Ontario

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

Public Report

Report Issue Date: February 19, 2025

Inspection Number: 2025-1626-0001

Inspection Type:
Critical Incident

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): February 3, 4, 5, 6, 7, 2025

The following intake(s) were inspected:

- CI# M631-000020-24 - Respiratory outbreak
- CI# M631-000005-25 - Unexpected death of resident
- CI# M631-000008-25 - Enteric Outbreak

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

Infection Prevention and Control
Restraints/Personal Assistance Services Devices (PASD) Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Housekeeping

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 93 (2) (a) (ii)
Housekeeping
s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(a) cleaning of the home, including,
(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

The licensee failed to ensure that the walls and floors of common spaces in the home areas were kept clean.

During a tour of the home it was observed that five of the seven home areas were noted to have walls that were in disrepair, dirt and dust on floors and debris on the walls between the handrails of the common spaces.

Sources: Observation on February 4, 2025.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)
Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,
(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee failed to ensure that on every shift the infection symptoms for residents were recorded.

During a Respiratory outbreak a resident was in isolation and staff did not record the symptoms of infection for two shifts. During an Enteric outbreak a resident was on isolation and staff did not record the symptoms of infection for four shifts.

Sources: Record review for residents, interview with staff.

COMPLIANCE ORDER CO #001 Bed rails

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 18 (1) (a)
Bed rails
s. 18 (1) Every licensee of a long-term care home shall ensure that where bed rails are used,
(a) the resident is assessed and the resident's bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:

1. Amend or revise the Home's internal policies and procedures related to Bed Rails to clearly guide staff in evaluating bed systems and in assessing residents where bed rails are used, ensure they include:
    1. clear guidance for staff to assess residents where bed rails are used,
    2. the requirement for an interdisciplinary team to be involved in a resident's bed rail use assessment,
    3. the requirement for each resident that uses one or more bed rails to be assessed over a period of time while in bed to determine sleeping patterns, habits and potential safety risks posed by using one or more bed rails, and,
    4. the requirement for each resident that uses one or more bed rails to be reassessed if there is a change in cognition, mobility, transfer status or a change in the resident's overall health condition.
2. Develop a risk focused bed rail assessment tool in accordance with evidence-based practices or, if there are none, in accordance with prevailing practices, to minimize risk to the resident.
3. Complete an audit of resident bed systems in the home to determine which beds currently include any type of attached bed rail. Maintain a record of the audit including the date completed.
4. Complete the assessment developed under #2. of this order for each resident that utilizes a bed system with one or more rails attached as determined by #3 of this order.
5. Managers to review the revised policies and procedures developed in #1 and re-educate all registered staff and any other staff involved in bed rails management.

6. Document and keep a record of the education provided, including topics covered, the names of the staff in attendance, date, and who provided the education.

Grounds

The licensee failed to minimize risk to residents when they did not assess the residents related to their use of bed rails.

The home's policy provided no direction to assess residents when bed rails were used. Staff indicated the home does not currently have a bed rail assessment in use at the home. The home reported that 186 residents were identified as having at least one bed rail. By not having an assessment related to bed rails the residents were at risk for injury or entrapment.

Sources: Bed Entrapment/Bed Rails policy, and staff interviews.

This order must be complied with by

April 28, 2025

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor

Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.