

AGENDA
COMMITTEE OF MANAGEMENT FOR HURON LODGE
Meeting held Thursday, June 27, 2024 at 11 o'clock a.m.
Room 203, 350 City Hall Square West

1. Call to Order

2. Disclosure of Interest

3. Minutes

Adoption of the minutes of the meeting held March 7, 2024 – *attached*.

4 In Camera

Subject – Personal matter(s) about an identifiable individual – s. 239 (2) (b)

5. Business Items

5.1 Administrator's Report dated June 27, 2024 – *attached*.

6. Date of Next Meeting

The next meeting date to be determined.

7. Adjournment

**Committee of Management for Huron Lodge
Meeting held March 7, 2024**

A meeting of the Committee of Management for Huron Lodge is held this day commencing at 11:00 o'clock a.m. in Room 203, 350 City Hall Square West, 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
Doran Anzolin, Executive Initiatives Coordinator
Karen Kadour, Committee Coordinator

1. Call to Order

The Chair calls the meeting to order at 10:56 o'clock a.m. and the Committee of Management for Huron Lodge considers the Agenda being Schedule A, attached hereto, matters which are dealt with as follows:

2. Disclosure of Interest

None disclosed.

3. Adoption of the Minutes

Moved by Councillor Fred Francis, seconded by Councillor Jo-Anne Gignac,
That the minutes of the meeting of the Committee of Management for Huron Lodge held November 20, 2023 **BE ADOPTED** as presented.
Carried.

4. In Camera

No In Camera session is held.

5. Business Items

5.1 Administrator's Report

Alina Sirbu advises that the Minister of Long Term Care Stan Cho will be visiting the City of Windsor on March 13, 2024. The purpose of his visit is to allow for an opportunity to meet with residents and staff and to hear about some of the local initiatives and their successful implementation at Huron Lodge.

Moved by Councillor Fred Francis, seconded by Councilor Jo-Anne Gignac,
That the update relating to the visit by the Minister of Long Term Care Stan Cho to the City of Windsor on March 13, 2024 **BE RECEIVED.**
Carried.

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

- In October 2023, Huron Lodge received information from Ontario Health that they were offering funding for specialized equipment in order to improve diagnostic equipment in long term care homes. The nursing team completed an application and submitted it to Ontario Health which was approved in the amount of \$14,050 which would go directly toward the purchase of a hand held bladder scanner. This device is beneficial to the residents as the bladder scan is a safe, painless, reliable procedure that allows the assessment instead of urinary catheterization.
- The Windsor Accessibility Advisory Committee provided \$7,200 to purchase a Snoezelen cart.
- The Ontario government has created a new Investigations Unit to ensure every long-term care resident lives with dignity and experiences the quality of care they deserve. The new unit is now active and will investigate allegations such as:
 - failing to protect a resident from abuse or neglect,
 - repeated and ongoing non-compliance,
 - failing to comply with ministry inspector's orders,
 - suppressing and/or falsifying mandatory reports, and
 - negligence of corporate directors.
- The investigative unit methods are dictated through a different methodology that may involve subpoenas and court orders as needed.
- Inspections and investigations will be used by separate ministry teams with the investigation team being reserved for more serious situations in which an alleged criminal intent is identified.
- It is suggested that the ramifications from COVID brought all of this to the forefront.
- Inspectors will continue to exercise unlimited access to information as per legislation. Members of the public submitting a complaint cannot decide upon the type of inspection/ investigation that the ministry will commence.

- The Ministry is providing a one-time funding top-up to the staffing initiatives funding in the amount of \$25,652 for the 2023-24 fiscal year.
- In terms of Quality Improvement, Huron Lodge is trending quite well in 8 out of the 10 indicators. There are a few indicators that go up and down depending on the clinical status of the residents. She adds that we are in an area of Ontario that the anti-psychotic usage of people in general is higher than the rest of the province.
- In long term care, usage of anti-psychotic medication – either is reduction, increase or discontinuation – cannot be processed without the consent of either the individual if they are cognitive or a family member who is the power of attorney.
- Huron Lodge is now tracking actively how many of the admissions are coming with anti-psychotic medication.

In response to a question asked by Councillor Fred Francis regarding the size of the investigative unit, Alina Sirbu responds there are approximately 7 to 10 people for the province.

In terms of the indicators, Councillor Jo-Anne Gignac asks if the intakes are primarily coming from the hospital, Alina Sirbu responds that that admissions are both from hospital as well as the community – based on personal medical history and multiple treating physicians there are new residents that arrive at Huron Lodge with a very high number of medications. She adds it may take months on there is a consent for reduction to safely reduce some of the medications as per consultation with long term care physicians, pharmacists and nursing staff.

Andrew Daher refers to legislation from 2023 that allows for the hospital(s) to move people out and into long-term care. Alina Sirbu responds there is not a lot of ability from a hospital side to be able to change a treatment plan when their role is to discharge the people as quickly as possible.

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 7, 2024.

Carried.

6. Date of Next Meeting

The next meeting of the Committee of Management for Huron Lodge will be held on Thursday, June 27, 2024 at 11:00 a.m. in Room 203, 350 City Hall Square West.

7. Adjournment

There being no further business, the meeting is adjourned at 12:12 o'clock p.m.



Subject: Huron Lodge Long Term Care Home – Administrator’s Report to the Committee of Management – City Wide

Reference: Committee of Management Report

Date to Committee:

Author: Alina Sirbu

Report Date: June 27th, 2024

Clerk’s File #:

To: Huron Lodge Committee of Management

Recommendation:

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

Background:

This Committee of Management report serves as the Administrator of Huron Lodge’s updates and official record for the Committee of Management for the period to end June 27th, 2024.

In Camera Report

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

Discussion:

Ministry of Long-Term Care (MLTC)

As per May 9th, 2024, covid vaccine campaign, Huron Lodge has communicated to residents and family and received consent to continue with the Covid 19 boosters.

Ministry of Long-Term Care Inspections

There was a Ministry inspection at Huron Lodge since the last Committee of Management meeting for Huron Lodge.

Huron Lodge received two written notifications. Plans have been implemented for remedial action on both training and care plans. (Appendix A)

Ministry of Long-Term Care Updates

Minister Cho, the minister of long-term care, visited Huron Lodge on March 13th, 2024.

The visit was well received by both staff and residents. The minister was impressed with Huron Lodge and complimented the Chrysalis project in particular. He alluded to the possibility of using this project as a pilot for the province in regard to dementia care.

Other Business:

1. Financial

On March 27, 2024, the MLTC announced one-time funding to provide financial support to long-term care homes to address facility maintenance requirements of which Huron Lodge received the funds in the amount of \$569,500 on May 22, 2024. The funding will be used to go towards facility repairs at Huron Lodge.

On May 6, 2024, the MLTC announced per diem increases. This equates to approximately \$450,000 in additional funding for Huron Lodge for the 2024-25 funding year.

On February 26, 2024, Council approved expenditures up to the amount of \$25,000 from the Windsor Accessibility Committee project fund for Huron Lodge to purchase a wheelchair accessible bike, height adjustable and accessible picnic tables, messaging, engagement, and stimulation technology tools.

2. Quality Improvement

CQI

The Continuous Quality Improvement (CQI) committee continues to meet quarterly to discuss the home's quality indicators, improvements and projects occurring within mandatory programs, and foster positive relationships with community partners. The committee welcomed new community partner ProResp at the June 24th meeting as Huron Lodge's respiratory care/oxygen service provider.

The committee is comprised of an interdisciplinary team that has provided expertise and consultation for improving the home's quality indicator performance. Many of the home's quality indicators continue to meet or exceed provincial benchmarks for quality; a more detailed report on performance of each reportable indicator is demonstrated in the Quality Improvement Update.

Residents' Council Involvement

The robust Residents' Council of Huron Lodge continues to be thoroughly informed and consulted in the home to uphold resident-centred voices and choices. Residents' Council meets monthly, during which information on quality improvement initiatives and ministry directives/changes are communicated. Annually, home leadership communicates to and seeks feedback from Residents' Council regarding: hot weather illness procedure, the home's quality improvement plan, both methodology for surveying and results of resident and family satisfaction surveys, and how resident and family feedback from said surveys inform elements of quality improvement in the home for the upcoming year. Huron Lodge's quality improvement plan for 2024/2025 was communicated to Residents' Council during the March and June meetings; opportunity for resident input was offered and satisfaction with the plan expressed.

Palliative Care Committee

The committee remains focused on continuing to support compassionate care at end-of-life for our residents and families. On Saturday, June 1st, Huron Lodge held a memorial service, recognizing those who passed in early 2024. This is a re-inauguration of a recurrent event that was paused while physical safety and wellbeing of residents were priority during the COVID pandemic. Through partnership between Residents' Council, Huron Lodge Auxiliary, and the Palliative Care Committee, current residents, and families of past residents, gathered for a time of remembrance and fellowship honouring loved ones.

Family and Resident Satisfaction Surveys

The results of the satisfaction surveys were shared with Residents' Council at the March meeting; no concerns expressed by Council with results of the surveys, which were overall very positive. Quality improvement plans founded on resident survey feedback were communicated to Residents' Council in June, no concerns expressed from Council. The results of the satisfaction surveys, and quality improvement initiatives based on the same, were communicated to the Huron Lodge Family Council representative at the CQI meeting held on the 24th of June.

Resident Survey

Resident satisfaction survey took place in November 2023. Residents reported 98% satisfaction rate with respect to having their questions and concerns addressed. Further, 100% of residents are satisfied with the quality of care and service they receive and as such, 100% of residents surveyed (Appendix B)

Family Survey

Family satisfaction survey took place in November 2023. Notable results from the family surveys include increased satisfaction with the kind, compassionate care staff provide to loved ones (94% in 2023 up from 91% in 2022) and maintaining status for recommending Huron Lodge to others at 97% in 2023. Residents reported 98% satisfaction rate with respect to having their questions and concerns addressed. Further, 100% of residents are satisfied with the quality of care and service they receive and as such, 100% of residents surveyed would recommend Huron Lodge to others. (Appendix C)

The 2024 satisfaction survey is set to commence in November 2024 and follow the same process as above with respect to communication and feedback from stakeholders.

Quality Improvement Plan (QIP)

The interdisciplinary team has completed a comprehensive review of quality indicators from the previous QIP year, using this, alongside preliminary data from the satisfaction surveys, to inform the choice of highlighted quality improvement indicators to be featured in the 2024/2025 QIP. While the team remains dedicated to continuous quality improvement exemplified in the narratives above, the indicators to be highlighted in this QIP cycle include: rate of potentially avoidable ED visits, resident overall satisfaction (percentage of residents who would recommend this home), percentage of residents not living with psychosis who were given an anti-psychotic medication (anti-psychotic reduction), and rate of urinary tract infections.

Quality Improvement Indicators Update (as of May 30th, 2024)

QI Domain	QI Code	QI	QI Score	Population	Trend Since Last Quarter	4 Qtr Avg	Provincial Avg	National Avg
Falls	FAL02	Has fallen in last 30 days	10.45%	(21/201)	-0.66%	9.42%	15.40%	16.9%
Medications	DRG01	Antipsych w/o psychosis dx	22.64%	(36/159)	-4.74%	26.99%	20.40%	21.3%
Mood	MOD4A	Worse mood w/ symp depression	33.33%	(67/201)	23.62%	19.90%	20.50%	21.0%
Pain	PAIOX	Has pain	15.92%	(32/201)	10.61%	8.20%	4.20%	6.1%
Pressure Ulcers	PRU06	Worse Stage 2-4 PU	4.52%	(9/199)	0.62%	4.12%	3.40%	2.7%
Pressure Ulcers	PRU09	New Stage 2-4 PU	3.33%	(6/180)	-0.94%	3.96%	3.20%	2.2%
Restraints	RES01	Daily physical restraints	1.50%	(3/200)	0.52%	2.48%	2.20%	4.2%

Falls:

Current score: 10.45%

4-quarter average: 9.42%

Provincial average: 15.4%

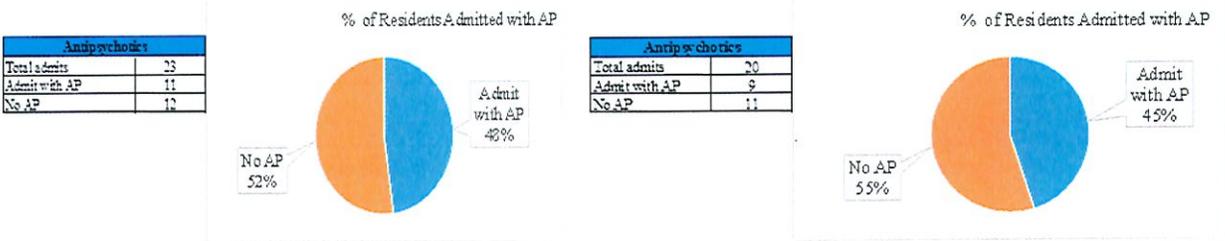
For the quality indicator of falls that have occurred in the last 30 days, our current and 4-quarter average scores remain below the provincial average. This continued achievement is supported by an enthusiastic and dedicated Falls committee who ensure all precautions are in place and regular safety checks occur.

Antipsychotics:

Current score: 22.64%
 4-quarter average: 26.99%
 Provincial average: 20.4%

Our antipsychotic reduction program has shown great success since its initiation in August 2023. At that time, our score was 32.5%. Our current score for the month of May 2024 is the lowest seen in the available data (May 2022-present).

Going forward, we hope to continue improving this score through repeated follow up with the residents whose prescriptions were not reduced / discontinued, paired with a 6-week review of any new admissions coming to us with an antipsychotic to determine ongoing appropriateness of these medications.



Mood:

Current score: 33.33%
 4-quarter average: 23.62%
 Provincial average: 20.5%

This quality indicator has historically been one of our most reliably positive scores. This large fluctuation (our previous report indicated a current score of 9.66% and a 4-quarter average of 14.99%) is likely indicative of coding errors which will be investigated over the following quarter.

Our home prides itself in both the quantity and quality of support that is provided to our residents. Our behavioural support team, social work team, activities staff, and all floor staff are always available to assist our residents and provide individualized, person-centered care.

Wounds:

Worsened stage 2-4 pressure injuries	New stage 2-4 pressure injuries
<i>Current score: 4.52%</i>	<i>Current score: 3.33%</i>
<i>4-quarter average: 4.12%</i>	<i>4-quarter average: 3.96%</i>
<i>Provincial average: 3.4%</i>	<i>Provincial average: 3.2%</i>

Our quality indicators relating to pressure injuries remain slightly above the provincial average. Over the past quarter we have invested in both education and nursing supplies to help work towards improvement in this area.

Using risk-based assessments, we hope to target residents who are likely to develop pressure injuries before they occur, hopefully building on the downward success we have seen in the new stage 2-4 indicator specifically.

Restraints:

Current score: 1.5%
4-quarter average: 2.48%
Provincial average: 2.2%

For restraints, our current score is below the provincial average, while our 4-quarter average continues to trend downwards (the previous report indicated a 4-quarter average of 4%). Our goal remains to work towards both a current and 4-quarter average that is below the province.

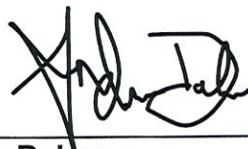
3. Third Party Agency Inspections

On April 29th, 2024, the Windsor-Essex County Health Unit conducted an outbreak response inspection. Zero violations were noted on the attached report. (Appendix C)

Respectfully submitting this report for your information.



Amanda Caslick for Alina Sirbu
Acting Executive Director of Long-Term Care / Administrator of Huron Lodge



Andrew Daher
Commissioner, Human & Health Services



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

Ministry of Long-Term Care

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

London District

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

Original Public Report

Report Issue Date: April 2, 2024

Inspection Number: 2024-1626-0001

Inspection Type:

Complaint
Critical Incident

Licensee: Corporation of the City of Windsor

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

Lead Inspector

Adriana Tarte (000751)

Inspector Digital Signature

Adriana Tarte Digitally signed by Adriana Tarte
Date: 2024.04.10 10:26:46 -04'00'

Additional Inspector(s)

Samantha Perry (740)

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: March 6-8, 2024 and March 11-15, 2024

The following intakes were inspected in this Critical Incident (CI) inspection:

- Intake #00094153 related to falls prevention and management; and
- Intake #00101650 related to resident care and support services; and
- Intake #00101275 related to resident care and support services.

The following intakes were inspected in this complaint inspection:

- Intake #00097511 related to medication management, reporting and complaints, continence care, skin and wound prevention and management, and food, nutrition and hydration; and

Ministry of Long-Term Care

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Telephone: (800) 663-3775

- Intake #00108928 related to resident care and support services.

The following intakes were completed in this inspection:

- Intake #00096764 related to falls prevention and management.

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

Resident Care and Support Services
Continence Care
Skin and Wound Prevention and Management
Medication Management
Food, Nutrition and Hydration
Infection Prevention and Control
Reporting and Complaints
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

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Long-Term Care Inspections Branch

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The licensee has failed to ensure that the written plan of care for a resident set out clear directions to staff and others who provided direct care to the resident related to transferring.

Rationale and Summary

A review of a resident's care plan directed staff to transfer the resident using a specific method. A Personal Support Worker (PSW) explained that regular staff were aware of the individualized care provided to the resident during their transfers, not included in the care plan.

Another PSW stated that they were unaware of this resident's individualized care and routine. They acknowledged that they would refer to the care plan for information regarding the care of a resident and that there was no clear direction for the resident's individualized care during transfers.

The Assistant Director of Care (ADOC) believed that if the care plan was more individualized for transfer care, this information would have helped guide the staff during the transfer as staff are expected to check the care needs of the resident in the care plan.

Sources: Resident's care plan; and interviews with staff.

[000751]

WRITTEN NOTIFICATION: Additional training — direct care staff

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

Non-compliance with: O. Reg. 246/22, s. 261 (2) 1.

Additional training — direct care staff

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s. 261 (2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 82 (7) of the Act based on the following:

1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 82 (7) of the Act.

The licensee has failed to ensure that all staff who provide direct care to residents received annual falls prevention and management training.

Rationale and Summary

The long-term care home's falls prevention program was reviewed. The 2023 falls prevention education record for all staff who provided direct care to residents was reviewed and it was noted that 12 out of 187 staff did not complete their annual falls prevention and management training. Director of Care (DOC) confirmed that not all staff completed their falls education training.

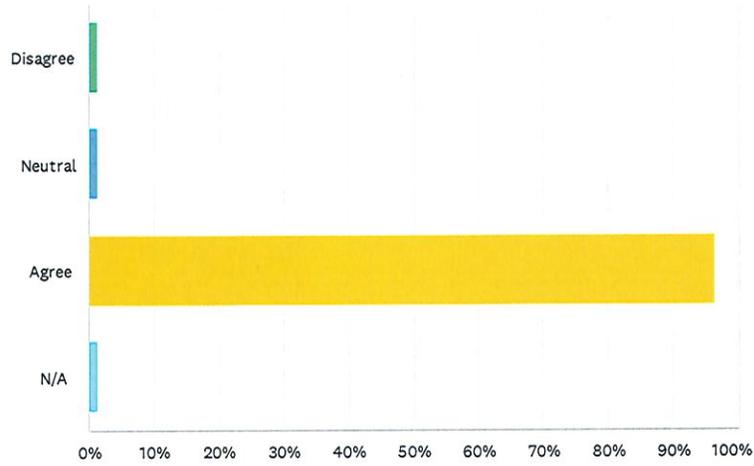
Failing to educate all staff on the falls prevention and management program put the residents' safety at risk as the staff were not made aware of the most current falls prevention education.

Sources: Surge 2023 falls prevention course completion record, and interview with DOC

[000751]

Q The recreational programming meets my needs and provides an opportunity to participate in meaningful activities.

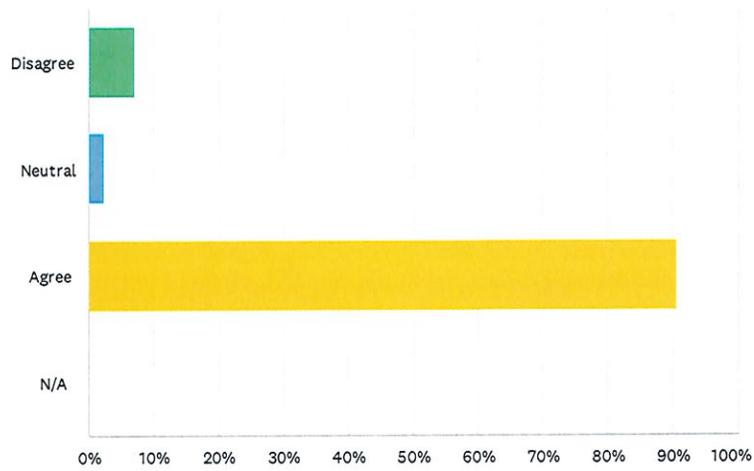
Answered: 85 Skipped: 0



ANSWER CHOICES	RESPONSES	
Disagree	1.18%	1
Neutral	1.18%	1
Agree	96.47%	82
N/A	1.18%	1
TOTAL		85

Q My food and beverage preferences are considered.

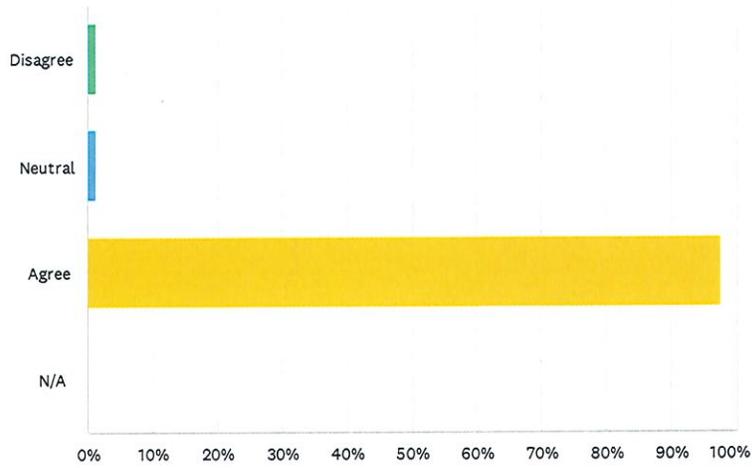
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ANSWER CHOICES	RESPONSES	
Disagree	7.06%	6
Neutral	2.35%	2
Agree	90.59%	77
N/A	0.00%	0
TOTAL		85

Q There are adequate portions of food available.

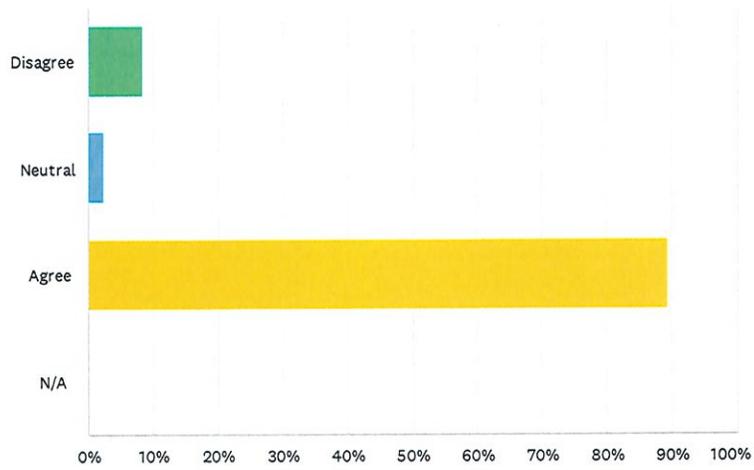
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ANSWER CHOICES	RESPONSES	
Disagree	1.18%	1
Neutral	1.18%	1
Agree	97.65%	83
N/A	0.00%	0
TOTAL		85

Q There is a sufficient variety of food.

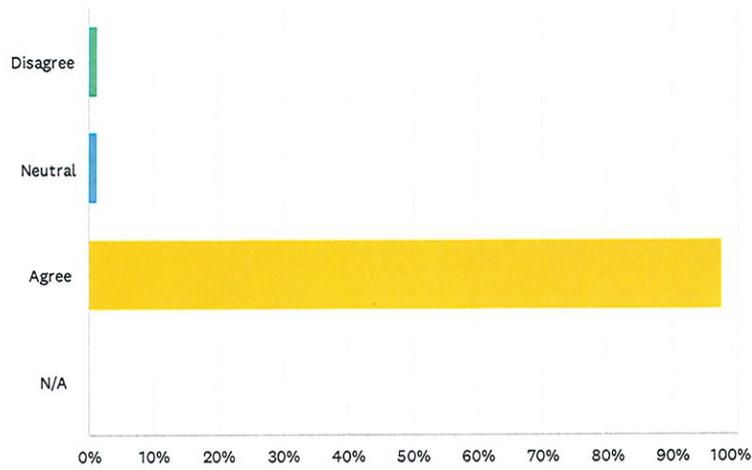
Answered: 85 Skipped: 0



ANSWER CHOICES	RESPONSES	
Disagree	8.24%	7
Neutral	2.35%	2
Agree	89.41%	76
N/A	0.00%	0
TOTAL		85

Q Food Services Workers/Dietary Aides provide friendly quality service.

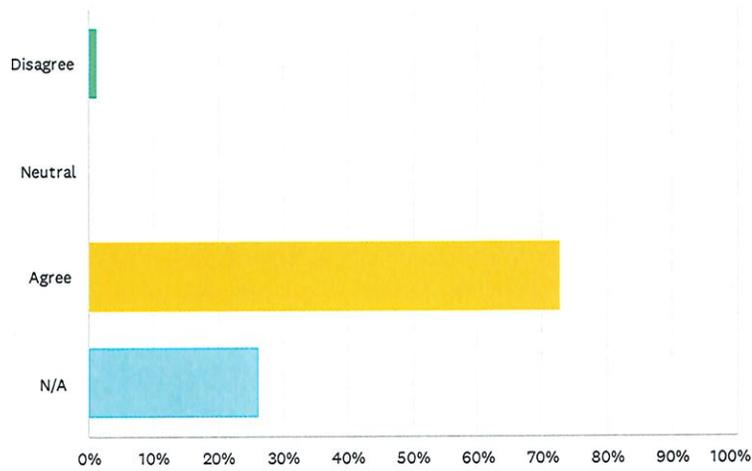
Answered: 85 Skipped: 0



ANSWER CHOICES	RESPONSES	
Disagree	1.18%	1
Neutral	1.18%	1
Agree	97.65%	83
N/A	0.00%	0
TOTAL		85

Q When working with administration, I am satisfied that my questions and concerns are answered and/or followed up.

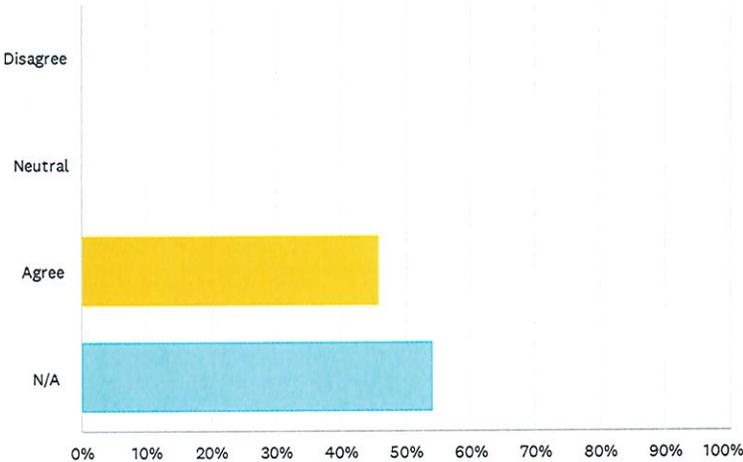
Answered: 84 Skipped: 1



ANSWER CHOICES	RESPONSES	
Disagree	1.19%	1
Neutral	0.00%	0
Agree	72.62%	61
N/A	26.19%	22
TOTAL		84

Q Information and questions regarding my finances are dealt with efficiently.

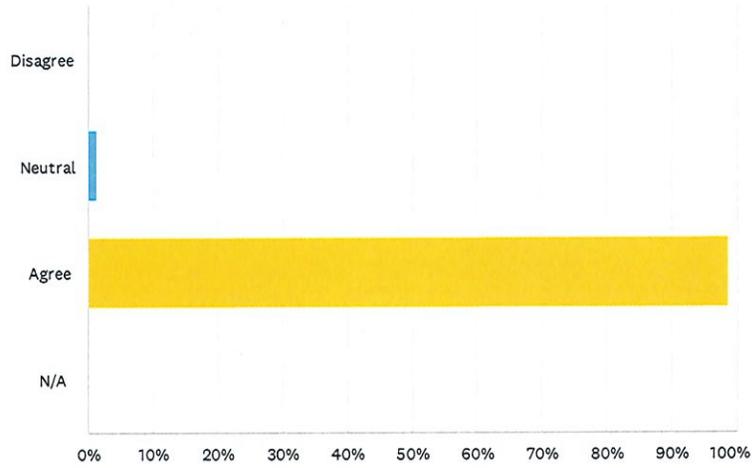
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ANSWER CHOICES	RESPONSES	
Disagree	0.00%	0
Neutral	0.00%	0
Agree	45.88%	39
N/A	54.12%	46
TOTAL		85

Q I know who to contact with my questions or concerns.

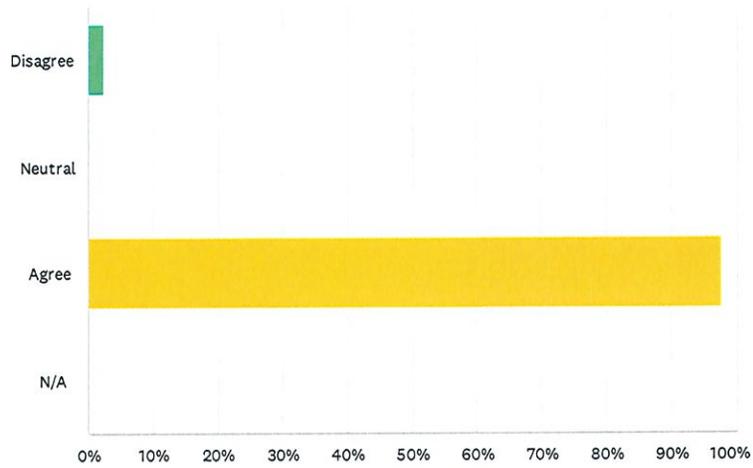
Answered: 84 Skipped: 1



ANSWER CHOICES	RESPONSES	
Disagree	0.00%	0
Neutral	1.19%	1
Agree	98.81%	83
N/A	0.00%	0
TOTAL		84

Q Care is provided in a kind, friendly and gentle manner.

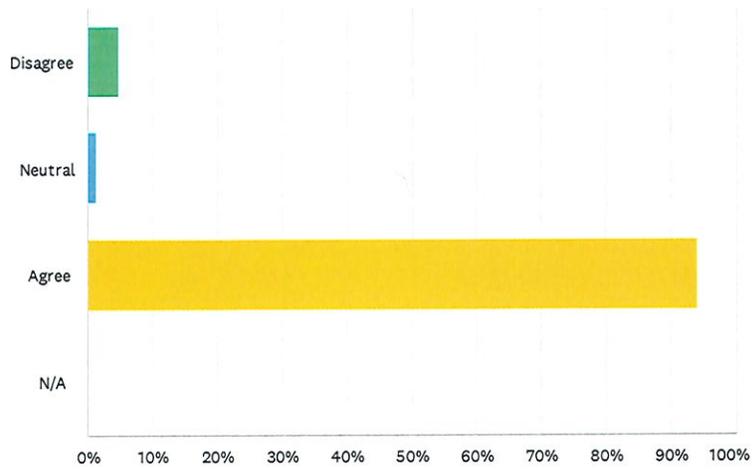
Answered: 84 Skipped: 1



ANSWER CHOICES	RESPONSES	
Disagree	2.38%	2
Neutral	0.00%	0
Agree	97.62%	82
N/A	0.00%	0
TOTAL		84

Q My questions are answered promptly and staff are available to discuss my care.

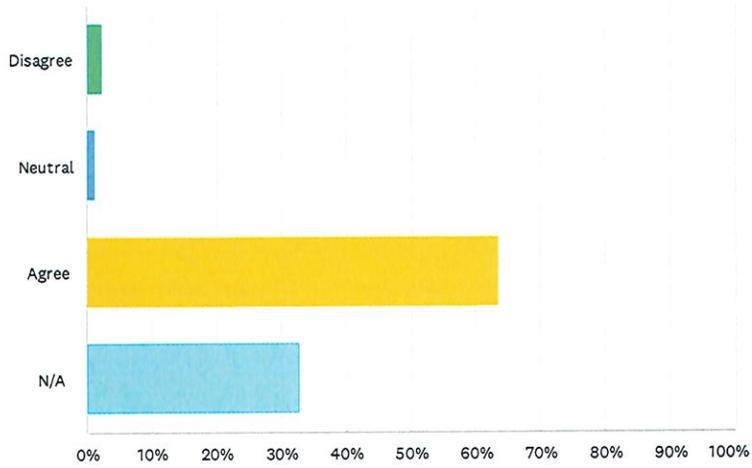
Answered: 85 Skipped: 0



ANSWER CHOICES	RESPONSES	
Disagree	4.71%	4
Neutral	1.18%	1
Agree	94.12%	80
N/A	0.00%	0
TOTAL		85

Q The hairdressing service meets my needs.

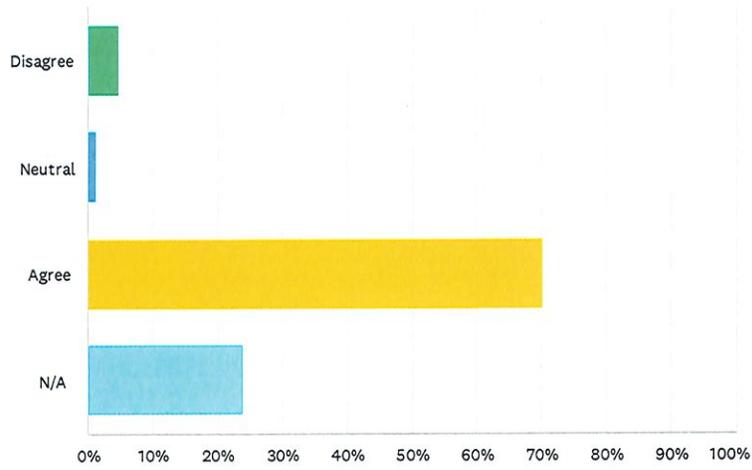
Answered: 85 Skipped: 0



ANSWER CHOICES	RESPONSES	
Disagree	2.35%	2
Neutral	1.18%	1
Agree	63.53%	54
N/A	32.94%	28
TOTAL		85

Q The Physiotherapy service meets my needs.

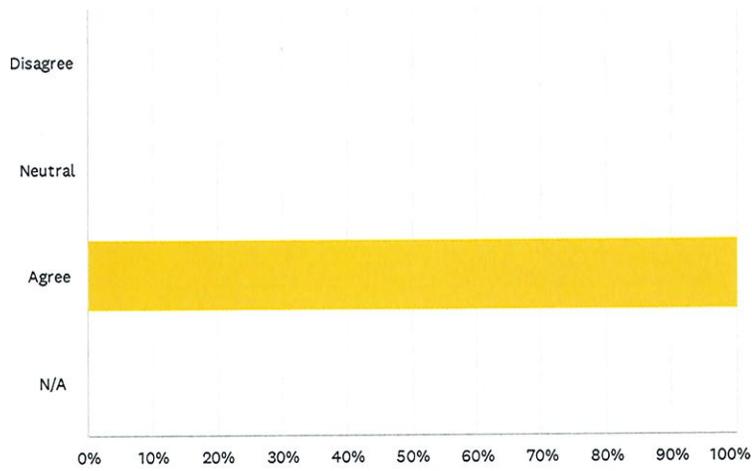
Answered: 84 Skipped: 1



ANSWER CHOICES	RESPONSES	
Disagree	4.76%	4
Neutral	1.19%	1
Agree	70.24%	59
N/A	23.81%	20
TOTAL		84

Q Overall, I am satisfied with the quality of care and service at Huron Lodge.

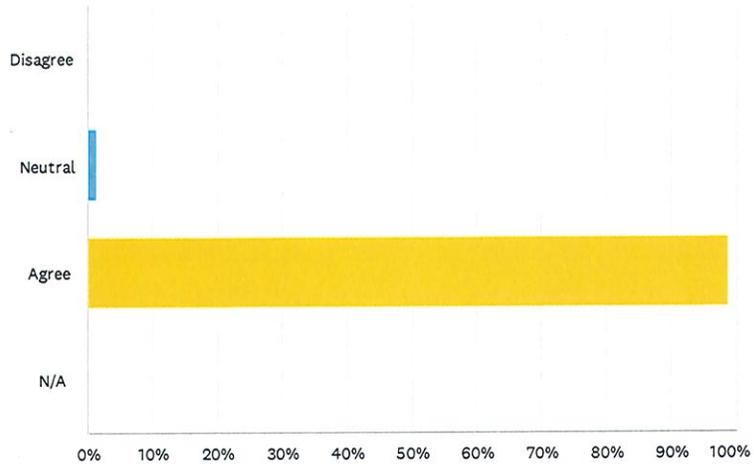
Answered: 85 Skipped: 0



ANSWER CHOICES	RESPONSES	
Disagree	0.00%	0
Neutral	0.00%	0
Agree	100.00%	85
N/A	0.00%	0
TOTAL		85

Q I am happy with the communication and updates the home provides me.

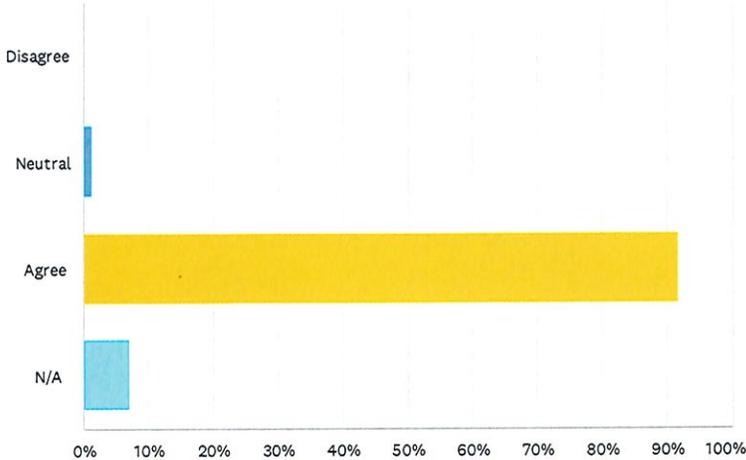
Answered: 85 Skipped: 0



ANSWER CHOICES	RESPONSES	
Disagree	0.00%	0
Neutral	1.18%	1
Agree	98.82%	84
N/A	0.00%	0
TOTAL		85

Q The new dining room home identifier murals/lobby mural create a more home-like atmosphere.

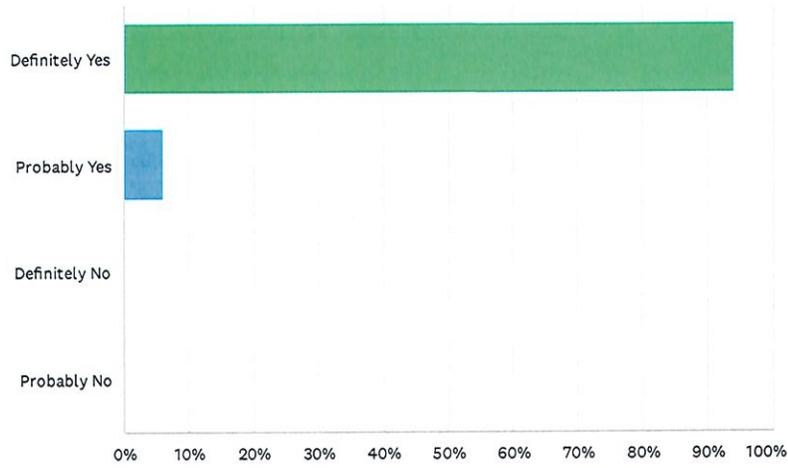
Answered: 84 Skipped: 1



ANSWER CHOICES	RESPONSES	
Disagree	0.00%	0
Neutral	1.19%	1
Agree	91.67%	77
N/A	7.14%	6
TOTAL		84

Q I would recommend this nursing home to others (Please choose one).

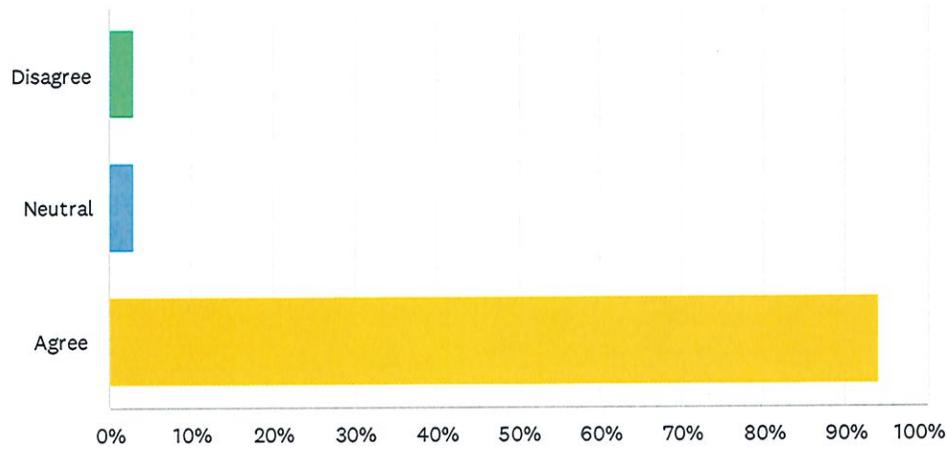
Answered: 84 Skipped: 1



ANSWER CHOICES	RESPONSES	
Definitely Yes	94.05%	79
Probably Yes	5.95%	5
Definitely No	0.00%	0
Probably No	0.00%	0
TOTAL		84

Q As the Power of Attorney or Substitute Decision Maker, Huron Lodge provides an opportunity to be involved in decisions related to my loved one's care.

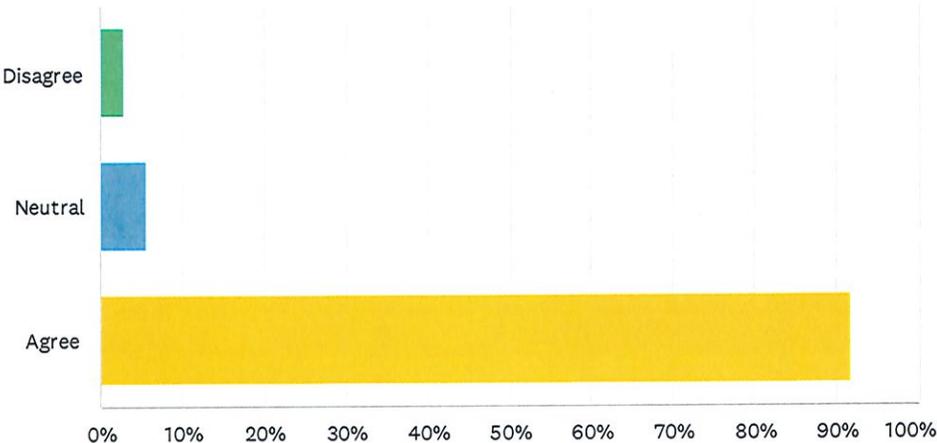
Answered: 34 Skipped: 3



ANSWER CHOICES	RESPONSES	
Disagree	2.94%	1
Neutral	2.94%	1
Agree	94.12%	32
TOTAL		34

Q I know who to approach when there is a problem or concern.

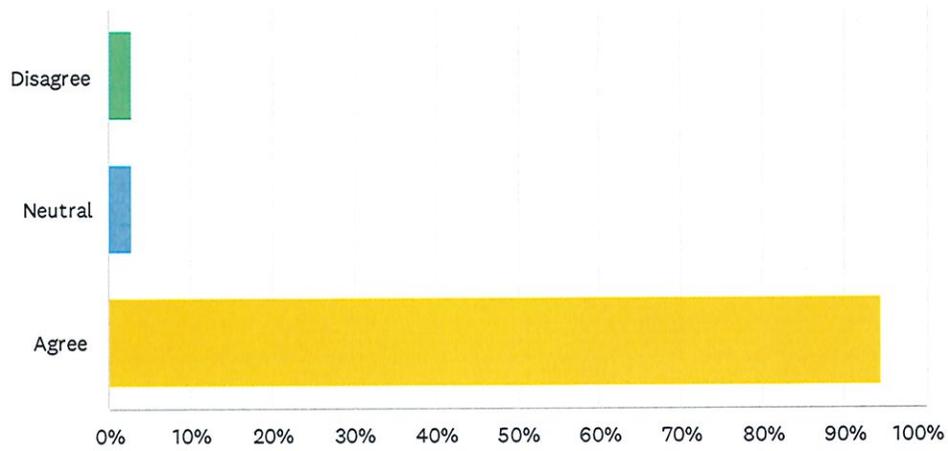
Answered: 36 Skipped: 1



ANSWER CHOICES	RESPONSES	
Disagree	2.78%	1
Neutral	5.56%	2
Agree	91.67%	33
TOTAL		36

Q Staff provides care in a kind, friendly and caring manner.

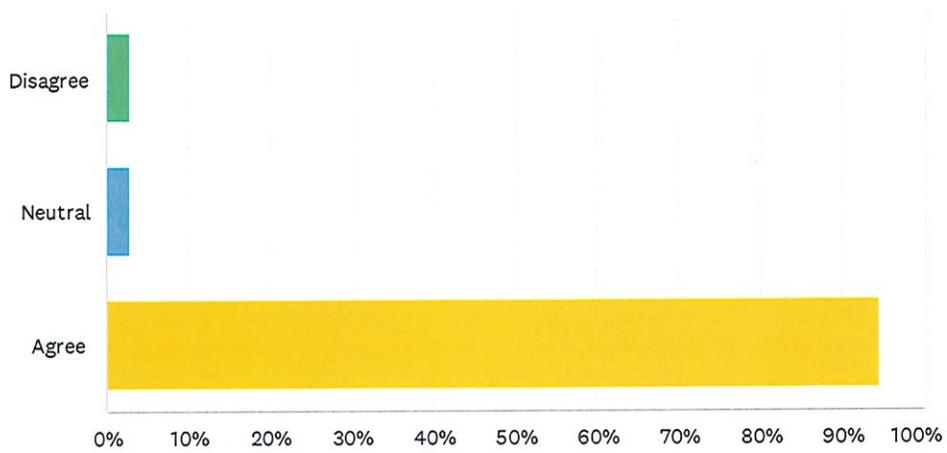
Answered: 36 Skipped: 1



ANSWER CHOICES	RESPONSES	
Disagree	2.78%	1
Neutral	2.78%	1
Agree	94.44%	34
TOTAL		36

Q Attention is paid to personal care and grooming.

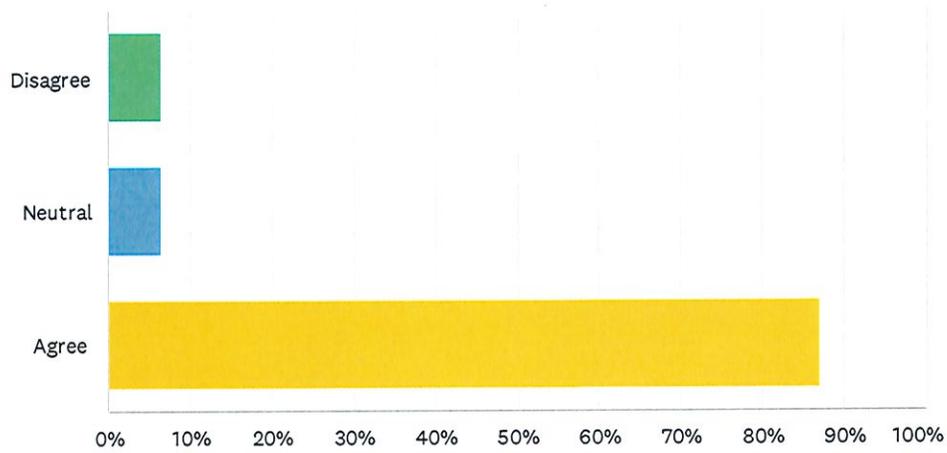
Answered: 36 Skipped: 1



ANSWER CHOICES	RESPONSES	
Disagree	2.78%	1
Neutral	2.78%	1
Agree	94.44%	34
TOTAL		36

Q The hairdressing service meets my loved one's needs.

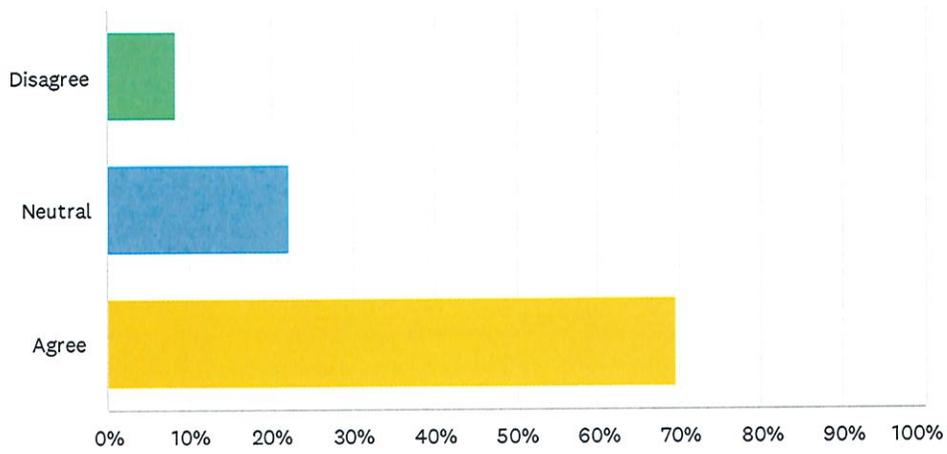
Answered: 31 Skipped: 6



ANSWER CHOICES	RESPONSES	
Disagree	6.45%	2
Neutral	6.45%	2
Agree	87.10%	27
TOTAL		31

Q The physician is helpful and available for consultation as required.

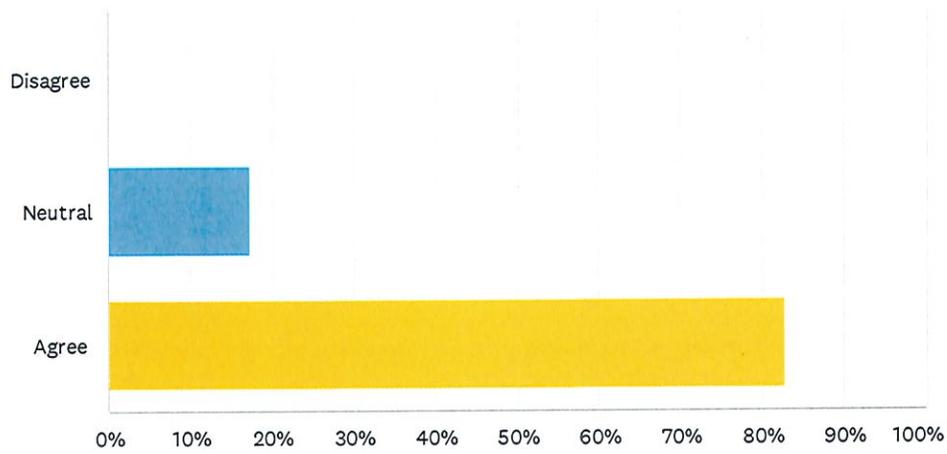
Answered: 36 Skipped: 1



ANSWER CHOICES	RESPONSES	
Disagree	8.33%	3
Neutral	22.22%	8
Agree	69.44%	25
TOTAL		36

Q Physiotherapy service meets my loved one's needs.

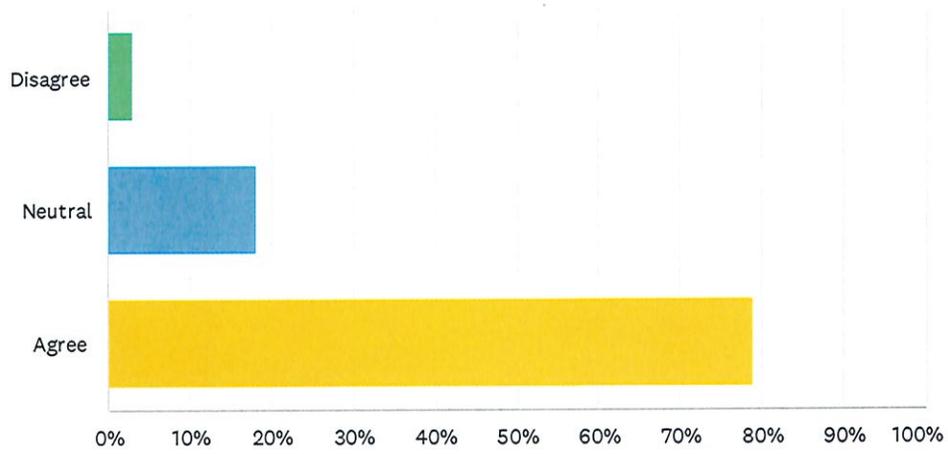
Answered: 29 Skipped: 8



ANSWER CHOICES	RESPONSES	
Disagree	0.00%	0
Neutral	17.24%	5
Agree	82.76%	24
TOTAL		29

Q The recreation program enhances the quality of life of residents.

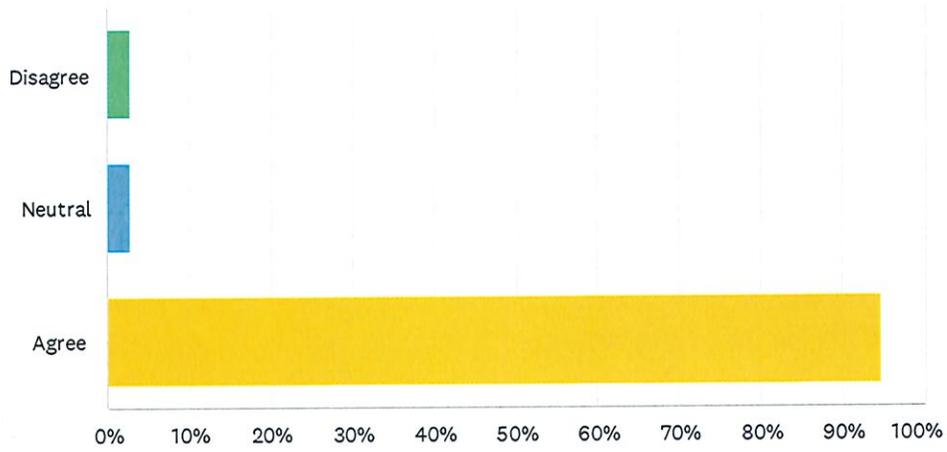
Answered: 33 Skipped: 4



ANSWER CHOICES	RESPONSES	
Disagree	3.03%	1
Neutral	18.18%	6
Agree	78.79%	26
TOTAL		33

Q Cleanliness and general repair of the building is good.

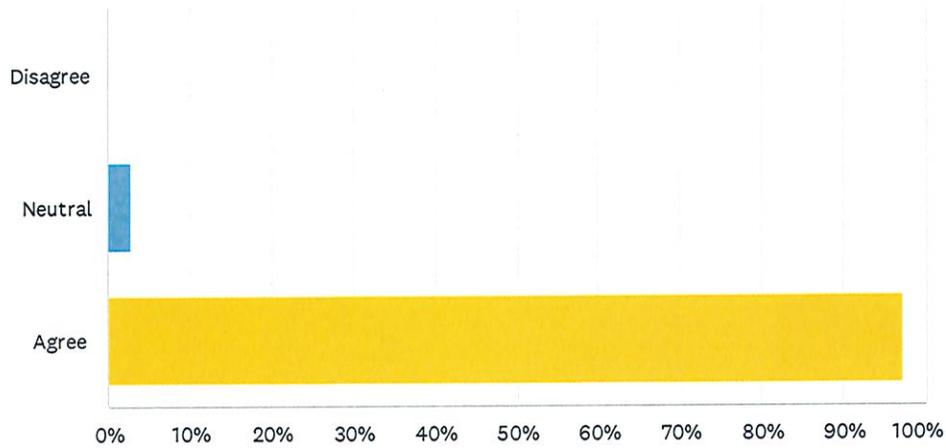
Answered: 37 Skipped: 0



ANSWER CHOICES	RESPONSES	
Disagree	2.70%	1
Neutral	2.70%	1
Agree	94.59%	35
TOTAL		37

Q Huron Lodge provided regular communication updates throughout the pandemic.

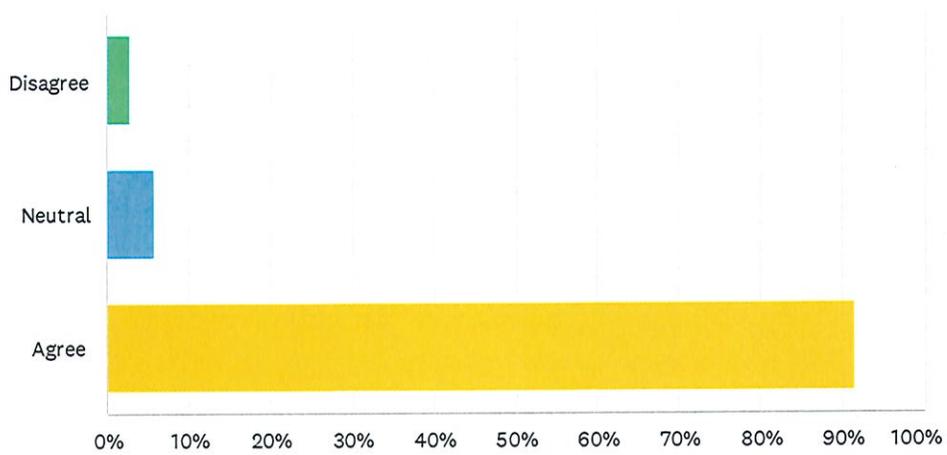
Answered: 36 Skipped: 1



ANSWER CHOICES	RESPONSES	
Disagree	0.00%	0
Neutral	2.78%	1
Agree	97.22%	35
TOTAL		36

Q Managers are available and responsive to my questions/concerns.

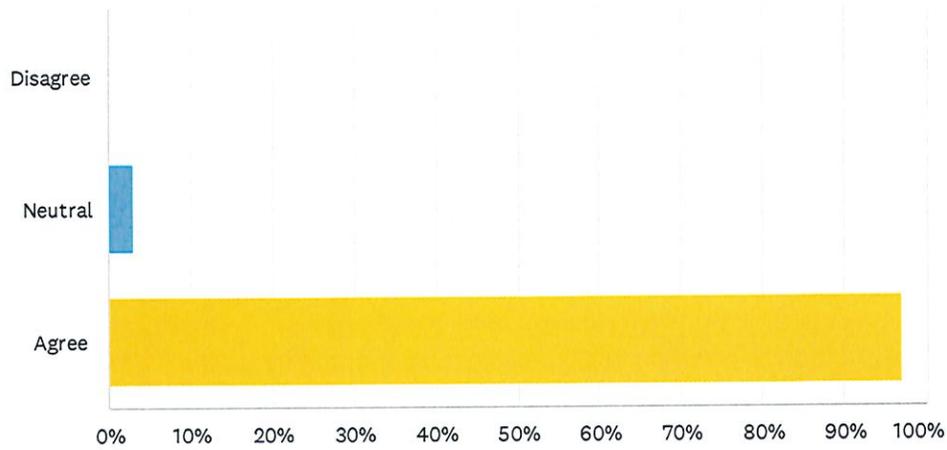
Answered: 35 Skipped: 2



ANSWER CHOICES	RESPONSES	
Disagree	2.86%	1
Neutral	5.71%	2
Agree	91.43%	32
TOTAL		35

Q Huron Lodge specific business transactions and questions regarding finances are dealt with efficiently and confidentially.

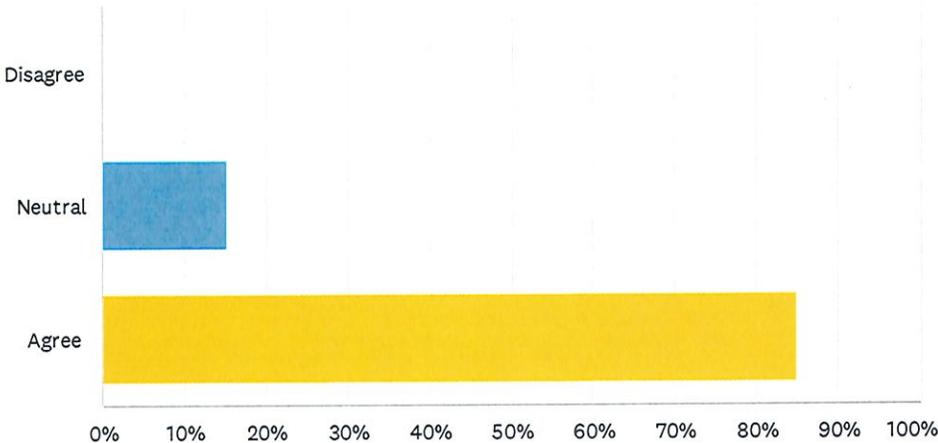
Answered: 34 Skipped: 3



ANSWER CHOICES	RESPONSES	
Disagree	0.00%	0
Neutral	2.94%	1
Agree	97.06%	33
TOTAL		34

Q Meals are of good quality with a sufficient variety of items.

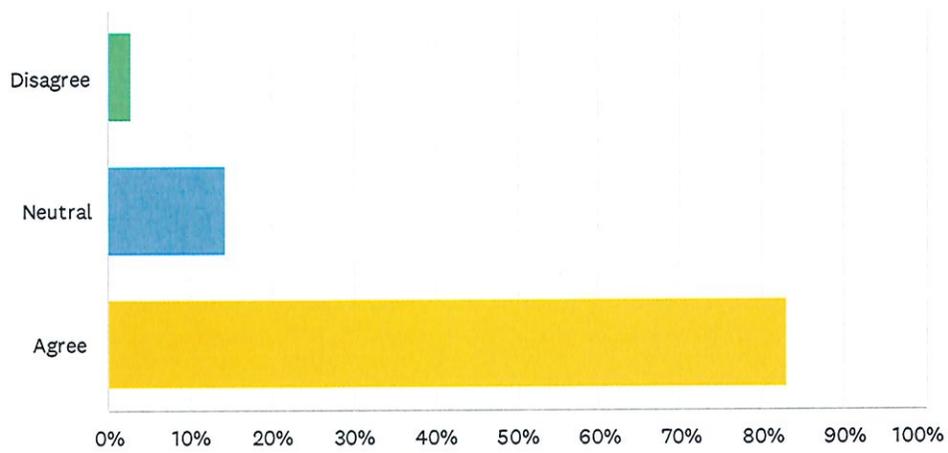
Answered: 33 Skipped: 4



ANSWER CHOICES	RESPONSES	
Disagree	0.00%	0
Neutral	15.15%	5
Agree	84.85%	28
TOTAL		33

Q My loved one feels safe and secure in the home.

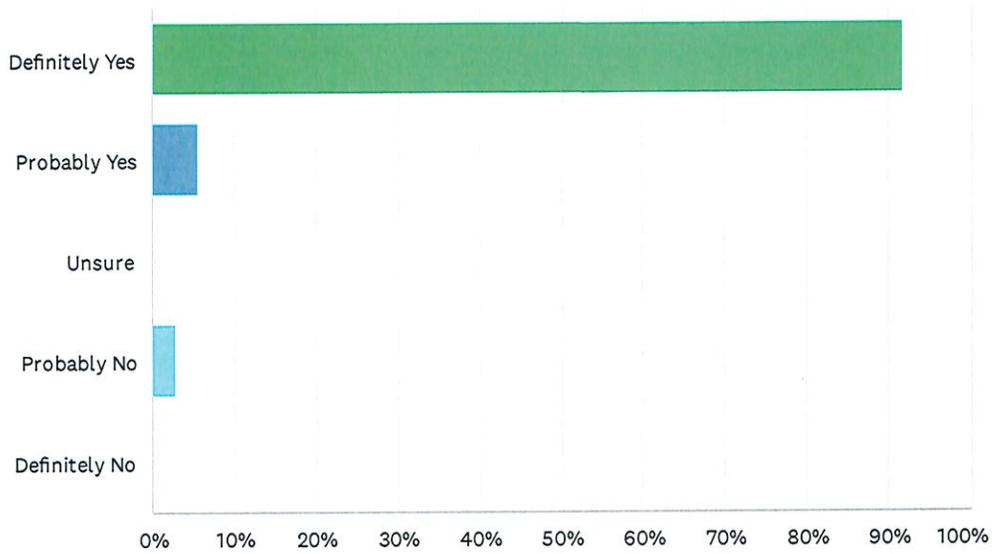
Answered: 35 Skipped: 2



ANSWER CHOICES	RESPONSES	
Disagree	2.86%	1
Neutral	14.29%	5
Agree	82.86%	29
TOTAL		35

Q I would recommend this home to others.

Answered: 36 Skipped: 1



ANSWER CHOICES	RESPONSES	
Definitely Yes	91.67%	33
Probably Yes	5.56%	2
Unsure	0.00%	0
Probably No	2.78%	1
Definitely No	0.00%	0
TOTAL		36

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 29-Apr-2024 02:20 PM

LONG-TERM CARE HOME INSPECTION REPORT

Facility Inspected: Huron Lodge Primary Owner: The Corporation of the City of Windsor [2019-041-90489] Site Address: 1881 Cabana Rd W Windsor ON N9G 1C7 Site Phone: (519) 253-6060 Site Fax: (519) 977-8027	Inspection #: IC1430185-0075385 Inspection Date: 29-Apr-2024 Inspected By: Scott Martin Facility Type: Long-Term Care Home Inspection Type: Demand/Request Inspection Reasons: Outbreak Response Violations: 0
Opening Comments and Observations: Respiratory Outbreak #2268-2024-00097	

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

Long-Term Care Home**Facility Operation**

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

Food Samples

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

General Sanitation & Maintenance

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

Inspection # IC1430185-0075385

Page 1 of 3

Inspection End Time 29-Apr-2024 02:20 PM

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

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

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

Sanitary Facilities

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

Storage & Labelling

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

Long-Term Care Home - Outbreak Control

Outbreak Control Measures

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

Inspection Start/End Time

Inspection Times

Inspection Start Time
29-Apr-2024 01:40 PM

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

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

Inspection End Time
29-Apr-2024 02:20 PM

Contacts Present During Inspection

Elwira Rudowicz

Action(s) Taken

Inspection Outcome: Satisfactory - No Action Required

I have read and understood this report:

Elwira Rudowicz



Scott Martin