seconded by Councillor Jo-Anne Gignac,  
That the minutes of the meeting of the Committee of Management for Huron Lodge held September 23, 2022 **BE ADOPTED** as presented.

Carried.

## 5. In Camera

Moved by Councillor Jo-Anne Gignac, seconded by Councillor Fred Francis, to move In Camera at 9:03 o'clock a.m. for discussion of the following item:

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

Motion Carried.

Discussion on the items of business.

**Verbal Motion is presented by Councillor Jo-Anne Gignac, seconded by Councillor Fred Francis to move back into public session at 9:16 o'clock a.m.**

**Moved by Councillor Jo-Anne Gignac, seconded by Councillor Fred Francis, That the Clerk BE DIRECTED to transmit the recommendation(s) contained in the report(s) discussed at the In Camera Committee of Management for Huron Lodge Long Term Care Home meeting held March 15, 2023 at the next regular meeting.**

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

Carried.

## 6. Business Items

### 6.1 Administrator's Report

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

- **2022 Year at a glance** - In 2022, there were more outbreaks due to a highly contagious variant , however there was a noticeable difference in severity due to strict infection control.
- Revitalization of the framework for quality improvement in long term care – more resident inclusion, wider span of staffing categories involvement and public reporting.

- Increasing the standard hours of direct care to four hours by 2024 is becoming an emerging priority for Long Term Care in Ontario. While solving existing labour shortages, homes must also increase staffing levels to provide a higher quality of care that the new standards demand.
- The Ministry of Long-Term Care continued to provide additional emergency funding to enable homes to implement required temporary enhanced measures to prevent and contain transmission of COVID-19 infections within the LTC sector and to address extraordinary and critical costs to care for residents during the ongoing and evolving pandemic.
- A continuation of the Personal Support Worker Temporary Wage Enhancement was announced as part of the March 29, 2022 introduction of the government's "A Plan to Stay Open". This enhancement was made permanent through a new funding stream later in the year.
- As the Ministry increased funding in order to achieve a four hours of care by 2024, the recruitment process was intensified and a high number of staff in all categories have been interviewed and began work at Huron Lodge.
- The continuation of the Chrysalis project funded with federal grants allowed for the installation of an additional 192 individualized resident door wraps to create a more welcoming and homelike environment.
- Another accomplishment was the revitalization of the Resident Council with great interest expressed, good involvement and much needed feedback towards all activities and processes that Huron Lodge has to offer.
- On January 16, 2023, the Windsor-Essex County Health Unit conducted –
  - A compliance inspection – Infection Prevention and Control
  - Outbreak Response Inspection
  - Food Premises Inspection
- Zero violations were noted.

In response to a question asked by Councillor Jo-Anne Gignac regarding if members of the Committee of Management for Huron Lodge may attend the Resident Council meetings, A. Sirbu responds that she will contact the Resident Council for permission and is convinced the members will be welcome to attend. Councillor Jo-Anne Gignac requests that the dates/times of the meetings be provided to the Committee of Management.

Moved by Councillor Jo-Anne Gignac, seconded by Councillor Fred Francis,  
That the report from the Administrator of Huron Lodge providing the Committee of Management with an update on issues related to resident care; the Ministry of Long-Term Care (MLTC); Ontario Health; Home and Community Care Support Services (HCCSS); and other initiatives that impact the Long-Term Care sector **BE RECEIVED** for information and **APPROVED** for the period ending March 15, 2023.

Carried.

**7. Date of Next Meeting**

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

**8. Adjournment**

There being no further business, the meeting is adjourned at 9:27 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: August 24<sup>th</sup>, 2023

Author: Alina Sirbu

Report Date:

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 September 11, 2023.

**Background:**

This Committee of Management report serves as the Administrator of Huron Lodge’s updates and official record for the Committee of Management for the period to end September 11, 2023. Not all items within this report are COVID related.

**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)**

On June 23<sup>rd</sup>, 2023 the Ministry released a COVID-19 Response Measures update which included masking requirement changes to be in effect by June 26<sup>th</sup>, 2023 as follows;

Masking will be based on a point-of-care risk assessment (PCRA), consistent with existing Routine Practices, and on the return-to-work protocol following COVID-19 infection. A PCRA must be completed by every health care worker before every patient

interaction and task to determine whether there is a risk to the health care worker or other individuals of being exposed to an infectious agent, including COVID-19, and determine the appropriate IPAC measures to be taken.

Staff may consider wearing a mask during prolonged direct resident care (defined as one-on-one care within two metres of an individual for 15 minutes or longer). • Masks are no longer required in administrative and staff-only areas (e.g., lunchrooms, offices, gyms).

Homes are encouraged to implement “mask friendly” policies, including accommodating: staff who prefer to continue to wear a mask beyond minimum requirements, and/or residents (or substitute decision-makers) who request that a staff member wear a mask when providing care, in alignment with the Residents’ Bill of Rights.

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

An inspection was conducted and a public report was issued on May 16<sup>th</sup>, 2023. This report noted five written notifications for corrections. The notifications were related to the skin and wound care program as well as the falls program. Both have since been addressed and new tracking databases created. (Appendix A)

Another inspection was conducted and a public report was issued on August 3<sup>rd</sup>, 2023. This report had no notifications of non compliance. (Appendix B)

### **Other Business:**

#### **1. Financial**

##### **a. MLTC Funding –**

In addition to per diems, Huron Lodge receives funding for staffing initiatives in order to meet the direct care hours of care targets for the fiscal year 2023-24 established in the Fixing Long-Term Care Act, 2021. The Ministry will confirm funding amounts at the beginning of the next fiscal year and are subject to change.

Huron Lodge estimates the one-time funding streams for covid-19, infection prevention and control staff and training, medication safety technology, and minor capital to be approximately \$565,000 in 2023.

##### **b. Government of Canada Grant**

An additional opportunity for the grant was available in November, which Huron Lodge did apply for again in order to complete phase 3 of the Chrysalis project, however the grant was denied.

Phase 1 and 2 of the project have been completed already and brought significant improvement to the resident’s psychosocial well being with

providing environmental cues and phase 3 has proceed as planned. We will continue to apply for grants as they become available.

**c. CARF**

Huron Lodge attained 3-year accreditation status through Commission on Accreditation of Rehabilitation Facilities (CARF) International after a successful in-person survey June 1<sup>st</sup> & 2<sup>nd</sup>. The surveyors reported being impressed with the compassionate care Huron Lodge provides its residents.

**2. Quality Improvement**

Huron lodge assessed the new act from a quality improvement perspective and created a position of Quality Improvement and Special Projects Manager.

This position will lead the continuous quality improvement committee and help facilitate moving forward with all quality improvement projects as well as achieving quality indicators' targets as shown in the Huron Lodge Quality Improvement Plan.

The last round of expression of interest for Family Council has been successful, as currently a group of family and friends of our residents are in the process of organizing a Family Council. As per existing legislation, this newly formed council will be providing Huron lodge feedback, ideas and suggestions to help improve the residents' well being.

Quality Improvement Indicators Update

**Falls:**

*Current score: 10.13%*

*4-quarter average: 12.94%*

*Provincial average: 14.97%*

For the quality indicator of falls that have occurred in the last 30 days, our current score and 4-quarter average are both below the provincial average.

We attribute this success to our comprehensive screening and ongoing assessment of each resident- on admission, quarterly and at the time of any fall. Our dedicated quality improvement nurses conduct an additional assessment based on the findings of our monthly fall report which helps identify residents at highest risk to ensure every intervention is in place to protect them.

**Antipsychotics:**

*Current score: 32.81%*

*4-quarter average: 28.75%*

*Provincial average: 20.80%*

We are above the provincial average in terms of antipsychotic usage for residents without a diagnoses of psychoses.

Over the past few years, the acuity of residents being admitted to our facility has gone up. We have admitted many residents who come to us with antipsychotics already prescribed to address delusions, hallucinations or physically responsive behaviours. Some may have been inappropriately prescribed an antipsychotic to temporarily manage an acute behaviour triggered by the injury, infection, or illness they were experiencing while in hospital prior to admission.

A quality improvement plan based on scholarly peer reviewed research as well as input from our pharmacist and medical director has been developed, and reduction in this indicator will be a primary objective over the following year. Our focus will be on enhanced screening on admission and a review of all currently prescribed antipsychotics.

**Mood:**

*Current score: 15.09%*

*4-quarter average: 12.43%*

*Provincial average: 21.18%*

Our current and 4-quarter average score for the quality indicator of worsened mood with symptoms of depression is well below the provincial average.

We attribute the ongoing success of this indicator to our facilities commitment to resident centered care and our efforts to preserve each individual's independence. We offer a wide variety of events and activities to participate in; meals to choose from; and we base all aspects of their day to day care on their personal preference.

We also have a robust behavioural support program built upon a gentle persuasive approach that all staff are trained on and are supported by an internal and external BSO team to assess our more responsive residents.

**Wounds:**

Worsened stage 2-4 ulcers	New stage 2-4 ulcers:
<p><i>Current score: 4.64%</i>  <i>4-quarter average: 4.18%</i>  <i>Provincial average: 3.39%</i></p>	<p><i>Current score: 5.00%</i>  <i>4-quarter average: 4.06%</i>  <i>Provincial average: 3.14%</i></p>

Our incidents of new or worsening pressure ulcers are both above the provincial average, but each by less than a single percentile.

Similar to antipsychotics, we have found an increase in residents being admitted with pre-existing, chronic wounds. We have increasingly fewer residents who are mobile, most being wheelchair bound - heightening their risk for skin breakdown. We emphasize continuous monitoring and screening of skin integrity through routine head to toe assessments and daily monitoring by our floor staff to address concerns as soon as they are noticed.

We have recently revamped our entire wound program, enhancing every aspect of monitoring, assessing, and tracking of wounds to improve resident outcomes. A dedicated full time staff member has been assigned to monitor our most at risk wounds and help provide coaching and education to all staff on wound care and prevention.

### **Restraints:**

*Current score: 5.77%*

*4-quarter average: 6.57%*

*Provincial average: 2.98%*

While our current and 4-quarter average score for the indicator of residents with restraints is higher than the provincial average, these numbers are not accurate.

An audit of our coding revealed that based on upcoming changes our percentage will be close to 3 % or below

Ongoing monitoring of MDS coding and follow up coaching with staff will occur on a continuous basis to improve the accuracy of our coding.

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

On May 16<sup>th</sup> 2023, the Windsor-Essex County Health Unit conducted:

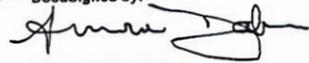
- A compliance inspection
- Food Premises Inspection

Zero violations were noted on the attached reports. (Appendix C & D)

A respiratory outbreak – Rhinovirus – was declared on August 18th, 2023 and all precautions were put in place as per regulations. As per protocol, Public Health Unit conducted an inspection in regard to the outbreak and there were no finding of non-compliance. ( Appendix E)

Respectfully submitting this report for your information.

DocuSigned by:  
  
A4D5EA6DD0CD473  
Alina Sirbu  
Executive Director of Long Term  
Care /Administrator of Huron  
Lodge

DocuSigned by:  
  
23AB0AA22A4A4F0...  
Andrew Daher  
Commissioner, Human & Health Services

/la

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

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

<b>Original Public Report</b>	
<b>Report Issue Date:</b> May 16, 2023	
<b>Inspection Number:</b> 2023-1626-0004	
<b>Inspection Type:</b> Complaint Critical Incident System	
<b>Licensee:</b> Corporation of the City of Windsor	
<b>Long Term Care Home and City:</b> Huron Lodge Long Term Care Home, Windsor	
<b>Lead Inspector</b> Cassandra Taylor (725)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b>	

<b>INSPECTION SUMMARY</b>
<p>The inspection occurred onsite on the following date(s): April 26 - 28, 2023 and May 2 - 5, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>• Intake: #00017646 - Complaint - relating to resident care and skin and wound concerns.</li> <li>• Intake: #00013351 - Critical Incident (CI) M631-000016-22 - relating to falls prevention and management.</li> <li>• Intake: #00019017 -CI M631-000002-23 - relating to falls prevention and management.</li> </ul>

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

- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan relating to wound care.

**Rationale and Summary**

A resident required wound care and did not receive their dressing changes as required.

The Director of Care (DOC) acknowledged the treatments were not completed and indicated the expectation was for staff to have re-approach and completed the treatment the next shift or day if required.

**Sources:** Medical records and staff interview with the DOC.

[725]

### WRITTEN NOTIFICATION: General Requirements

**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 34 (1) 1.

The licensee failed to ensure that the written description of the Skin and Wound Care Program included, its policies, procedures and protocols relating to assessments and reassessments using a clinically appropriate tool specifically designed for skin and wound care of residents exhibiting altered skin integrity.

**Rationale and Summary**

A review of the home's policy did not provide for clear direction on when to complete an assessment and reassessment using a clinically appropriate tool specifically designed for skin and wound care of residents exhibiting altered skin integrity.

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

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Telephone: (800) 663-3775

**Sources:** Resident records, the home's Skin and Wound Care program, and staff interviews.  
[725]

## WRITTEN NOTIFICATION: Required Programs

### NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

The licensee failed to ensure that the Falls Prevention and Management Program policy, Head Injury Routine (HIR), was complied with for a resident.

O. Reg 246/22, s. 11(1) states, Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system, (b) is complied with.

#### Rationale and Summary

A resident had falls requiring HIR assessments. On review of the assessments several entries were documented inappropriate or incomplete.

The home had a written policy outlining the procedure to complete the HIR assessments.

The DOC indicated, it was the expectation that staff followed the policy and completed the assessments as required.

**Sources:** Resident medical records, the home's policy and staff interview with the DOC.  
[725]

## WRITTEN NOTIFICATION: Skin and Wound Care

### NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

The licensee failed to ensure that a resident received a skin and wound assessment when exhibiting altered skin integrity, by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

**Ministry of Long-Term Care**

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**Rationale and Summary**

Two residents were identified as requiring a skin and wound assessment and one was not completed.

The home's policy indicated procedures for occurrences of altered skin integrity to be documented.

Assistant Director of Care (ADOC) indicated the expectation of staff was to have complete a head-to-toe assessment when required and any time there was a new wound the nurse would have reviewed it and completed their initial assessment.

Both DOC's acknowledged assessments were not completed and should have been.

**Sources:** Resident medical records, the home's skin and wound policy and staff interviews.  
[725]

## **WRITTEN NOTIFICATION: Skin and Wound Care**

**NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

The licensee failed to ensure that when a resident was exhibiting altered skin integrity they were reassessed at least weekly by a member of the registered nursing staff.

**Rationale and Summary**

Two residents had multiple incidents of altered skin integrity issues documented.

Review of the residents assessment records had shown that weekly assessments had not been completed.

The home's policy indicated procedures for assessments.

Both DOC's, acknowledged assessments should have been completed were not completed.

**Sources:** Resident records, TARs, the home's policy and staff interview with DOC's.  
[725]

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

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

## Original Public Report

<b>Report Issue Date:</b> August 3, 2023	
<b>Inspection Number:</b> 2023-1626-0005	
<b>Inspection Type:</b> Complaint	
<b>Licensee:</b> Corporation of the City of Windsor	
<b>Long Term Care Home and City:</b> Huron Lodge Long Term Care Home, Windsor	
<b>Lead Inspector</b> Jennifer Bertolin (740915)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b>	

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s):

July 28 & 31, 2023  
August 1 & 2, 2023

The following intake(s) were inspected:

Intake: #00090183 : Continence Care; Food, Nutrition & Hydration; and Resident Care & Services

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

- Continenence Care
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Infection Prevention and Control

## INSPECTION RESULTS



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

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

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

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

**Windsor-Essex County Health Unit**

1005 Ouellette Avenue, Windsor ON N9A 4J8

Phone Number: (519) 258-2146

Fax Number: (519) 258-8672

Inspection End Time

16-May-2023 10:50 AM

**LONG-TERM CARE HOME INSPECTION  
REPORT**

<b>Facility Inspected:</b> Huron Lodge	<b>Inspection #:</b> IC1430147-0061417
<b>Primary Owner:</b> The Corporation of the City of Windsor [2019-041-90489]	<b>Inspection Date:</b> 16-May-2023
<b>Site Address:</b> 1881 Cabana Rd W Windsor ON N9G 1C7	<b>Inspected By:</b> Jelena Reeves
<b>Site Phone:</b> (519) 253-6060	<b>Facility Type:</b> Long-Term Care Home
<b>Site Fax:</b> (519) 977-8027	<b>Inspection Type:</b> Required
	<b>Inspection Reasons:</b> Compliance Inspection
	<b>Violations:</b> 0

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

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

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

**Food Samples**

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

**General Sanitation & Maintenance**

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

Inspection # IC1430147-0061417

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Inspection End Time 16-May-2023 10:50 AM

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

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

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

**Sanitary Facilities**

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

**Storage & Labelling**

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

**IPAC Measure**

- |   |     |
|---|-----|
| 31. Owner/operator is ensuring physical distancing is practiced amongst staff and patrons within the premises.                          | N/A |
| 32. Cleaning and disinfecting of the premises using a disinfectant that is effective against COVID-19 and is approved by Health Canada. | YES |
| 33. Workplace wellness and practices are in accordance with COVID-19 guidelines.  | YES |
| 34. Screening signage is posted upon entry of the facility.   | YES |
| 35. Hand hygiene is in accordance with COVID-19 guidelines.   | YES |

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

- |   |     |
|---|-----|
| 36. Confirmed or suspected outbreaks are reported as soon as identified   | YES |
| 37. Written policies or procedures for outbreak management are available and implemented                                      | YES |
| 38. A written policy for resident and staff immunization is available and implement   | YES |
| 39. A written policy or procedure on staff exclusion during an outbreak is available and implemented                          | YES |
| 40. A written policy or procedure for specimen collection, transportation and laboratory testing is available and implemented | YES |
| 41. Facility has a written policy or procedure on for outbreak communication with stakeholders                                | YES |
| 42. Facility reports suspected cases to the health unit as soon as possible   | YES |
| 43. Outbreak Management Team coordinates outbreak response activities   | YES |
| 44. Resident surveillance systems are in place  | YES |
| 45. Staff surveillance systems are in place   | YES |
| 46. Resident control measures are in place  | YES |
| 47. Staff control measures are in place   | YES |
| 48. Outbreak notification system is in place  | YES |
| 49. Non-essential procedures and appointments are cancelled for the duration of the outbreak                                  | YES |
| 50. Hand hygiene is enhanced for the duration of the outbreak   | YES |
| 51. Personal protection equipment (PPE) is available and used appropriately   | YES |
| 52. Environmental cleaning and disinfection is enhanced for the duration of the outbreak                                      | YES |

Inspection # IC1430147-0061417

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Inspection Start Time 16-May-2023 09:30 AM

Facility Contact: The Corporation of the City of Windsor [2019-041-90489]  
Facility Address: 1881 Cabana Rd W, Windsor ON N9G 1C7

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**Inspection Start/End Time**

**Inspection Times**

Inspection Start Time  
16-May-2023 09:30 AM  
Inspection End Time  
16-May-2023 10:50 AM

**Contacts Present During Inspection**

Elwira Rudowicz

**Action(s) Taken**

Inspection Outcome: Satisfactory - No Action Required; Actions Taken: Education Provided, COVID-19 Education/Information Provided

**Closing Comments:**

Conditions were satisfactory at the time of inspection.

I have read and understood this report:



Elwira Rudowicz



Jelena Reeves

**Windsor-Essex County Health Unit**

1005 Ouellette Avenue, Windsor ON N9A 4J8

Phone Number: (519) 258-2146

Fax Number: (519) 258-8672

Inspection End Time

16-May-2023 10:50 AM

**FOOD PREMISES INSPECTION REPORT**

<b>Facility Inspected:</b> Huron Lodge	<b>Inspection #:</b> FS1430147-0061416
<b>Primary Owner:</b> The Corporation of the City of Windsor [2019-041-90489]	<b>Inspection Date:</b> 16-May-2023
<b>Site Address:</b> 1881 Cabana Rd W Windsor ON N9G 1C7	<b>Inspected By:</b> Jelena Reeves
<b>Site Phone:</b> (519) 253-6060	<b>Facility Type:</b> Long-Term Care Home
<b>Site Fax:</b> (519) 977-8027	<b>Inspection Type:</b> Required
	<b>Inspection Reasons:</b> Compliance Inspection
	<b>Violations:</b> 0
	<b>Certified Food Handler:</b> On Hand: 1 Required: 1

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

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

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

**Equipment**

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

**Food Handling**

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

Inspection # FS1430147-0061416

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Inspection End Time 16-May-2023 10:50 AM

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

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

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

**Eggs**

24. Only approved graded eggs found on premises YES

**Personnel**

25. At least one food handler or supervisor on-site has completed food handler training (If yes, please document certification provider and number) YES  
 WECHU  
 2023-348  
 Expiry date: April 26, 2028

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

**Sanitary Facilities**

27. Sanitary facilities provided and maintained as required YES

**Cleaning and Sanitizing**

28. Manual dishwashing equipment and procedures are satisfactory YES

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

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

31. Concentration of sanitizing agent is adequate YES

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

**Storage of Substances**

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

**Pest Control**

34. Adequate protection against pests is provided YES

**Meat and Meat Products**

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

**Milk and Milk Products**

36. Repackaged milk products are adequately identified YES

**Inspection Start/End Time**

**Inspection Times**

Inspection Start Time  
 16-May-2023 09:30 AM

Inspection End Time  
 16-May-2023 10:50 AM

**Action(s) Taken**

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

**Closing Comments:**

Conditions were satisfactory at the time of inspection.

Huron Lodge [FI-000-00167]

FOOD PREMISES INSPECTION REPORT

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

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

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I have read and understood this report:



\_\_\_\_\_  
Cathy Harris



\_\_\_\_\_  
Jelena Reeves

**Windsor-Essex County Health Unit**

1005 Ouellette Avenue, Windsor ON N9A 4J8

Phone Number: (519) 258-2146

Fax Number: (519) 258-8672

Inspection End Time

21-Aug-2023 03:40 PM

**LONG-TERM CARE HOME INSPECTION  
REPORT**

<b>Facility Inspected:</b> Huron Lodge <b>Primary Owner:</b> The Corporation of the City of Windsor [2019-041-90489] <b>Site Address:</b> 1881 Cabana Rd W Windsor ON N9G 1C7 <b>Site Phone:</b> (519) 253-6060 <b>Site Fax:</b> (519) 977-8027	<b>Inspection #:</b> IC1430147-0064677 <b>Inspection Date:</b> 21-Aug-2023 <b>Inspected By:</b> Jelena Reeves <b>Facility Type:</b> Long-Term Care Home <b>Inspection Type:</b> Demand/Request <b>Inspection Reasons:</b> Outbreak Response  <b>Violations:</b> 0
<b>Opening Comments and Observations:</b> Respiratory outbreak #2268-2023-00154	

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

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

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

**Food Samples**

10. The premise has maintained appropriate food samples from every meal served as required N/A

**General Sanitation & Maintenance**

11. Institutional facility is maintained in a clean and sanitary condition N/A
12. Floors and carpets are maintained in a clean and sanitary manner and maintained in good repair N/A
13. Furnishings and equipment is maintained in a clean and sanitary manner and maintained in good repair N/A
14. Instruments are transported, reprocessed and stored appropriately N/A
15. Cleaning and disinfection products are appropriately used N/A
16. Appropriate cleaning and disinfection practices are followed N/A
17. Supplies are handled in a manner preventing contamination N/A

Inspection # IC1430147-0064677

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Inspection End Time

21-Aug-2023 03:40 PM

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

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

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

### Sanitary Facilities

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

### Storage & Labelling

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

### IPAC Measure

- |   |     |
|---|-----|
| 31. Owner/operator is ensuring physical distancing is practiced amongst staff and patrons within the premises.                          | N/A |
| 32. Cleaning and disinfecting of the premises using a disinfectant that is effective against COVID-19 and is approved by Health Canada. | N/A |
| 33. Workplace wellness and practices are in accordance with COVID-19 guidelines.  | N/A |
| 34. Screening signage is posted upon entry of the facility.   | N/A |
| 35. Hand hygiene is in accordance with COVID-19 guidelines.   | N/A |

## Long-Term Care Home - Outbreak Control

### Outbreak Control Measures

- |   |     |
|---|-----|
| 36. Confirmed or suspected outbreaks are reported as soon as identified   | YES |
| 37. Written policies or procedures for outbreak management are available and implemented                                      | YES |
| 38. A written policy for resident and staff immunization is available and implement   | YES |
| 39. A written policy or procedure on staff exclusion during an outbreak is available and implemented                          | YES |
| 40. A written policy or procedure for specimen collection, transportation and laboratory testing is available and implemented | YES |
| 41. Facility has a written policy or procedure on for outbreak communication with stakeholders                                | YES |
| 42. Facility reports suspected cases to the health unit as soon as possible   | YES |
| 43. Outbreak Management Team coordinates outbreak response activities   | YES |
| 44. Resident surveillance systems are in place  | YES |
| 45. Staff surveillance systems are in place   | YES |
| 46. Resident control measures are in place  | YES |
| 47. Staff control measures are in place   | YES |
| 48. Outbreak notification system is in place  | YES |
| 49. Non-essential procedures and appointments are cancelled for the duration of the outbreak                                  | YES |

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

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

- 50. Hand hygiene is enhanced for the duration of the outbreak YES
- 51. Personal protection equipment (PPE) is available and used appropriately YES
- 52. Environmental cleaning and disinfection is enhanced for the duration of the outbreak YES

**Inspection Start/End Time**

**Inspection Times**

Inspection Start Time  
21-Aug-2023 03:10 PM  
Inspection End Time  
21-Aug-2023 03:40 PM

**Contacts Present During Inspection**

Elwira Rudowicz

**Action(s) Taken**

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

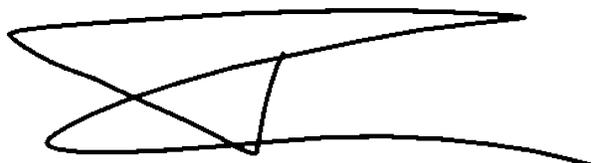
**Closing Comments:**

No IPAC concerns at the time of outbreak investigation.

I have read and understood this report:



Elwira Rudowicz



Jelena Reeves