

AGENDA
COMMITTEE OF MANAGEMENT FOR HURON LODGE
Meeting to be held on Tuesday, March 4, 2025, at 9:00 a.m.
Meeting Room 140, 350 City Hall Square West

1. **Call to Order**
2. **Disclosure of Interest**
3. **Minutes**
Adoption of the minutes of the meeting held December 12, 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**
The Administrator's Report dated March 4, 2025 – ***attached***
6. **Date of Next Meeting**
The next meeting will be held on June 18, 2025 in a room to be determined.
7. **Adjournment**

Committee of Management for Huron Lodge

Meeting held December 12, 2024

A meeting of the Committee of Management for Huron Lodge this day commencing at 9:00 o'clock a.m. in Room 140, 350 City Hall Square West, 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
Karen Kadour, Committee Coordinator

1. Call to Order

The Chair calls the meeting to order at 8:53 o'clock a.m. and the Committee of Management considers the Agenda being Schedule A, attached hereto, matters which are dealt with as follows:

2. Disclosure of Interest

None disclosed.

3. Minutes

Moved by Councillor Jo-Anne Gignac, seconded by Councillor Ed Sleiman,
That the minutes of the Committee of Management for Huron Lodge of its meeting held September 12, 2024 **BE ADOPTED** as presented.
Carried.

4. In Camera

Moved by Councillor Jo-Anne Gignac, seconded by Councillor Ed Sleiman to move In Camera at 8:53 o'clock a.m. for discussion of the following items:

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

Motion Carried.

Discussion on the items of business.

Verbal Motion is presented by Councillor Jo-Anne Gignac, seconded by Councillor Ed Sleiman to move back into public session at 9:00 o'clock a.m.

Moved by Councillor Jo-Anne Gignac, seconded by Councillor Ed Sleiman That the Clerk BE DIRECTED to transmit the recommendation(s) contained in the report(s) discussed at the In Camera Committee of Management for Huron Lodge Long Term Care Home meeting held December 12, 2024 at the next regular meeting.

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

5. Business Items

5.1 Administrator's Report

Alina Sirbu, Executive Director Long Term Care, Administrator of Huron Lodge provides the following overview:

- The Ministry will be changing the methodology through which clinical data captioned through nursing assessments generate funding.
- The Ministry of Long-Term Care Annual Inspection was conducted in October 2024, which went well with one non-compliance issued for remedial action.
- The Residents' Council continues to fundraise and to be strong.
- Since they have started the use of point of care tablets for all the staff, more information is being gathered and utilized appropriately.
- New residents being admitted are at much higher stage of acuity then before with some of them becoming palliative within weeks. The turnover of the residents' population is about 30 – 50% every year.

Andrew Daher refers to the third-party agency inspections (7 different inspections in the quarter) were held, and he highlights that no further action is required, no orders, and no violations were reported. He adds that no notice is provided prior to the

inspections. Councillor Jo-Anne Gignac expresses concern that the Ministry is getting deeper into regulatory paperwork, and doubts that there would be any problems in municipally run facilities.

Alina Sirbu remarks the Ministry will be putting additional enforcement tools at the disposal of the inspectors with more criminal charges being laid.

Councillor Jo-Anne Gignac states this will cost a diversion of time from the residents. Andrew Daher refers to the paperwork and the staffing time, because when the Ministry arrives, all the staff must meet with the Ministry.

Councillor Jo-Anne Gignac states that with the change in acuity, more care is required, and she asks if the funding is going up in terms of the ratio. Alina Sirbu responds that the Ministry has provided four years of increased funding, and it is finalized with annualizing the budget by April 2025. This gives the opportunity to each home to be able to manage within different categories, however different long term care facilities may have different pay grids and contractual agreements based on being for profit or not. In response to a question asked by Councillor Jo-Anne Gignac regarding what is being done to advocate for recognition of that, Alina Sirbu responds that there is a shorter route to supplement staffing in municipal homes since the numbers were higher to begin with.

Councillor Jo-Anne Gignac expresses concern that the Ministry may change legislation in terms of the municipal requirements to provide beds based on their population.

The Chair asks if Huron Lodge is above the provincial average for the use of drugs in the facility. Alina Sirbu responds they make sure that they are as close to what that the provincial average is.

Councillor Jo-Anne Gignac remarks that the receipt of data relating to the intake of medications over the course of a year would be interesting. Alina Sirbu was able to respond to that question based on previous reports on average usage.

6. Date of Next Meeting

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

7. Adjournment

There being no further business, the meeting is adjourned at 9:14 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: March 4, 2025

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 starting December 12, 2024, and ending March 4, 2025.

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 4, 2025.

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) Updates

New interRAI LTCF Transition Phase Sign-Up

InterRAI LTCF is part of a comprehensive suite of person-centered clinical assessments that evaluate the needs, strengths and preferences of those living in long-term care. InterRAI is used to accurately determine the characteristics of a person to fully understand their needs in long-term care.

The MLTC announced that Ontario will be transitioning from the RAI-MDS 2.0 to the interRAI LTCF (iLTCF) resident assessment instrument. The new tool includes several enhancements in the areas of cognition, mood and behaviour, psychosocial well-being, functional status, disease and diagnosis, health conditions, oral and nutritional status, medications and more. The ministry will be taking a phased approach to the transition. The transition phases will align with the fiscal quarters so the last batch of the RAI-MDS 2.0 will be complete at the end of the fiscal quarter, and the first iLTCF will begin on or after the first day of the fiscal quarter.

The primary impact of the system changeover will be on staff, who will need to familiarize themselves with the new system. Huron Lodge will complete a thorough review of all changes and provide appropriate training and support to frontline staff to ensure a smooth transition and minimize any disruption to daily operations. As more information and training sessions become available the leadership team will evaluate and report on potential impacts on funding methodology as needed.

Amendments to Fixing Long-Term Care Act, 2021

The MLTC has made amendments to the Fixing the Long-Term Care Act. Under Schedule 1 of these amendments, one of the key changes is that licensees of long-term care homes are required to have organized programs respecting dementia care and services and cultural, linguistic, religious and spiritual needs. Further details will be provided by the MLTC in due course, but we are fully prepared and ready to act as soon as information becomes available.

Huron Lodge currently captures a resident's cultural, linguistic, religious and spiritual needs through a Recreation Assessment and their personhood and preferences through an All About Me Assessment on admission to the facility. These items of importance are then integrated into every resident's plan of care.

Huron Lodge offers a variety of spiritual and religious services through partnerships with community groups. We post a diversity calendar highlighting cultural, religious, and spiritual celebrations each month and host large group events, like our recent Chinese New Year celebration. Additionally, we have two translating machines to assist residents whose first language is not English.

Our Chrysalis program is fully supporting residents with dementia, with Poplar home area offering specialized leisure and recreation programs. A new sensory bathtub with lights and music adds a relaxing atmosphere, while ongoing spa room upgrades enhance the experience. All staff are trained in Gentle Persuasive Approach (GPA) to provide tailored care. The Chrysalis program continues to expand throughout the rest of the home areas with design improvements scheduled for later this year.

Requirements for Emergency Plans Under the Fixing Long-Term Care Act, 2021 (FLTCA)

The FLTCA requires all care homes have emergency plans which comply with regulations that include measures for dealing with and responding to emergencies, as well as evacuating and relocating residents, staff and others in case of emergency. Based on the regulatory requirements for emergency plans, the Corporation of the City of Windsor has taken steps to finalize the Business Continuity Plan for Huron Lodge, and that plan is now complete.

Ministry of Long-Term Care Inspections

The Ministry of Long-Term Care (MLTC) attended Huron Lodge November 18–26, 2024 to complete their Annual Proactive Compliance Inspection. Huron Lodge received one written notification. It is Huron Lodge's policy that residents exhibiting altered skin integrity be reassessed a minimum of once per week. Upon the MLTC's review of two resident charts, it was noted that two residents exhibiting altered skin integrity did not receive the total recommended follow up which was addressed for remedy. There were no other findings issued during this inspection. (Appendix A)

Other Business:

1. Financial

On January 6, 2025, the MLTC announced a one-time funding stream to support skin and wound care education programs in the home. This funding ends on March 31, 2025 and totals \$2,950. This funding supports the education and training of staff, including backfilling staff members who are participating in skin and wound care education and training.

On January 8, 2025, the MLTC announced an increase of \$3,900 to the existing professional growth training one-time funding stream bringing the total funding to \$25,887 for the 2024-25 funding year to be used for training and education expenses.

On January 22, 2025, the MLTC announced a top-up to the already existing LTC Staffing funding intended to assist homes in sustaining and increasing direct hours of care for residents. The top-up adds \$28,764 to the 2024-25 funding bringing this funding stream to \$4,926,348 for the 2024-25 year.

2. Quality Improvement

CQI

The first CQI committee meeting of 2025 occurred on February 10th. The committee once again welcomed a Huron Lodge Family Council representative to the meeting. At this meeting, the committee will be discussing quality indicators data trending into the new year and quality improvement initiative goals for 2025.

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; they continue to receive monthly quality improvement updates. The Council looks forward to its Up About Down campaign planned for the 21st of March. During this campaign, Residents' Council members will have a fundraising booth selling socks in the home with the goal of raising awareness and funds for a great cause.

As the result of feedback from Residents' Council and consistent with the home's mission, vision, and values, a member of the Residents' Council attended our February new hire onboarding Orientation. During his time with the new staff, our Residents' Council member was able to provide invaluable insight into life in long-term care, share his experience with having caregivers assist him with activities of daily living, and provide a personal touch to what individualized, resident-centred care means to each resident and that Huron Lodge is first, and foremost, their home. This was a resounding success for the Residents' Council representative and the new staff; this presentation is already scheduled for new staff Orientation in March and will maintain a regular position in onboarding new hires going forward in 2025.

Palliative Care Committee

The committee remains focused on continuing to support compassionate care at end-of-life for our residents and families. Representatives from the Palliative Care Committee have continued the working relationship with partners from Ontario Centres for Learning, Research and Innovation in Long-Term Care (CLRI) at Bruyère in their program a *Collaborative Project to Sustain a Palliative Approach to Care in LTC*. The first phase of the project has been completed; a detailed self-assessment of the home's current strengths and areas for growth. As a result of that assessment, several areas of training were identified to further build capacity in staff to provide a resident-centred palliative approach to care for all residents entering Huron Lodge. The home's registered staff complement has been offered four (of six total) education series providing in-depth, face-to-face, instructor lead sessions covering: palliative approach to care, advance care planning, goals of care conversations, and the benefits of early identification of palliative care needs. These sessions have been well-attended, and staff have been able to engage in practice discussion with the facilitator, Janet Elder, a consultant with the Palliative Pain & Symptom Management Program of Southwestern Ontario.

Resident and Family Satisfaction Surveys

The 2024 Satisfaction Surveys have now closed.

Resident Satisfaction Survey

The 2024 Resident Satisfaction Survey draft was reviewed by Residents' Council at their October meeting. The new question created based on previous feedback from the members (*"The landscape/outdoor grounds improvements [i.e., gazebo, benches] have contributed to the pleasant, welcoming atmosphere of the home"*) received an overwhelming positive response with 97% of residents surveyed in agreement. We are happy to report that 100% of residents surveyed are satisfied with the quality of care and service at Huron Lodge, and further, 100% of residents surveyed would recommend Huron Lodge to others.

Family Satisfaction Survey

The 2024 Family Satisfaction Survey, with instructions for completion and submission, were sent out (via email and mail, per individual family/caregiver preference) in early November. The home is currently in the process of tabulating the survey data. The report outlining the findings will be completed in early 2025.

Quality Improvement Plan (QIP)

The Huron Lodge quality improvement team has selected the quality indicators of focus for 2025/2026, from the provincial guidelines set out by Health Quality Ontario. Reviewing 2024, we are delighted to report positive results from our multidisciplinary approach to antipsychotic medication reduction over the past year; we were able to reduce the number of residents, not living with psychosis, who were given antipsychotic medication. This was a quality indicator highlighted in our 24/25 QIP and we surpassed our set goal; our performance reported in our 2024/25 QIP was 29.55%, with the current performance reported for our 2025/26 QIP being 23.73%. This data is based on Q2 data (July 1-Sept.30, 2024) and we are happy to report that our indicator continues to consistently trend downward with most recent data reported at our February CQI meeting being 21.97%.

For the upcoming cycle, the home will be building upon the successes of 2024 and working toward positive change in the following areas: avoidable emergency department visits, resident satisfaction, equity and diversity training, and our falls and infection control programs. The home's QIP for the 2025/26 cycle is due March 31, 2025.

Quality Improvement Indicators Update (as of February 7th, 2025)

Falls:

Current score: 9.77%

4-quarter average: 10.83%

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 has continued since last year. We have seen an increase in our current score this quarter, as 6/7 of our new admissions this quarter have come to us having a history of falls and being 'High Risk' prior to admission to Huron Lodge. In addition, our new admissions from last quarter continue to remain at high risk for falls as they adjust to the home. Fall precaution devices continue to be implemented with these residents to reduce the risk for injury and staff continue to perform increased monitoring of these residents. At the end of this month, we have our year end Falls and Restraint Committee review which consists of PSWs from each unit in the home, Quality Improvement RN/RPNs as well as the Falls ADOC lead. This involves looking at residents who have trended in increased/decreased falls over the past year and implementing new strategies to further decrease fall risk. Inventory of fall precaution device usage in the home is also overviewed, with registered staff and our QI committee updating a residents' plan of care as indicated. MDS coding is audited by the Falls ADOC lead biweekly to ensure that appropriate funding is allocated to the fall prevention program. New products are to be trialed in the home this quarter to aid in fall prevention, inclusive of raised edge mattresses, and a bed trapeze to enhance bed mobility and transferring. If successful, more may be implemented across residents through the home to aid in fall reduction.

Antipsychotics:

Current score: 21.05%

4-quarter average: 21.97%

Provincial average: 20.4%

This quality indicator has reached a steady baseline of 20-22% over the last 10 months. We continue to audit MDS coding to ensure accuracy and all new residents with antipsychotics are reviewed at the 4–6-week post-admission mark to assess whether these medications can be discontinued.

Non-pharmacological intervention for residents exhibiting behaviours continues to be our expected practice. Annual training is provided to all staff on how to use gentle persuasive techniques to deescalate situations where residents may be exhibiting verbal or physical responsive behaviours instead of medications.

Wounds:

Worsened stage 2-4 pressure injuries	New stage 2-4 pressure injuries
Current score: 3.76% 4-quarter average: 5.06%	Current score: 4.13% 4-quarter average: 4.44%

Provincial average: 3.40%	Provincial average: 3.2%
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Our scores relating to pressure injuries remain closely aligned with their respective provincial averages. Our quality improvement RPN has utilized training she has received to great effect – developing processes that enable next-day auditing of essential Ministry mandated nursing tasks; refining our tracking tools for ongoing or resolved pressure injuries; and implementing targeted projects to assess underperforming units.

Our staff are successfully identifying pressure injuries at their earliest stages and putting measures in place to prevent them from deteriorating (9 pressure injuries were identified and resolved between October – December 2024, 33 pressure injuries were resolved in that timeline when including stage 2 pressure injuries as well).

Restraints:

Current score: 0.75%

4-quarter average: 1.4%

Provincial average: 2.20%

For the quality indicator of restraints, our current and 4-quarter average scores remain below the provincial average. Our registered staff conduct a restraint review monthly on residents who currently have restraints in addition to a quarterly review of restraint reduction at our committee meetings. New interventions are trailed with residents to see if restraints can be reduced in the home.

3. Third-Party Agency Inspections

There have been seven third-party inspections since the last time the Committee of Management met. Administration is proud of the fact that there were no issues ordered, or violations noted in any of the third-party inspections.

- A. The Ministry of Labour (MOL) attended Huron Lodge January 2, 2025, completing a Field Visit Report, to investigate an occupational illness for an enteric outbreak. No orders were issued by the MOL, and no further action is required. (Appendix B)
- B. The Ministry of Labour (MOL) attended Huron Lodge January 16, 2025, completing a Field Visit Report, to investigate an occupational illness for respiratory. No orders were issued by the MOL, and no further action is required. (Appendix C)
- C. The Ministry of Labour (MOL) attended Huron Lodge February 5, 2025, completing a Field Visit Report, to investigate an occupational illness for

respiratory. No orders were issued by the MOL, and no further action is required. (Appendix D)

D. The Windsor-Essex County Health Unit (WECHU) attended Huron Lodge November 4, 2024, and January 3, 2024, completing several inspections including:

- November 4, 2024: An Outbreak Response Investigation. Zero violations were noted on the attached report. (Appendix E)
- January 3, 2025: A Facility Compliance Inspection. Zero violations were noted on the attached report. (Appendix F)
- January 3, 2025: A Food Premises Compliance Inspection. Zero violations were noted on the attached report. (Appendix G)
- January 3, 2025: An Outbreak Response Investigation. Zero violations were noted on the attached report. (Appendix H)

4. Shining Moments: Celebrating our Successes

In a world often filled with bad news, it's important to take a step back and celebrate the positive strides we've made. This section highlights the moments of achievement, innovation, and community spirit that not only showcase our collective efforts but also reflect our commitment to enriching the lives of those we serve. From outstanding milestones to heartwarming stories, these are the triumphs that remind us of the lasting impact we have on the residents we care for.

For this report, we'd like to highlight February's new staff orientation. A resident of Huron Lodge completed a presentation to a group of Huron Lodge's newest recruits, sharing their perspective on the importance of resident choice and honouring each resident's personhood. The resident also spoke about simple things that can make a resident's quality of life better and the direct impact that these small items can have on each resident. The presentation was very well received by the new staff, letting them know the importance of the work they are about to begin at Huron Lodge and how Huron Lodge always puts residents first. The resident was overjoyed and filled with pride as they spoke on behalf of fellow residents, their words bringing a deep sense of fulfillment. The new recruits listened intently, absorbed in every word the resident shared.

The idea for a resident to do a presentation to new staff at orientation originated from our Residents' Council and will continue with every orientation going forward.

Respectfully submitting this report for your information.



Alina Sirbu
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: December 3, 2024

Inspection Number: 2024-1626-0004

Inspection Type:

Proactive Compliance Inspection

Licensee: Corporation of the City of Windsor

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

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 18, 19, 21, 22, 25, and 26, 2024.

The following intake(s) were inspected:

- Intake: #00131844- 2024 Proactive Compliance Inspection

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Medication Management
- Food, Nutrition and Hydration
- Residents' and Family Councils
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Quality Improvement
- Staffing, Training and Care Standards
- Residents' Rights and Choices
- Pain Management

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

INSPECTION RESULTS

WRITTEN NOTIFICATION: Skin and Wound Care

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

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

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated.

Introduction

The licensee failed to ensure that residents, who were exhibiting altered skin integrity, had a weekly skin and wound assessment.

Rationale and Summary

Residents were identified as having had altered skin integrity. On review of the skin and wound assessments it was noted that the residents assessments were not completed weekly. During an interview with the Acting Director of Care (A/DOC), it was confirmed that the expectation would have been that the assessments were completed weekly and were not.

Not completing a weekly skin and wound assessment for residents who exhibited altered skin integrity placed them at risk for a potential delay in detection of a deteriorating wound.

Sources: Resident clinical records and interview with the A/DOC.

**Ministry of Labour, Immigration,
Training and Skills Development**

 Occupational
Health and Safety

Field Visit Report

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OHS Case ID: **8955DBDTFLC**Field Visit no: **8955DBDTFLC-8955-FV001**Visit Date: **2025-JAN-02**Field Visit Type: **INITIAL**

Workplace Identification:

HURON LODGE HOME FOR SENIORS

Notice ID:

1881 CABANA ROAD WEST, WINDSOR, ON CA N9G 1C4Telephone:
(519) 253-6060JHSC Status:
InactiveWork Force #:
350

Completed %:

Persons Contacted:

Suzanna Rogers - Director of Care**Elwira Rudowicz - Assistant Director of Care**

Visit Purpose:

Report of Occupational Illness

Visit Location:

Office

Visit Summary:

No Orders Issued
Detailed Narrative:

This meeting with the Ministry of Labor, Immigration and Skills Development (MLITSD) is in response to occupational illness reports received from the employer documenting Gastro Illness cases among workers.

DISCUSSIONS/FINDINGS:

The employer states that three workers experienced symptoms of Gastro Illness. All workers have since returned to work. Workplace parties indicated that they continue to follow Ministry of Health guidelines. Workplace procedures/protocols were reviewed.

Measures of infection control include:

- Personal Protective Equipment (PPE) provided in appropriate sizes
- Training in infection control and PPE use
- Audits with follow-up from the Infection Control staff
- Warning signage on client's doors
- Return to work personalized education for affected employees

No further action required by the MLITSD at this time.

Recipient	Inspector Data	Worker Representative
Name <u>Suzanna Rogers</u>	Franz Schumacher O.H.S.A. & B.O.S.H.A INSPECTOR PROVINCIAL OFFENCES OFFICER	Name <u>NA</u>
Title <u>DOC</u>	4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 903-9904 Fax: (519) 258-1321	Title _____
Signature <u>[Signature]</u>	Signature <u>[Signature]</u>	Signature _____

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

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

posted on HHS Board
Jan 2/25
[Signature]

Ministry of Labour, Immigration,
Training and Skills DevelopmentOccupational
Health and Safety

Field Visit Report

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OHS Case ID: 8955DBVTBHB

Field Visit no: 8955DBVTBHB-8955-FV001

Visit Date: 2025-JAN-16

Field Visit Type: INITIAL

Workplace Identification:

HURON LODGE HOME FOR SENIORS

Notice ID:

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

Telephone:
(519) 253-6060JHSC Status:
ActiveWork Force #:
350

Completed %:

Persons Contacted: Elwira Rudowicz - Assistant Director of Care
Reena Bhullar - IPAC Lead

Visit Purpose: Occupational Illness Investigation

Visit Location: Boardroom

Visit Summary: No Orders Issued

Detailed Narrative:

This meeting with the Ministry of Labor, Immigration and Skills Development (MLITSD) is in response to an occupational illness report received from the employer documenting a worker respiratory illness case.

DISCUSSIONS/FINDINGS:

The employer states that one worker had symptoms of respiratory illness. The worker has since returned to work. Workplace parties indicated that they continue to follow Ministry of Health guidelines. Workplace procedures/protocols were reviewed.

Measures of infection control include:

- Personal Protective Equipment (PPE) provided in appropriate sizes
- Training in infection control and PPE use
- Audits with follow-up from the Infection Control staff
- Warning signage on client's doors
- Return to work personalized education for affected employees

No further action by the MLITSD required.

Recipient	Inspector Data	Worker Representative
Name <u>Elwira Rudowicz</u>	Franz Schumacher O.H.S.A. & B.O.S.A. INSPECTOR	Name <u>NA</u>
Title <u>ADOC</u>	PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 903-9904 Fax: (519) 258-1321	Title _____
Signature <u>[Signature]</u>	Signature <u>[Signature]</u>	Signature _____

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OHS Case ID: **8955DCVWCQB**Field Visit no: **8955DCVWCQB-8955-FV001**Visit Date: **2025-FEB-05**Field Visit Type: **INITIAL**

Workplace Identification:

HURON LODGE HOME FOR SENIORS

Notice ID:

1881 CABANA ROAD WEST, WINDSOR, ON CA N9G 1C4Telephone:
(519) 253-6060JHSC Status:
ActiveWork Force #:
350

Completed %:

Persons Contacted: **Elwira Rudowicz - Assistant Director of Care
Reena Bhullar - IPAC Lead**Visit Purpose: **Occupational Illness**Visit Location: **Boardroom**Visit Summary: **No Orders Issued****Detailed Narrative:**

This meeting with the Ministry of Labor, Immigration and Skills Development (MLITSD) is in response to an occupational illness report received from the employer documenting a worker respiratory illness case.

DISCUSSIONS/FINDINGS:

The employer states that 4 workers had symptoms of respiratory illness. The workplace was issued Public Health Outbreak #2268-2024-00202. The workers have since returned to work and the outbreak was lifted.

A second report of occupational illness was received by the MLITSD regarding an Enteric Outbreak. 4 workers had enteric symptoms. The workplace was issued Public Health Outbreak #2685-000001-25. The workers have since returned to work and the outbreak was lifted.

Workplace parties indicated that they continue to follow Ministry of Health guidelines. Workplace procedures/protocols were reviewed.

Measures of infection control include:

- Personal Protective Equipment (PPE) provided in appropriate sizes
- Training in infection control and PPE use
- Audits with follow-up from the Infection Control staff
- Warning signage on client's doors
- Return to work personalized education for affected employees

No further action by the MLITSD required.

Recipient	Inspector Data	Worker Representative
Name Elwira Rudowicz	Franz Schumacher	Name _____
Title ADOC	O.H.S.A. & B.O.S.T.A INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHWSWINDSOR@ONTARIO.CA Tel: (519) 903-9904 Fax: (519) 258-1321	Title _____
Signature 	Signature _____	Signature _____

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

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

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

04-Nov-2024 03:00 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 #: IC1430147-0082741 Inspection Date: 04-Nov-2024 Inspected By: Jelena Reeves Facility Type: Long-Term Care Home Inspection Type: Demand/Request Inspection Reasons: Outbreak Response Violations: 0
Opening Comments and Observations: COVID-19 respiratory OB #2268-2024-000180	

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 # IC1430147-0082741

Page 1 of 3

Inspection End Time 04-Nov-2024 03:00 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
04-Nov-2024 02:30 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
04-Nov-2024 03:00 PM

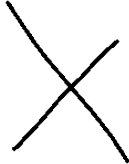
Action(s) Taken

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

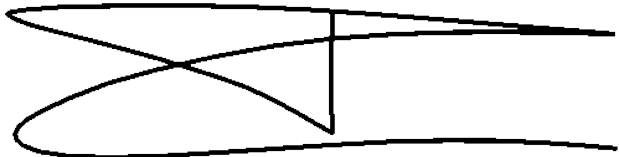
Closing Comments:

No IPAC concerns observed at the time of outbreak investigation.

I have read and understood this report:



Reena Bhullar



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

03-Jan-2025 02:30 PM

LONG-TERM CARE HOME INSPECTION REPORT

Facility Inspected: Huron Lodge		Inspection #:	IC1430147-0085222
Primary Owner: The Corporation of the City of Windsor [2019-041-90489]		Inspection Date:	03-Jan-2025
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 # IC1430147-0085222

Page 1 of 2

Inspection End Time

03-Jan-2025 02:30 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

03-Jan-2025 01:30 PM

Inspection End Time

03-Jan-2025 02:30 PM

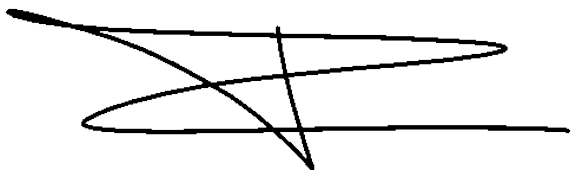
Action(s) Taken

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:

Reena Bhullar

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

03-Jan-2025 02:30 PM

FOOD PREMISES INSPECTION REPORT

Facility Inspected: Huron Lodge		Inspection #:	FS1430147-0085221
Primary Owner:	The Corporation of the City of Windsor [2019-041-90489]	Inspection Date:	03-Jan-2025
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
		Certified Food Handler:	On Hand: 1 Required: 1

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

Long-Term Care Home

Operation and Maintenance

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

Equipment

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

Food Handling

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

Inspection # FS1430147-0085221

Page 1 of 3

Inspection End Time

03-Jan-2025 02:30 PM

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

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

Eggs

24. Only approved graded eggs found on premises YES

Personnel

25. At least one food handler or supervisor on-site has completed food handler training (If yes, please document certification provider and number) YES

Food Prep

VPvsbsL4CQ

Expiry date: July 31, 2028

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

Sanitary Facilities

27. Sanitary facilities provided and maintained as required YES

Cleaning and Sanitizing

28. Manual dishwashing equipment and procedures are satisfactory YES

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

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

31. Concentration of sanitizing agent is adequate YES

32. Other sanitizing agents are approved and used appropriately. N/O

Storage of Substances

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

Pest Control

34. Adequate protection against pests is provided YES

Meat and Meat Products

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

Milk and Milk Products

36. Repackaged milk products are adequately identified N/O

Inspection Start/End Time**Inspection Times**

Inspection Start Time

03-Jan-2025 01:30 PM

Inspection End Time

03-Jan-2025 02:30 PM

Action(s) Taken

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

Closing Comments:

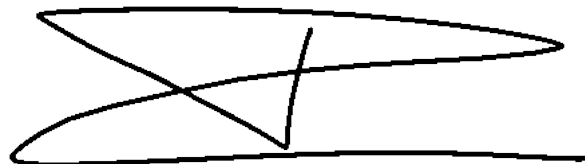
Conditions were satisfactory at the time of inspection.

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

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

I have read and understood this report:

Debra Hodgson



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

03-Jan-2025 02:30 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 #: IC1430147-0085223 Inspection Date: 03-Jan-2025 Inspected By: Jelena Reeves Facility Type: Long-Term Care Home Inspection Type: Demand/Request Inspection Reasons: Outbreak Response Violations: 0
Opening Comments and Observations: OB#2268-2025-00013	

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 # IC1430147-0085223

Page 1 of 3

Inspection End Time

03-Jan-2025 02:30 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

03-Jan-2025 01:30 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
03-Jan-2025 02:30 PM

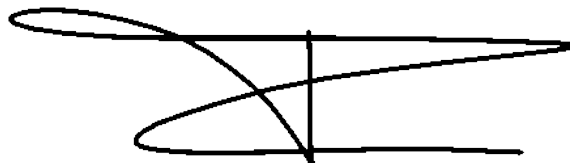
Action(s) Taken

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

Closing Comments:

No IPAC concerns observed at the time of outbreak investigation.

I have read and understood this report:



Reena Bhullar

Jelena Reeves