

AGENDA
COMMITTEE OF MANAGEMENT FOR HURON
LODGE

Meeting held Thursday March 7, 2024 at 11:00 o'clock a.m.
Meeting 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 November 20, 2023

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 March 7, 2024

6. Date of Next Meeting

To be determined

7. Adjournment

Item 3.0

Committee of Management for Huron Lodge Meeting held November 20, 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 Jo-Anne Gignac

Regrets received from:

Councillor Fred Francis

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 8:58 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 Jo-Anne Gignac, seconded by Councillor Ed Sleiman,
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 provides the highlights of the Administrator's Report as follows:

- On November 2, 2023, The Ministry of Long-Term Care released a new directive on enhanced masking requiring staff, students, support workers and volunteers to wear a mask when in resident areas indoors, and strongly recommending visitors and caregivers to wear a mask in resident areas indoors.
- 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 \$880,000 in 2023.
- Huron Lodge attained 3-year accreditation status through Commission on Accreditation of Rehabilitation Facilities (CARF) International.
- Staff at Huron Lodge will be undergoing fundamental training for palliative care as part of the committee's scope and revamp.
- Councilors discussed various quality indicators and the relevance and relationship between admissions, acuity of new LTC population as well as available funding through RAI/MDS documentation – the executive director will continue to utilize all available working groups and advocacy programs to ensure ministry is well informed of current LTC issues and needs as required.

In response to a question asked by Councillor Gignac regarding if the residents have received vaccinations for Covid-19, the flu and RSV, Alina Sirbu responds that all vaccines for which consent is received are administered in house- the consent must be provided in writing by the cognitive residents or by the power of attorney.

Councillor Jo-Anne Gignac inquires if information is forwarded to the Ministry regarding the number of new residents on antipsychotics. Alina Sirbu responds that all of the quality indicators numbers are reported through Health Quality Ontario to the Ministry which includes the plans to improve and mitigation strategies.

Councillor Jo-Anne Gignac inquires about the distribution of antipsychotics, what would the average be on a monthly basis. Alina Sirbu responds that the amount is calculated differently now due in part to the higher rate of admissions than in the past. She states that Windsor-Essex as a demographic area seems to be at a higher risk for mental health and as such new residents get admitted with plans of care that include a higher number of pharmacological interventions. On a good note, all of the new admissions are being assessed through in house physicians with the pharmacy and the nurses and a safe reduction is being initiated as possible.

Councillor Jo-Anne Gignac asks if the Ministry recognizes that an individual would require a higher level of care when on antipsychotics as the staff have to continually assess and monitor to bring that amount down and would additional funds be provided for this purpose.

Alina Sirbu explains the differences between coding for physical ailments versus coding for psychological and how that translates into funding – she also touches upon high intensity funding as utilized in support to residents living with expressive behaviors specialized plans of care.

Andrew Daher adds that it is imperative that the staff chart correctly to ensure they receive appropriate funding.

Moved by Councillor Jo-Anne Gignac, seconded by Councillor Ed Sleiman,
That the report from the Administrator of Huron Lodge providing the Committee of Management with an update on issues related to resident care; the Ministry of Long-Time 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 November 20, 2023.

Carried.

6. Date of Next Meeting

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

7. Adjournment

There being no further business, the meeting is adjourned at 9:11 o'clock a.m.



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

Reference: Committee of Management Report

Date to Committee:

Author: Alina Sirbu

Report Date:

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 March 7th, 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 March 7th, 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)

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.

Upon consultation with the physicians and members of the nursing staff, it was deemed that a bladder scanner would be the most useful specialized equipment for the residents of Huron Lodge.

The nursing team completed the application and submitted it to Ontario Health prior to the November 8th, 2023 deadline.

Huron Lodge received confirmation that we will receive the funding. This is a one-time funding in the amount of amount of \$14,050 which would go directly toward the purchase of a hand held bladder scanner.

The acquisition of this device is very beneficial for the residents as the bladder scan is a safe, painless, reliable procedure that allows the assessment instead of urinary catheterization which alleviates discomfort, pain, and the introduction of outside pathogens in the bladder.

Ministry of Long Term Care Inspections

There have been no Ministry inspections since the last Committee of Management meeting for Huron Lodge.

Ministry of Long Term Care Updates

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 newly appointed investigators completed comprehensive training over 19 weeks which consisted of in-class training, self-study modules and field experience. The training covered all aspects of the inspections program, the relevant legislation and regulation, investigative techniques such as interviewing, search warrant and report writing, as well as court procedures.

The new unit's investigators are designated as Provincial Offences Officers under the Provincial Offences Act and will investigate allegations of offenses under the Fixing Long-Term Care Act. While inspectors identify and address non-compliance under the Act, investigators determine if there are grounds that an offence under the Act has been committed, which if prosecuted could result in fines and/or imprisonment.

Other Business:

1. Financial

MLTC Funding

The funding amounts for the next fiscal 2024-25 year has not been announced.

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.

The MLTC confirmed one-time funding to purchase specialized equipment in the amount of \$14,050. As such, Huron Lodge purchased a bladder scanner and mobile stand in the amount of \$19,482 (inclusive of non-recoverable HST).

The Windsor Accessibility Advisory Committee provided \$7,200 to purchase a Snoezelen cart at a cost of \$7,557 (inclusive of non-recoverable HST).

Snoezelen Multi-Sensory products and environments can be used to calm and reduce agitation through the use of gentle light, soothing sound, relaxing smells and textures.

Receiving external funding for the above noted equipment allows Huron Lodge to maximize budgetary dollars in their capital projects.

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 such as our consulting pharmacist.

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.

Education Program

The overhaul of the education program continues with multiple changes in place for 2024 including: advance scheduling of staff annual mandatory education; the initiation of Quality Improvement education huddles with strong focus on accountability of registered staff; scheduling of Gentle Persuasive Approach (GPA) re-education for existing staff and certification for new staff; Emergency Preparedness Re-Training (first phase registered staff), and development and implementation of a comprehensive interdisciplinary orientation program for new staff to support recruitment and retention goals as outlined in our 2024 strategy for the home.

Palliative Care Committee

The committee members completed the Fundamentals of Palliative Care education provided by Janet Elder, Palliative Pain & Symptom Management Consultant Windsor/Essex. This three session education series has been booked for April-May for an interdisciplinary group (PSWs, registered staff, therapeutic rec and social work staff). Our partnerships with Residents' Council and the Huron Lodge Auxiliary remain influential in our work to exploring and developing alternative ways of supporting our residents – and their families – at end of life. This remains a focus of the Committee.

Resident & Family Surveys

Resident and family satisfaction surveys took place in November 2023. Tabulation of the data is nearly complete to present to Residents' Council and assist in formulating the home's Quality Improvement plan for 2024/2025.

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 February 26th, 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 | 8.33% | (15/180) | 2.54% ↗ | 9.54% | | 16.9% |
| Medications | DRG01 | Antipsych w/o psychosis dx | 28.77% | (42/146) | 3.77% ↗ | 28.86% | | 21.3% |
| Mood | MOD4A | Worse mood w/ symp depression | 9.66% | (17/176) | -9.25% ↘ | 14.99% | | 21.0% |
| Pain | PAI0X | Has pain | 5.00% | (9/180) | -0.83% ↘ | 5.63% | | 6.1% |
| Pressure Ulcers | PRU06 | Worse Stage 2-4 PU | 4.55% | (8/176) | 1.53% ↗ | 4.18% | | 2.7% |
| Pressure Ulcers | PRU09 | New Stage 2-4 PU | 4.88% | (8/164) | 2.18% ↗ | 4.20% | | 2.2% |
| Restraints | RES01 | Daily physical restraints | 1.69% | (3/178) | 0.18% ↗ | 4.00% | | 4.2% |

At this time, there is no provincial average available to us through our quality indicator-tracking program (PointClickCare). This data will likely be available by the end of the first quarter. This report will use the last known provincial average for benchmarking purposes.

Falls:

Current score: 8.33%

4-quarter average: 9.54%

Provincial average: 15.32%

For the quality indicator of falls that have occurred in the last 30 days, our current score and 4-quarter average continue to trend downwards, well below the provincial average.

Antipsychotics:

Current score: 28.77%

4-quarter average: 28.86%

Provincial average: 21.14%

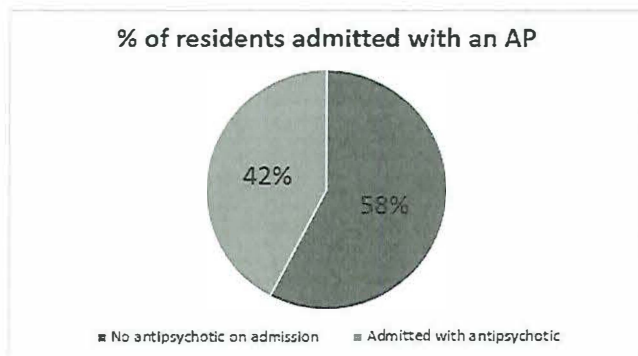
Our antipsychotic reduction initiative is still in progress. 3 more units have been fully reviewed since the previous report, resulting in 20 candidates being identified and assessed by our behavioural support team and our pharmacist. These reviews lead to the discontinuation of 6 antipsychotic prescriptions and 3 others being reduced with the goal of reassessing the resident in 4-6 weeks to monitor for effectiveness and further reduction / discontinuation.

These gains may not be immediately reflected in the quality indicator stats for a variety of reasons:

- The resident may have been on multiple antipsychotics so discontinuing one will not remove the resident from the stats. These residents will require repeat assessments over several months to monitor for the effectiveness or potential adverse effects of these discontinuations before reducing or discontinuing additional prescriptions.
- The same reasoning is applied to any resident who has had their medication dose reduced rather than discontinued.
- The discontinued medication may have been a PRN ("as needed") medication. This means that they may not have been contributing to the stats in the first place if the medication was not regularly given, so while this discontinuation is still beneficial to the resident, it may not be captured in the quality indicator.

Going forward, we remain optimistic that further improvement will be seen as the final two units are reviewed, and follow up assessments occur with the residents who are currently undergoing a trial reduction of their antipsychotics.

New residents admitted with antipsychotics (Nov. 16, 2023 – Feb. 22, 2024)



| | |
|---------------------------------|----|
| Total admissions | 26 |
| Admitted with antipsychotics | 11 |
| Admitted with no antipsychotics | 15 |

Mood:

Current score: 9.66%
 4-quarter average: 14.99%
 Provincial average: 20.83%

Our current and 4-quarter average scores have both trended downwards over the past quarter and remain well below the provincial average.

Wounds:

Worsened stage 2-4 ulcers

Current score: 4.55%
 4-quarter average: 4.18%
 Provincial average: 3.46%

New stage 2-4 ulcers:

Current score: 4.88%
 4-quarter average: 4.2%
 Provincial average: 3.17%

Although our current score has increased by a slight amount - our 4-quarter average reveals an overall improvement since the previous report. (4.38% -> 4.18% for worsened ulcers; 4.41% -> 4.2% for new ulcers).

During the previous quarter the quality improvement team worked on reviewing every resident who is at high or very high risk for developing a pressure ulcer (based on best practice clinical assessment tools) and updated each of their care plans. This is a first step in an ongoing initiative to utilize risk-based assessments to help our staff identify residents before an ulcer develops.

This initiative will be supported by a revitalized staff development program led by our manager of Quality Improvement and Special Projects. This new program aims to bring the concepts and practices of quality improvement to the forefront of every staff members' daily practice. The month of March will be focused on the wound care program, providing education to all staff about their role in screening, prevention, assessment, and treatment of pressure ulcers.

Restraints:

Current score: 1.69%
4-quarter average: 4%
Provincial average: 2.59%

For the quality indicator of restraints - our current score is below the provincial average and our 4-quarter average has shown a downward trend and will likely be below the provincial average within the next quarter.

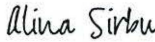
3. Third Party Agency Inspections

A respiratory outbreak was declared on November 17th 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 A)


On November 20th 2023, the Windsor-Essex County Health Unit conducted a compliance inspection for Infection Prevention and Control. Zero violations were noted on the attached report. (Appendix B)

On February 13th 2024, the Windsor-Essex County Health Unit conducted a compliance inspection for Infection Prevention and Control. Zero violations were noted on the attached report. (Appendix C)

Respectfully submitting this report for your information.

DocuSigned by:

A4D5FA6DD0CD473...

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

DocuSigned by:

23AB9AA22A4A4F9...

Andrew Daher
Commissioner, Human & Health Services

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

20-Nov-2023 02:45 PM

**LONG-TERM CARE HOME INSPECTION
REPORT**

| | |
|---|--|
| Facility Inspected: Huron Lodge | Inspection #: IC1430147-0068457 |
| Primary Owner: The Corporation of the City of Windsor [2019-041-90489] | Inspection Date: 20-Nov-2023 |
| Site Address: 1881 Cabana Rd W Windsor ON N9G 1C7 | Inspected By: Jelena Reeves |
| Site Phone: (519) 253-6060 | Facility Type: Long-Term Care Home |
| Site Fax: (519) 977-8027 | Inspection Type: Demand/Request |
| | Inspection Reasons: Outbreak Response |
| | Violations: 0 |
| Opening Comments and Observations: COVID 19 OB#2268-2023-00236 | |

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 # IC1430147-0068457

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Inspection End Time 20-Nov-2023 02:45 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

20-Nov-2023 01:30 PM

Inspection # IC1430147-0068457

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Inspection End Time

20-Nov-2023 02:45 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
20-Nov-2023 02:45 PM

Contacts Present During Inspection

Elwira Rudowicz

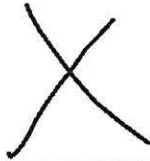
Action(s) Taken

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

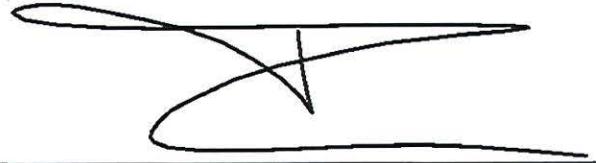
Closing Comments:

Conditions were satisfactory at the time of outbreak investigation.

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

20-Nov-2023 02:45 PM

**LONG-TERM CARE HOME INSPECTION
REPORT**

| | |
|---|--|
| Facility Inspected: Huron Lodge | Inspection #: IC1430147-0068458 |
| Primary Owner: The Corporation of the City of Windsor [2019-041-90489] | Inspection Date: 20-Nov-2023 |
| Site Address: 1881 Cabana Rd W Windsor ON N9G 1C7 | Inspected By: Jelena Reeves |
| Site Phone: (519) 253-6060 | Facility Type: Long-Term Care Home |
| Site Fax: (519) 977-8027 | Inspection Type: Required |
| | Inspection Reasons: Compliance Inspection |
| | Violations: 0 |

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 | 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 # IC1430147-0068458

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Inspection End Time 20-Nov-2023 02:45 PM

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

Inspection Start/End Time

Inspection Times

Inspection Start Time
20-Nov-2023 01:30 PM
Inspection End Time
20-Nov-2023 02:45 PM

Contacts Present During Inspection

Elwira Rudowicz

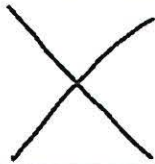
Action(s) Taken

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

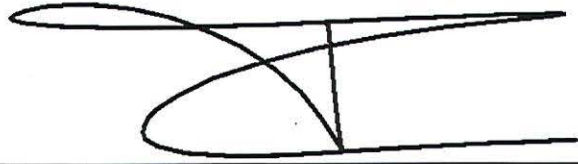
Closing Comments:

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

13-Feb-2024 03:30 PM

**LONG-TERM CARE HOME INSPECTION
REPORT**

| | |
|---|--|
| Facility Inspected: Huron Lodge | Inspection #: IC1430147-0072021 |
| Primary Owner: The Corporation of the City of Windsor [2019-041-90489] | Inspection Date: 13-Feb-2024 |
| Site Address: 1881 Cabana Rd W Windsor ON N9G 1C7 | Inspected By: Jelena Reeves |
| Site Phone: (519) 253-6060 | Facility Type: Long-Term Care Home |
| Site Fax: (519) 977-8027 | Inspection Type: Required |
| | Inspection Reasons: Compliance Inspection |
| | Violations: 0 |

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 | 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 # IC1430147-0072021

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Inspection End Time 13-Feb-2024 03:30 PM

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

Inspection Start/End Time

Inspection Times

Inspection Start Time
13-Feb-2024 02:00 PM
Inspection End Time
13-Feb-2024 03:30 PM

Contacts Present During Inspection

Elwira Rudowicz

Action(s) Taken

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

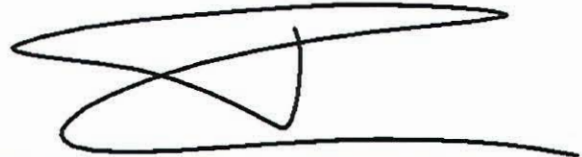
Closing Comments:

Conditions were satisfactory at the time of inspection.

I have read and understood this report:



Elwira Rudowicz



Jelena Reeves