A meeting of the Committee of Management for Huron Lodge is held this day commencing at 9:00 o’clock a.m. in the Huron Lodge Conference Room, there being present the following members:

Councillor Bill Marra, Chair
Councillor Ron Jones
Councillor Hilary Payne

Also present are the following resource personnel:

Mary Bateman, Acting Administrator, Huron Lodge
Jelena Payne, Community Development & Health Commissioner
Karen Kadour, Committee Coordinator

1. **CALL TO ORDER**

   The Chair calls the meeting to order at 9:07 o’clock a.m. and the Committee of Management for Huron Lodge considers the Agenda being Schedule “A” attached hereto, matters which are dealt with as follows:

2. **ADOPTION OF THE MINUTES**

   Moved by Councillor Payne, seconded by Councillor Jones,
   That the minutes of the Committee of Management for Huron Lodge Long Term Care Home at its meeting held June 10, 2013 BE ADOPTED as presented.
   Carried.

3. **DISCLOSURE OF PECUNIARY INTEREST**

   None disclosed.

4. **MOTION TO MOVE IN CAMERA**

   Verbal Motion is presented by Councillor Jones, seconded by Councillor Payne, to move In Camera at 9:08 o’clock a.m. for discussion of the following items:
Committee of Management for Huron Lodge Long Term Care Home  
Meeting Minutes  
December 13, 2013

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Subject</th>
<th>Section Pursuant to Municipal Act 2001, as amended</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Personal matter about an identifiable individual, including municipal or local board employees</td>
<td>s. 239(2)(b)</td>
</tr>
</tbody>
</table>

Motion Carried.

Discussion on the items of business.

6. **MOTION TO MOVE BACK INTO REGULAR SESSION**

Moved by Councillor Jones, seconded by Councillor Payne, to move back into public session at 9:30 o’clock a.m.

Motion Carried.

Moved by Councillor Payne, seconded by Councillor Jones,
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 held December 13, 2013 at the next regular meeting.

Moved by Councillor Jones, seconded by Councillor Payne,
That the verbal In Camera report of the Acting Executive Director, LTC Administrator, Huron Lodge relating to the personal matter about an identifiable individual, 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. **ACTING ADMINISTRATOR’S REPORT**

M. Bateman reports at this time, variances for the 3rd quarter of the 2013 budget show a deficit projection of $233,000.

M. Bateman distributes the Ministry of Health and Long-Term Care “Inspection Report – Public Copy” for inspections which occurred on May 22, 2013, August 28 and 29, 2013 and September 11, 2013, attached as Appendix “A”, “B” and “C” respectively.

Moved by Councillor Jones, seconded by Councillor Payne,
That the report of the Acting Executive Director, LTC Administrator, Huron Lodge dated September 9, 2013 entitled “Huron Lodge Long Term Care Home” regarding an update regarding issues relating to resident care, the Ministry of Health, the
Local Health Integration Network and other initiatives that impact the Long Term Care sector **BE APPROVED** for the period from June 1, 2013 to August 13, 2013.
Carried.

Moved by Councillor Payne, seconded by Councillor Jones.
That the report of the of the Acting Executive Director, LTC Administrator, Huron Lodge dated December 13, 2013 entitled “Huron Lodge Long Term Care Home” regarding an update regarding issues relating to resident care, the Ministry of Health, the Local Health Integration Network and other initiatives that impact the Long Term Care sector **BE APPROVED** for the period from September 1, 2013 to November 30, 2013.
Carried.

7. **HURON LODGE ACCREDITATION REPORT**

Moved by Councillor Jones, seconded by Councillor Payne,
That the report of the Acting Executive Director, LTC Administrator, Huron Lodge dated August 21, 2013 entitled “Huron Lodge Accreditation” **BE RECEIVED** for information.
Carried.

8. **INTEGRATED ASSESSMENT RECORD (IAR) PROJECT REPORT**

Moved by Councillor Payne, seconded by Councillor Jones,
That the report of the Director of Care, Huron Lodge dated August 14, 2013 entitled “Integrated Assessment Record (IAR) Project” regarding the implementation of the Integrated Assessment Record Project as mandated by the Ministry of Health and Long Term Care and through Community Care Information Management **BE RECEIVED**.
Carried.

9. **PHYSIOTHERAPY SERVICES FUNDING REPORT**

M. Bateman advises the Request for Proposals for physiotherapy services will close on January 10, 2014.

Moved by Councillor Jones, seconded by Councillor Payne,
That the report of the Acting Executive Director, LTC Administrator, Huron Lodge dated August 22, 2013 entitled “Physiotherapy Services for the Residents of Huron Lodge” regarding changes that have been announced by the Ministry of Health and Long Term Care (MOHLTC) as it relates to funding for physiotherapy services **BE RECEIVED**.
Carried.
10. **COMMUNICATIONS INFORMATION PACKAGE**

Moved by Councillor Jones, seconded by Councillor Payne,  
That the following communications **BE RECEIVED** for information:

1. Erie St. Clair Local Health Integration Network – Community Report – Fall 2013  
2. Ministry of Health and Long Term Care – Fall 2013 Regulatory Amendments under the Long-Term Care Homes Act, 2007  
3. Performance Improvement & Compliance Branch Health System Accountability and Performance Division – Long-Term Care Homes Quality Inspection Program – Update Overview of Current Activities  
4. Health Quality Ontario – Long-Term Care Benchmarking Resource Guide  
5. Health Quality Ontario - Individual Home Results – Huron Lodge  
6. Ontario Association of Non-Profit Homes and Services for Seniors – Leading Seniors’ Care – 2012 Annual Report  
7. Ontario Association of Non-Profit Homes and Services for Seniors – Long Term Care Provincial Snapshot – August 2013

Carried.

11. **DATE OF NEXT MEETING**

The next meeting will be held on March 7, 2014 at 9:00 o’clock a.m. in the Huron Lodge Conference Room.

12. **ADJOURNMENT**

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

______________________________  
Councillor Bill Marra, Chair

______________________________  
Committee Coordinator
COMMITTEE OF MANAGEMENT
FOR HURON LODGE LONG TERM CARE HOME
FRIDAY, DECEMBER 13, 2013 - 9:00 A.M.
HURON LODGE CONFERENCE ROOM

1.) CALL TO ORDER

2.) ADOPTION OF THE MINUTES DATED JUNE 10, 2013 AS ATTACHED

3.) DISCLOSURE OF PECUNIARY INTEREST

4.) MOTION TO MOVE IN-CAMERA
   - September 9, 2013
   - December 13, 2013

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5.) MOTION TO MOVE BACK INTO REGULAR SESSION

6.) ACTING ADMINISTRATOR’S REPORT
   - September 9, 2013
   - December 13, 2013

7.) HURON LODGE ACCREDITATION REPORT – September 9, 2013

8.) INTEGRATED ASSESSMENT RECORD (IAR) PROJECT REPORT
   - September 9, 2013

9.) PHYSIOTHERAPY SERVICES FUNDING REPORT – September 9, 2013

10.) COMMUNICATIONS INFORMATION PACKAGE
     - September 9, 2013
     - December 13, 2013

11.) NEXT MEETING - March 7, 2014
     Huron Lodge Conference Room

12.) ADJOURNMENT
June 13, 2013

Mrs. Mary Bateman
Administrator
Huron Lodge
1881 Cabana Road West
Windsor ON N9G 1C7

Dear Mrs. Mary Bateman:

Please find enclosed the **Inspection Report—Public Copy** for an inspection conducted on May 22, 2013 under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the **Inspection Report—Public Copy** must be made available without charge upon request. The report will also be on file with the London Service Area Office, Performance Improvement and Compliance Branch.

Yours truly,

Karin Mussart
LTC Homes Inspector – Environmental Health

APPENDIX "A"
Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

London Service Area Office
291 King Street, 4th Floor
LONDON, ON, N6B-1R8
Telephone: (519) 675-7680
Facsimile: (519) 675-7685

Bureau régional de services de London
291, rue King, 4ième étage
LONDON, ON, N6B-1R8
Téléphone: (519) 675-7680
Télécopieur: (519) 675-7685

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport
May 22, 2013

Inspection No / No de l'inspection
2013_180145_0005

Log # / Type of Inspection / Registre no Genre d'inspection
L-001718-12 Complaint

Licensee/Titulaire de permis
CORPORATION OF THE CITY OF WINDSOR
1881 Cabana Road West, WINDSOR, ON, N9G-1C7

Long-Term Care Home/Foyer de soins de longue durée
HURON LODGE LONG TERM CARE HOME
1881 CABANA ROAD WEST, WINDSOR, ON, N9G-1C7

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs
KARIN MUSSART (145)

Inspection Summary/Résumé de l'inspection
The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): May 9, 2013

During the course of the inspection, the inspector(s) spoke with The Acting Administrator; 1 PSW; 2 residents.

During the course of the inspection, the inspector(s) Toured home; reviewed policy and procedures relating to housekeeping.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping

There are no findings of Non-Compliance as a result of this inspection.
<table>
<thead>
<tr>
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</tr>
<tr>
<td>WAO – Ordres : travaux et activités</td>
</tr>
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Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l’article 152 de la LFSLD.

Issued on this 22nd day of May, 2013

Signature of Inspector(s)/Signature de l’inspecteur ou des inspecteurs
November 1, 2013

Mrs. Mary Bateman
Administrator
Huron Lodge Long Term Care Home
1881 Cabana Road West
Windsor ON N9G 1C7

Dear Mrs. Bateman:

Please find enclosed the *Inspection Report-Public Copy* for an inspection conducted on August 28 & 29, 2013 under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the *Inspection Report-Public Copy* must be made available without charge upon request. The report will also be on file with the London Service Area Office, Performance Improvement and Compliance Branch.

Yours truly,

[Signature]

Terri Daly
LTC Homes Inspector – Nursing
Report Date(s) / Date(s) du Rapport: Sep 13, 2013
Inspection No / No de l'inspection: 2013_206115_0045
Log # / Registre no: L-000651-13
Type of Inspection / Genre d'inspection: Complaint

Licensee/Titulaire de permis:
CORPORATION OF THE CITY OF WINDSOR
1881 Cabana Road West, WINDSOR, ON, N9G-1C7

Long-Term Care Home/Foyer de soins de longue durée:
HURON LODGE LONG TERM CARE HOME
1881 CABANA ROAD WEST, WINDSOR, ON, N9G-1C7

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs:
TERRI DALY (115)

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): August 28 & 29, 2013

During the course of the inspection, the inspector(s) spoke with the Acting Administrator, Director of Care, the Dietitian, one Registered Nurse, two Registered Practical Nurses, five Personal Support Workers, the physician, one resident and a family member.

During the course of the inspection, the inspector(s) observed care and services, reviewed the clinical record for one resident and policies and procedures related to the inspection.

The following Inspection Protocols were used during this inspection:
Findings of Non-Compliance were found during this inspection.

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Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of “requirement under this Act” in subsection 2(1) of the LTCHA.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.)

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l’article 152 de la LFSLD.
WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 231. Resident records
Every licensee of a long-term care home shall ensure that,
(a) a written record is created and maintained for each resident of the home; and
(b) the resident’s written record is kept up to date at all times. O. Reg. 79/10, s. 231.

Findings/Faits saillants:
1. The licensee had not ensured that a resident's written record related to bathing was kept up to date.

A review of the bathing section of the flow sheet was found to be incomplete.

The flow Sheet policy indicates that the Personal Support Worker is responsible for accurately documenting the level of nursing care provided per resident in a 24 hour period including the resident's method of bath.

Staff confirmed that the expectation is that these flow sheets are completed and include when the resident has received a bath. [s. 231. (b)]

Issued on this 13th day of September, 2013

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

[Signature]
October 28, 2013

Mrs. Mary Bateman
Administrator
Huron Lodge Long Term Care Home
1881 Cabana Road West
Windsor ON N9G 1C7

Dear Mrs. Bateman:

Please find enclosed the Inspection Report-Public Copy for an inspection conducted on September 11, 2013 under the Long-Term Care Homes Act, 2007 (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the Inspection Report-Public Copy must be made available without charge upon request. The report will also be on file with the London Service Area Office, Performance Improvement and Compliance Branch.

Yours truly,

[Signature]

Carolee Milliner
LTC Homes Inspector – Nursing
Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Report Date(s) / Date(s) du Rapport
Sep 13, 2013

Inspection No / No de l'inspection
2013_216144_0067

Log # / Registre no
L-000509-13

Type of Inspection / Genre d'inspection
Critical Incident System

Licensee/Titulaire de permis
CORPORATION OF THE CITY OF WINDSOR
1881 Cabana Road West, WINDSOR, ON, N9G-1C7

Long-Term Care Home/Foyer de soins de longue durée
HURON LODGE LONG TERM CARE HOME
1881 CABANA ROAD WEST, WINDSOR, ON, N9G-1C7

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs
CAROLEE MILLINER (144)

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): September 11, 2013

During the course of the inspection, the inspector(s) spoke with the Acting Administrator, two Director's of Care, the Director of Resident Services and one Registered Nurse and Registered Practical Nurse.

During the course of the inspection, the inspector(s) reviewed on resident health care record and the home's policies related to Oxygen Therapy and Restraints.

The following Inspection Protocols were used during this inspection:
Ministry of Health and Long-Term Care

Inspector Report under the Long-Term Care Homes Act, 2007

Falls Prevention
Personal Support Services

Findings of Non-Compliance were found during this inspection.

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Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSDL) a été constaté. (Une exigence de la loi comprend les exigences qui sont partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSDL.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSDL.

**WN #1:** The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Findings/Faits saillants:
1. The licensee did not ensure that there is a written plan of care for each resident that sets out the goals the care is intended to achieve and clear directions to staff and others who provide direct care to the resident. Three staff confirmed one resident’s care plan did not include the goals the care is intended to achieve and clear directions to staff and others who provide direct care to the resident related to a physicians order. [s. 6.]

**Additional Required Actions:**

**VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2)**

the licensee is hereby requested to prepare a written plan of correction for achieving compliance related to ensuring the written plan of care for each resident sets out the goals the care is intended to achieve and clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents**

Specifically failed to comply with the following:

s. 107. (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (4):

2. An unexpected or sudden death, including a death resulting from an accident or suicide. O. Reg. 79/10, s. 107 (1).

**Findings/Faits saillants**:

1. The licensee did not ensure the Director was immediately informed, in as much detail as possible, in the circumstance of an unexpected or sudden death. Four staff confirmed a critical incident report for one unexpected resident death was not submitted according to the Ministry requirements.[s. 107. (1) 2.]
<table>
<thead>
<tr>
<th>Ministry of Health and Long-Term Care</th>
</tr>
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<tbody>
<tr>
<td>Ministère de la Santé et des Soins de longue durée</td>
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<tr>
<td>Ontario</td>
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<tr>
<td>Inspection Report under the Long-Term Care Homes Act, 2007</td>
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<tr>
<td>Rapport d’inspection sous la Loi de 2007 sur les foyers de soins de longue durée</td>
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Issued on this 13th day of September, 2013

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