

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

Public Report

Report Issue Date: May 30, 2025
Inspection Number: 2025-1626-0002
Inspection Type: Complaint Critical Incident Follow up
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 dates: May 26 - 30, 2025

The following intakes were inspected:

- Intake: #00140211 - Follow-up #1: Compliance Order #001/2025-1626-0001 - O. Reg. 246/22 - s. 18 (1) (a) Bed Rails, Compliance Due Date (CDD) April 28, 2025. Extended CDD May 19, 2025.
- Intake: #00143000 / Critical Incident (CI) #M631-000011-25 - related to alleged improper/incompetent treatment of a resident
- Intake: #00145085 / CI #M631-000014-25 - related to alleged improper/incompetent treatment of a resident
- Intake: #00145971 - complaint related to plan of care
- Intake: #00146413 / CI #M631-000018-25 - related to the unexpected death of a resident
- Intake: #00146921 - complaint related to nursing and personal care services

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2025-1626-0001 related to O. Reg. 246/22, s. 18 (1) (a)

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Housekeeping, Laundry and Maintenance Services
- Falls Prevention and Management
- Restraints/Personal Assistance Services Devices (PASD) Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Required programs

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

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

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee failed to comply with the home's falls prevention and management program when a resident's Head Injury Routine (HIR) was not completed following an unwitnessed fall.

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In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written programs developed are complied with.

As per the home's Head Injury Routine/Neurological Assessment procedure, a resident was required to have a head injury assessment at set intervals unless otherwise directed by the physician. On four separate occasions staff documented that the resident was sleeping. Staff #101 confirmed the expectation would be for staff to complete all aspects of the head injury routine.

Sources: Head Injury Routine/Neurological Assessment procedure, resident incomplete assessments and interview with staff #101.