



Continuous Quality Improvement & Risk Management Report 2024

**January 01, 2024
to
December 31, 2024**







Redevelopment of the Odd Fellow and Rebekah Home

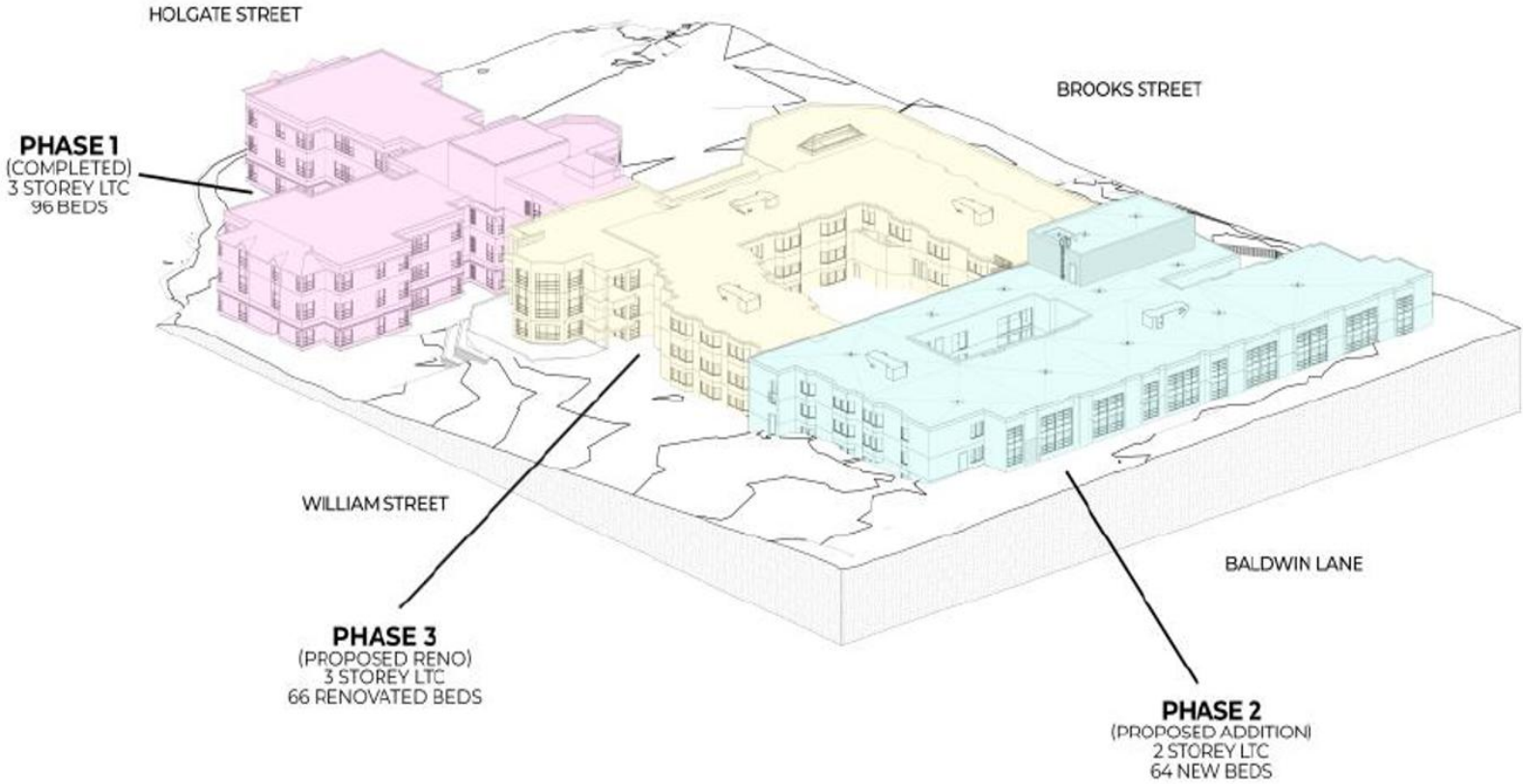
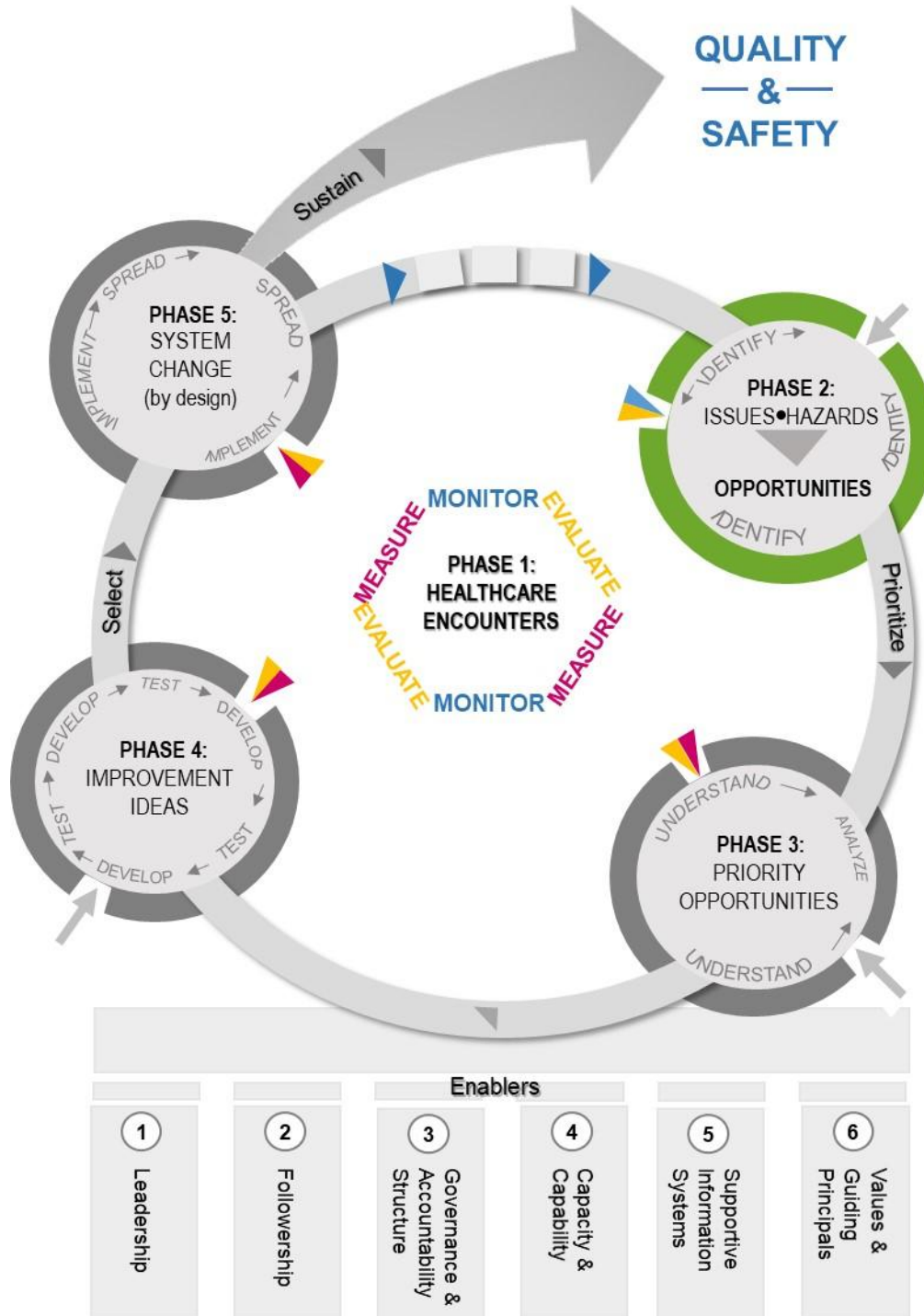


Table of Content

Quality Framework	Page 6
Executive Summary	8
Financial Management	9
LTC Home Satisfaction Survey	10
Volunteering	11
Human Resources	12
Inspections/Reviews	14
LTC Home Resident Care	19
Nutrition and Food Services	32
Corporate Risk Management & Projects	34
Housing	37

QUALITY FRAMEWORK

The IOOF Seniors Homes Inc. (Corporation) is committed to providing an environment that promotes and delivers quality of care, quality of life, and continuous quality improvement throughout our continuum of care. This framework which was enacted in the fall of 2022 continues to guide the home’s quality program.

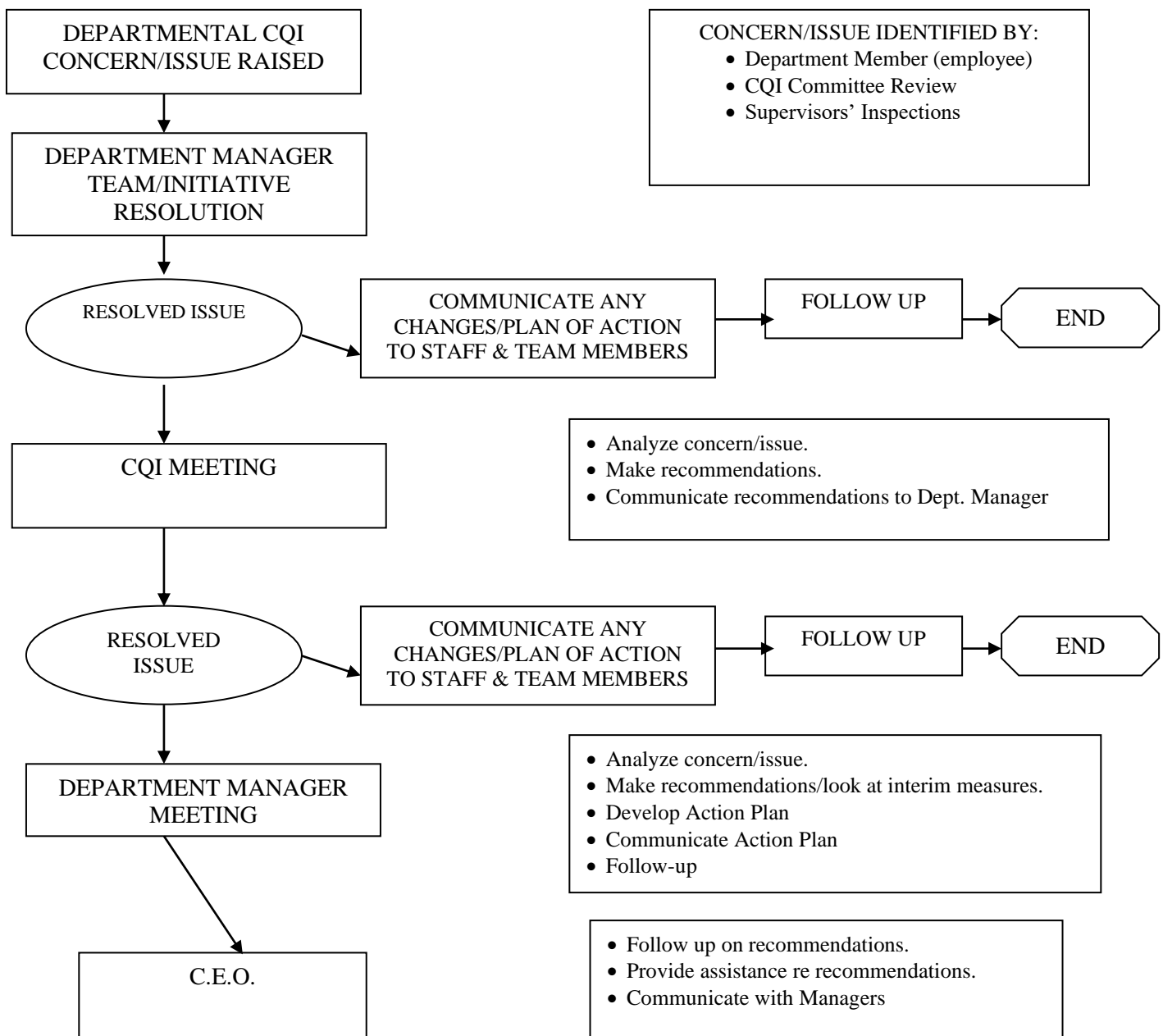


We recognize CQI as an integral part of our day-to-day work and the provision of care and service for Residents and clients. The responsibility for ensuring quality lies with every person, from every area of our Corporation. This cohesiveness unites us in a common cause and facilitates a culture of quality that guides our ongoing journey of continuous quality improvement.

The IOOF strives to reach our goals of providing an environment of caring, dedication, integrity, quality and safety through a skilled care team and being a supportive, proactive organization. Specifically, we strive to meet and exceed expectations by continuously improving Resident and Client care, programs, services, buildings, learning and workforce experiences.

An evaluation of required and departmental programs is completed annually, goals and objectives are set for the upcoming year.

REPORTING STRUCTURE FOR CONTINUOUS QUALITY IMPROVEMENT



Executive Summary

This report is a detailed outline of a number of Continuous Quality Improvement and Risk Management indicators/statistics that have been collected throughout the Corporation for the period of January 1, 2024, to December 31, 2024.

Indicators/statistics are reviewed at monthly Continuous Quality Improvement Committee meetings. These discussions allow us the opportunity to determine whether or not action is required on items that are trending internally and within the industry, as well as to ensure we are meeting legislative requirements and financial goals.

This report was prepared in collaboration with:

Garry C. Hopkins	Chief Executive Officer
Cathie Foley	Executive Administrative Assistant
Kelly Young	Administrative Assistant
Myles Keeble	Director of Finance & IT
Bonnie Gowanlock	Resident Accounts Administrator
Rhonda Kapogianis	Director of Resident Care
Peggy Sauve	Assistant Director of Resident Care
Jane Walker	Assistant Director of Resident Care
Lindsey Webb	Assistant Director of Resident Care
Shean Wadham	Director of Facilities & Environment
Lisete Da Silva	Manager of Environment
Elvis Pohl	Property Manager, Terraces
Mary MacDougall	Director of Housing Accommodations & Nutrition Services
Irene Delisle	Administrative Assistant, Housing Accommodations
Gaja Damas	Director of Quality, Risk and Program
Cara Chimienti	Manager of Program Support and Volunteer Services
Valerie Bennett	Director of Human Resources
Barb Scott	HR Payroll & Benefits Administrator
Deanna Risi	HR Assistant
Jillian Sliter	Graphic Artist – Revenue Development Assistant

Financial Management

Home Vacancy / Rate Information Long Term Care Home

Total # of Admissions	Total # Vacant Days (Based on 161 Beds)	Vacancy Rate (Based on 161 Beds)	Preferred Accommodation Occupancy Rate Private (Based on # Beds)	Preferred Accommodation Occupancy Rate Semi - Private (Based on # Beds)	# of Residents Paying Less than Minimum Basic Accommodation Fee (In Semi - Private Rooms)	# of Resident Accounts Receivable in Arrears (Based on 162 Beds)	Total Amount of Arrears at End of 12 Month Reporting Period
61	871	1.5%	83.3%	52.6%	26	5	\$22,121
# Respite Bed Admissions	Total # Vacant Days Respite Bed	Vacancy Rate Respite Bed	Discharges-Respite Bed	Respite Occupancy Rate Required for Full Funding	Occupancy Rate		
29	112	30.6%	28	50%	69.4%		

Elston Unit Convalescent Care

Total # of Admissions	Total # of Vacant Days (Based on # beds)	Vacancy Rate (Based on 20 beds)	Occupancy
84	1499	20.5	79.5

The Ministry of Long-Term Care is not currently requiring a 80% occupancy rate.

LTC Home Wait List Numbers:

	2024	2023	2022
• Basic	414	410	428
• Semi-Private	86	82	94
• Private	302	300	224

The total number of clients on the waitlist is 695

Please note some Residents are on the waitlist for more than one choice, e.g., basic and semiprivate, private, therefore the numbers will not total up to a total wait list of 695.

There are 62 clients on our Priority One list – for crisis placements.

LTC Home Agreements

	2024	2023	2022
Number of Annual Agreement reviews prepared:	157	160	160
Number of Annual Agreements received back:	70	91	75
Number removed by discharge/death:	33	33	16
Number of Annual Agreement Reviews Outstanding: (Reminder letters are always sent to the ones outstanding)	54	36	69

LTC Home Satisfaction Surveys

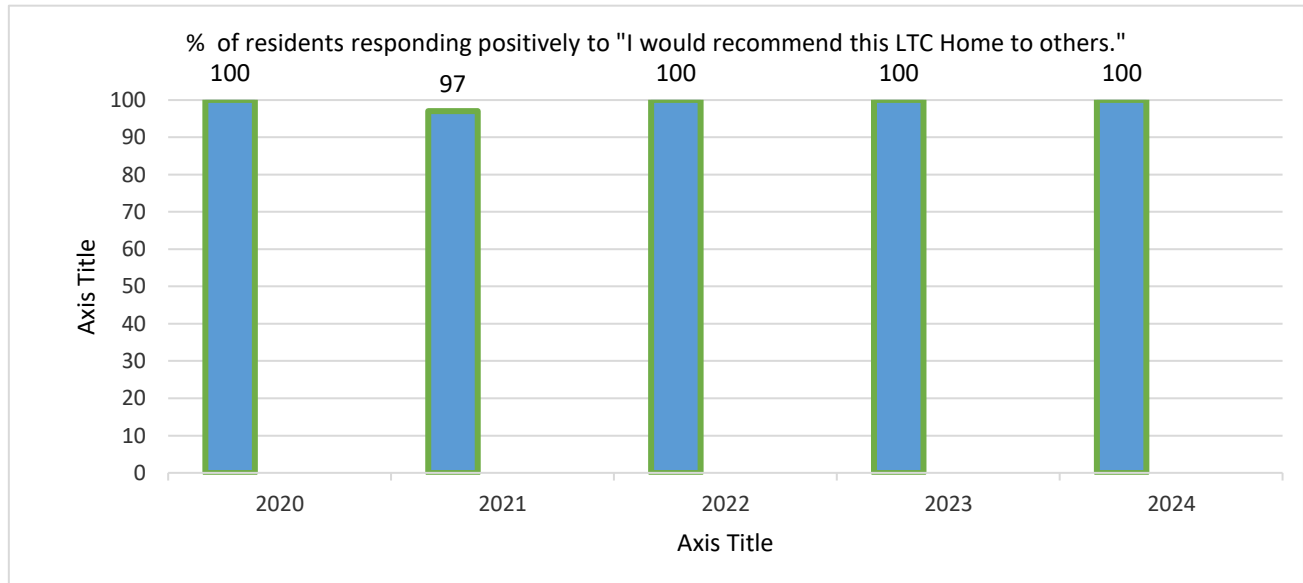
	2024	2023	2022	2021
Resident Satisfaction Surveys distributed:	155	156	155	152
Resident Satisfaction Surveys received back:	31	13	34	21
Response rate:	20%	9%	21.9%	13.8%

Key areas where expectations *were exceeded* as noted in the Satisfaction Survey:

- The Staff are friendly and welcoming to visitors and always appear friendly to the residents.
- The people at the home are truly a group of caring individuals.
- Overall, the staff are extremely friendly and professional.

Areas of improvement as recommended in the Satisfaction Survey:

- Physical Plant – Allandale and Simcoe Lodge
- Courtyard -



The Value of Volunteers in Long-Term Care

Volunteers play a crucial role in enhancing the quality of life for residents in long-term care facilities. Their presence helps bridge the gap between the clinical aspects of care and the human need for companionship and emotional support. Through various activities, such as social visits, facilitating group activities, or simply lending an ear, volunteers contribute to a more dynamic and compassionate environment. This human connection fosters a sense of community and belonging among residents, potentially leading to improved mood and better overall well-being. Furthermore, volunteers often bring fresh perspectives and energy into the facility, invigorating the lives of both residents and staff.

Volunteering in long-term care facilities also benefits the volunteers themselves. Many volunteers report feeling a sense of purpose and fulfillment from their service, as they connect with others and make a positive impact on their lives. This is especially true for older adults who may have retired or are looking for ways to give back to their community. By volunteering in long-term care, they can continue to stay active, engaged and develop new skills. It can also provide a sense of structure and routine in their lives, which is especially beneficial for those who may be experiencing loneliness or isolation.

Volunteer Services

Number of Active Volunteers in 2024: 157

Number of Volunteer Hours in 2024: 23,707

As we rebuild post-pandemic, volunteer recruitment and retention has been challenging across all volunteer-based sectors nationwide. Throughout 2024, we continued to make rebuilding our volunteer base a priority with increased recruitment and retention strategies for community-based volunteers.



Human Resources



New Hires - 2024

Department/Position	
Management – DRC, DFS, MFS	3
Non-union – Canada Summer Jobs temporary positions, Admin Assistant, I.T., General Labourer, RC Scheduler	7
Resident Care – PSW	51
Resident Care – RPN	13
Resident Care – RN	9
Food Services – Cook, FSA, FSW	10
Environmental Services – ESW & MSW	2
Housing Accommodations – SSW	5
Program Support – Rec. Aide & Rec. Facilitator	10
Total New Hires for 2024	110

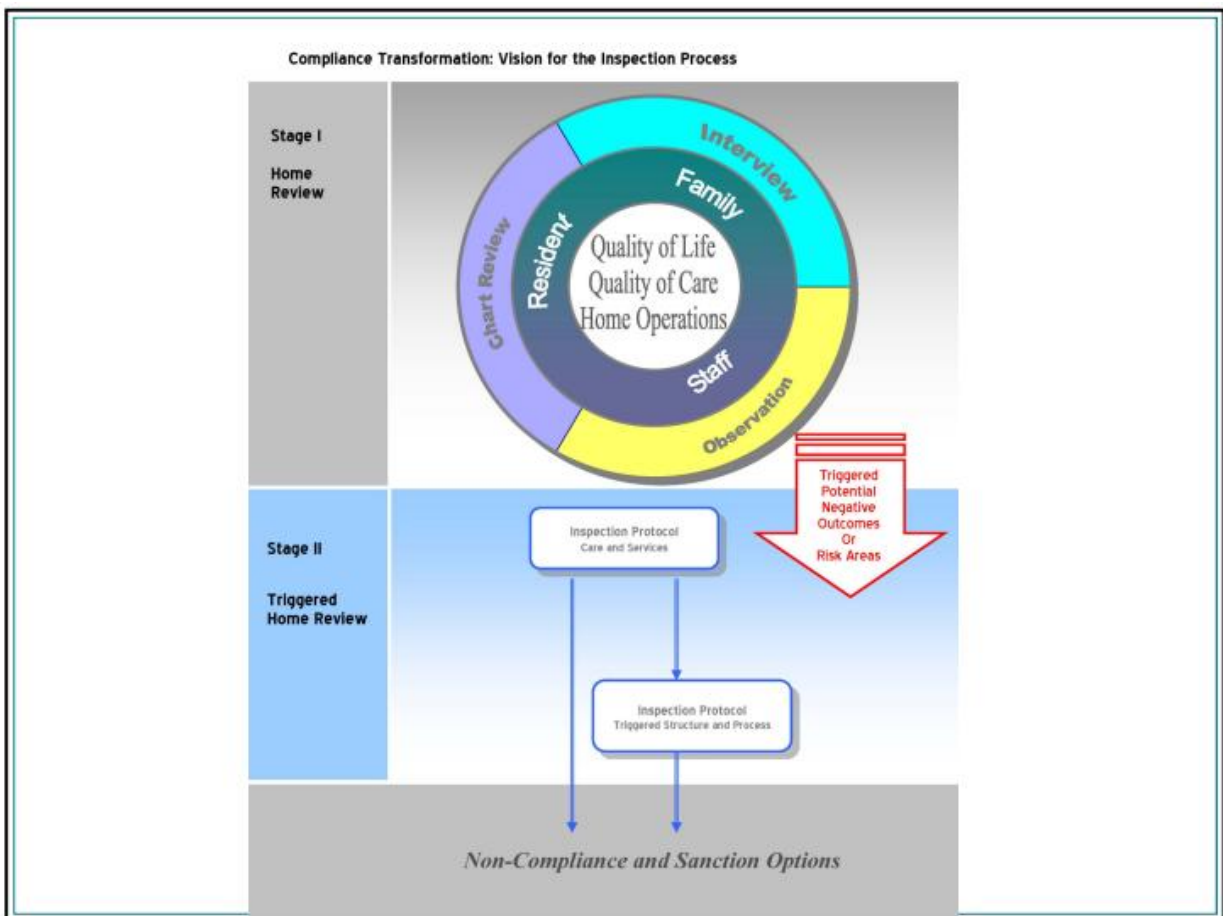
Terminations 2024 (includes retirements)

Department	
Management & Non-Union	8
Resident Care	64
Food Services	15
Environmental Services	5
Housing Accommodations	0
Program Support	6
Total Terminations 2024	98

Number of Employees as of December 31, 2024

Department/Position	Full Time	Part Time	Casual
Management/Administration	24	1	4
Environmental Services	18	13	4
Food Services	13	8	12
Housing Accommodations	6	5	9
Program Support	10	3	14
Resident Care	103	26	62
Total Number of Employees	174	56	105
Total Number of Employees on December 31, 2024 – 335			

Inspection Process



MOLTC Inspections in 2024

February 2, 2024 Inspection Type: Critical Incident - 6 written notifications received.

April 2, 2024 Inspection Type: Critical Incident- 2 written notifications received.

June 13, 2024 Inspection Type: Complaint & Critical Incident- 12 written notifications received.

Oct 18, 2024 Inspection Type: Critical Incident- 1 written notification

December 4, 2024 Inspection Type: Critical Incident- no findings.

All written notifications were immediately remedied upon receiving out inspection report and subsequent inspections did not yield any further findings related to these written notifications.

Simcoe Muskoka District Health Unit (SMDHU)

Food Services:

- The Kitchen facilities at the Terraces at Heritage Square were not inspected during 2023.
- The Kitchen facilities at Heritage Place and the LTC Home were inspected on three (3) occasions; April 2, August 11, and November 24.
- The inspections of the IOOF Seniors Homes Inc. facilities included all areas involved with the production and distribution of food, including the Last-Minute Store, the Auditorium kitchens, food storage areas at Heritage Place, as well as food storage areas and serveries in the LTC Home and the Maplevue/RVH unit.
- All inspections by Public Health were random and not the result of a complaint.

Findings noted during Public Health Inspections

IOOF Seniors Homes received GREEN status by the Simcoe Muskoka District Health Unit (SMDHU).

April 4, 2024

There were 0 findings during the April inspection.

Aug 23, 2024

Item	Deficiency/Non-Compliance	Action Taken
1	<p><u>Heritage Place Supportive Housing</u></p> <p>Operation and Maintenance Equipment, utensils, multi-service articles and all food contact surfaces must be properly constructed and maintained. - <i>Fail to maintain equipment, utensils and or multi-service articles in good repair and or safe condition</i> Utensil (spatula) handle in poor condition; wooden handle chipping and splintering, no longer smooth/non-porous.</p> <p>.General Housekeeping Satisfactory NO Light bulb in stand-up 2-door freezer does not turn on. Ensure to address. - <i>Fail to provide adequate lighting for food preparation and cleaning</i></p>	<p>The operator corrected the issue during inspection. Corrected issue during inspection; discarded.</p> <p>Maintenance contacted immediately to replace the bulb.</p>
2	<p><u>Odd Fellow and Rebekah Home- Main Kitchen</u></p> <p>Furniture, equipment and appliances in food handling and storage rooms arranged and constructed in a clean and sanitary manner. 1. NO In walk-in cooler (right-hand side), mould growth observed. Ensure to clean and thereafter maintain clean. - <i>Fail to maintain and arrange equipment in clean and sanitary condition</i></p>	<p>Work order placed for maintenance to assist to remove debris and clean area.</p>

December 13, 2024

Item	Deficiency/Non-Compliance	Action Taken
1.	<p>Long Term Care Kitchen Operation and Maintenance Furniture, equipment and appliances in food handling and storage rooms arranged and constructed in a clean and sanitary manner. 1. NO In walk-in cooler (right-hand side), mould/mildew growth observed on shelves. Ensure to clean and thereafter maintain clean. <i>- Fail to maintain and arrange equipment in clean and sanitary condition</i></p>	Cooler shelves are now being wiped down on receiving job routine. Nutrition Manager will audit twice weekly during ordering process.

Food Handler Certification 2024

As of December 31, 2024

Full Time: 15/15 staff=100% **Part Time:** 8/8 staff = 100% **Casual:** 9/11 staff = 81%

*32/34=94% overall

***Please note that numbers do not include new hires in the department or staff on LOA's.**

Alcohol & Gaming Commission of Ontario (AGCO):

- No Inspection in 2024
- The liquor license has been renewed and is in effect until December 8, 2028.

Canadian Food Inspection Agency (CFIA):

- No inspections in 2024

Ministry of Labour

There were (2) inspections in 2024.

The Ministry of Labour (MOL) inspected the workplace for Occupational Health & Safety Compliance on two (2) occasions with the focus being primarily slips, trips and falls, infection prevention and control (IPAC) and implemented safety measures.

Sept 12, 2024

The MOL visited for a general proactive inspection regarding slip, trip, and fall prevention and infection prevention and control measures, which included Policy reviews, Joint Occupational Health & Safety Committee functions, and Incident Summary reviews. They conducted an exterior and interior walkthrough of our home area, tub rooms, housekeeping closets, storage, kitchen, laundry and receiving and chemical storage areas, and ladders.

Two inspectors were on site conducting the field visit and policy review. Five orders were issued, three of which were acted on forthwith and the others generated from areas of non-compliance. These included a shop vac missing the ground on the electrical cable and a tripping hazard observed in the laundry room flooring. Items were rectified in advance of the Oct 11, 2024 compliance date.

October 9, 2024

As per requirements, the Home did advise the MOL of a potential Occupational Illness due to positive staff members during a respiratory outbreak as declared by Public Health. As a result, a staff line list was initiated. The MOL Inspector focused on IPAC measures and procedures implemented for the protection of workers for respiratory infection prevention and management.

Four orders were issued, two of which were acted on forthwith and the others generated from two areas of non-compliance cited with two policies that required a review date within the last year. Items were rectified in advance of the Nov 15, 2024 compliance date.

The corporation continues to focus on and foster a culture of Occupational Health & Safety in readiness for potential inspections.

As required, the MOL is informed when there is an infectious outbreak in the Home if exposed Staff are sick and line listed in consultation with public health.



LTC Home Resident Care & Services 2024

Improving Care by Public Reporting of Quality Indicators

The Canadian Institute for Health Information (CIHI) provides comparable and actionable data and information that are used to accelerate improvements in health care, health system performance and population health across Canada. CIHI is responsible for supporting the use of the RAI MDS 2.0 assessment systems. CIHI public indicators uses the health system data collected from Health Quality Ontario (HQP) to display the 9 indicators in the long-term care (LTC) sector that are publicly reported at the facility, regional, and provincial levels and across Canada. These indicators are part of CIHI's Continuing Care Reporting System (CCRS) and focus on safety, appropriateness and effectiveness of care, and improved health status. Their vision is to "provide better data, better decisions, healthier Canadians: powered by a shared sense of purpose, the highest standards of excellence and trust." The Institute for Healthcare Improvement's Triple Aim framework has 3 objectives:



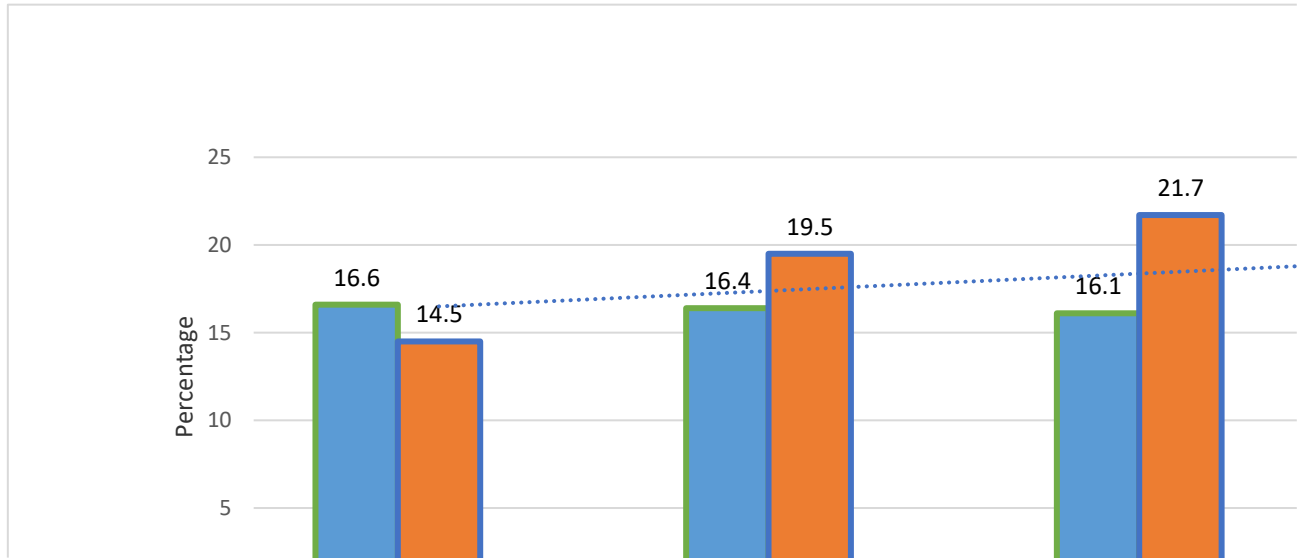
1. To improve the patient experience of care.
2. To improve the health of populations; and
3. To reduce the per capita cost of health care.

Our Home acknowledges that in order to deliver on the Triple Aim objectives we need to move beyond using only clinical and administrative data to evaluate quality of care and outcomes and include patient perspectives when assessing health system performance. Patient-centered measurement has become a key priority In Canada. We place emphasis on providing patient-centered care to better respond to the needs of Residents and to improve the quality of care.



In healthcare, positive outcomes are the ultimate indicators of success. That's why we follow the Relias learning paths to help our organization get results that will improve outcomes, mitigate risk and reduce costs. A competency evaluation is required at least annually for each Nursing Staff member who completes the RAI-MDS 2.0 assessment. This test was formally known as the AIS platform. The Relias Assessment measures and evaluates competency for new and experienced assessors. In order to maintain proficiency, an assessor must complete a minimum of 10 RAI MDS assessments per year. We are pleased to share that 100% of our nursing staff have completed their learning in November 2024.

Percentage of Residents who fell.

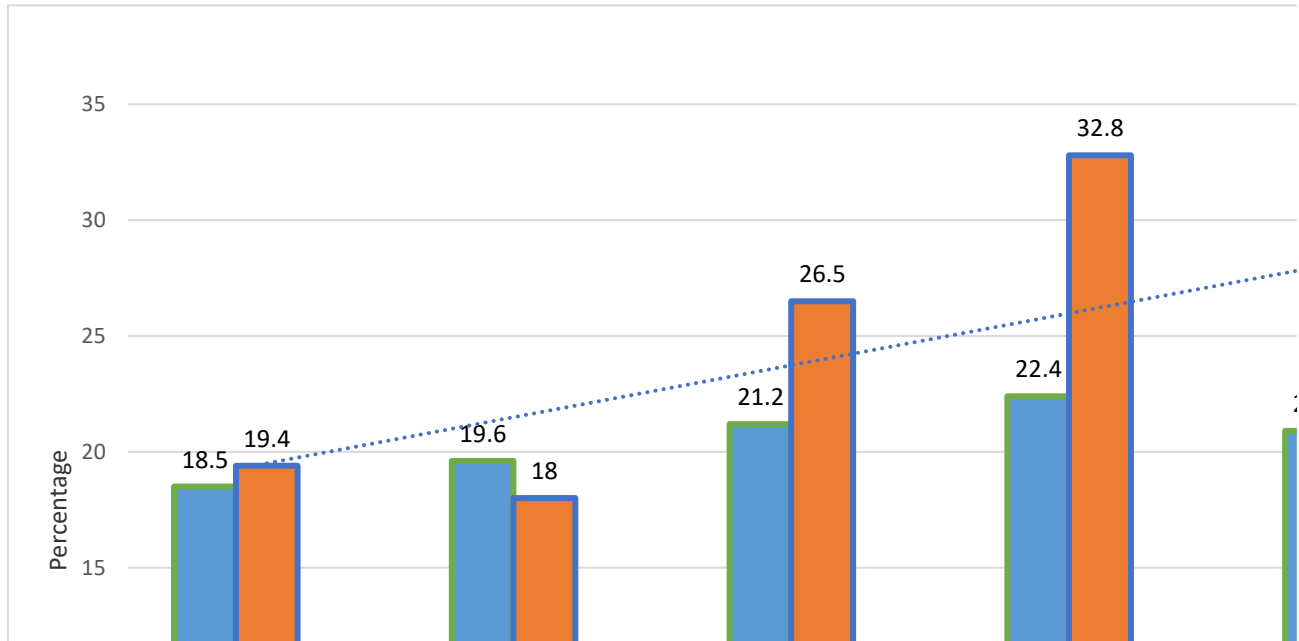


Year	ON	IOOF
2020	16.6	14.5
2021	16.4	19.5
2022	16.1	21.7
2023	16.4	15
2024	16.4	21.7

This indicator shows the percentage of residents in the home who fell during a 30-day period. Although the home’s average number of falls increased over 2024, it is important to highlight that residents being admitted to the home have become increasingly more acute and frail than seen previously; this may be related to lack of health care during the pandemic, shortage on physicians and NPs in the community, and long wait times for LTC placement. .

Falls prevention is a priority for the home; we have partnered with RNAO and Point Click Care to implement RNAO’s evidence based clinical pathways that will include a pathway for falls prevention; this pathway will include the most up to date assessments and recommendations to assist our staff in preventing and managing falls in the home. The home continues to utilize a collaborative interdisciplinary approach to conduct post falls huddles and falls committee meetings. We also continue to provide annual falls prevention education as well as ongoing education to address immediate needs of staff, hourly purposeful rounding, and purchasing of equipment to reduce falls and mitigate risk associated with falls such as fall prevention mattresses, floor mats, bed/chair alarms, non-slip socks and hip protectors for residents.

Percentage of Residents not living with psychosis who were given antipsychotic medications.

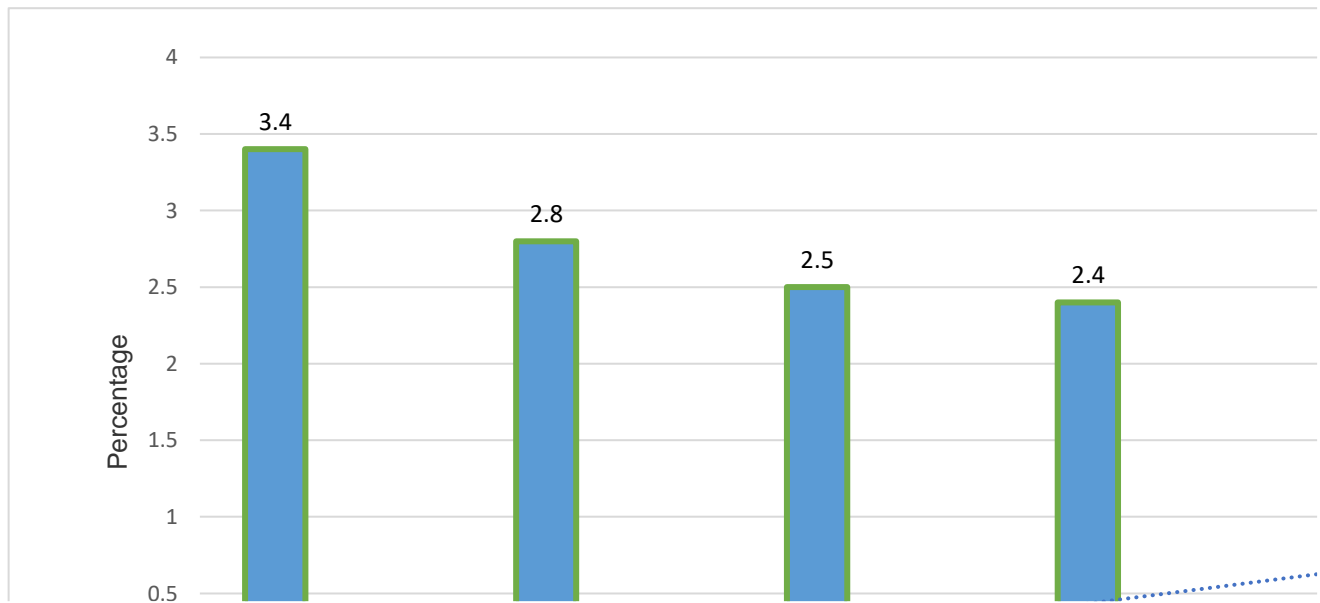


Year	ON	IIOF	
2020	18.5	19.4	
2021	19.6	18	
2022	21.2	26.5	
2023	21.4	32.8	
2024	20.4	23.2	

This indicator shows the percentage of long-term care home residents in Ontario and in the home who are given antipsychotic medications without a diagnosis of psychosis. A lower percentage is better. The home has worked on this indicator throughout 2024 and both the provincial average and the Home have seen this indicator decrease over the last year. The medical team at the IIOF continue to work closely with the pharmacist to

review the use of antipsychotic medications, review of diagnosis and deprescribe where appropriate. Due consideration must be given to the appropriate use of antipsychotic medication for treatment of certain responsive expressions/behaviours and mental health related disorders. The Home has decided to use a portion of its funding to implement an internal Cognitive Support Team comprised of 1 nurse and 2 Personal Support Workers. The Cognitive Support Team's (CST) main function will be to support resident experiencing responsive expression and support the staff caring for them by developing personalized evidenced based nonpharmacological strategies and interventions that will assist in preventing and managing personal expressions, as well as preventing and deprescribing antipsychotic medications that have a high potential of causing harmful side effects.

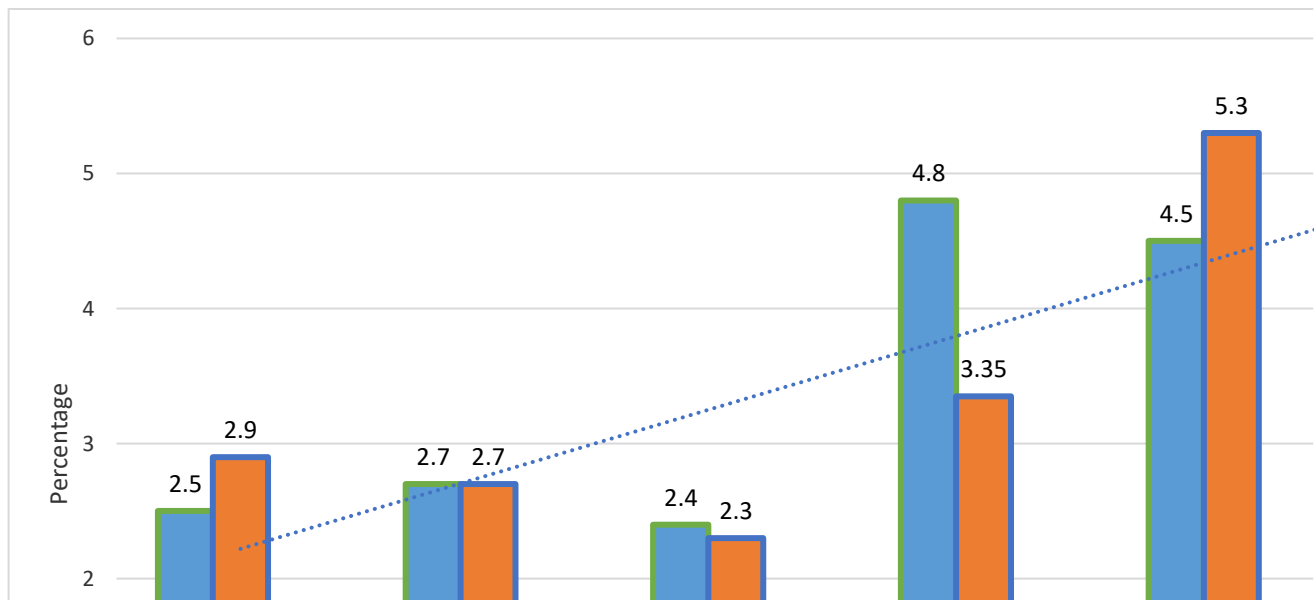
Residents who were physically restrained on a daily basis.



Year	ON	IOOF
2020	3.4	0.08
2021	2.8	0
2022	2.5	0
2023	2.4	0
2024	1.7	1.2

This indicator shows the percentage of long term-care home residents in Ontario and in the home who were physically restrained. The lower percentage is better. The goal for the home was to continue to have minimal restraint usage; this is evidenced by the home's indicator being consistently lower than provincial average. The home will continue to use evidence based best practices such as non-pharmacological interventions and providing education to Residents'/families/POAs/staff to make informed decisions regarding the use of restraints.

Percentage of Residents with stage 2-4 pressure ulcer

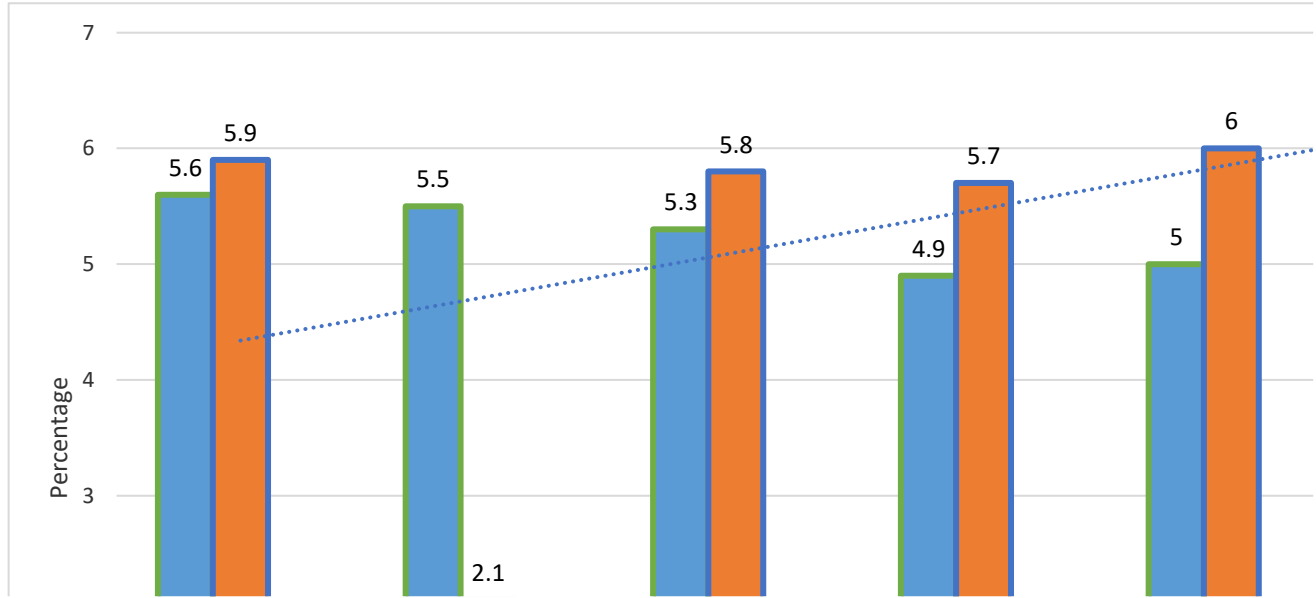


Year	ON	IOOF
2020	2.5	2.9
2021	2.7	2.7
2022	2.4	2.3
2023	4.8	3.35
2024	4.5	5.3

This indicator shows the percentage of long term-care home residents in Ontario and the home who had a new pressure injury or a worsening pressure injury since their previous assessment by a health care professional. The home saw an increase in the number of stage 2-4 pressure ulcers in 2024. The home continues to promote optimal skin integrity, prevent the development of wounds and pressure ulcers and provide effective skin and wound care intervention through education and practices that align with RNAOs evidence based best practice guidelines. We continue to use the Skin and Wound Care App in Point Click Care to track and assess all wounds in

the Home. The home continues to collaborate with the RVH NP Wound Care team to assist with slow healing and more complicated wounds.

Residents Experiencing Pain



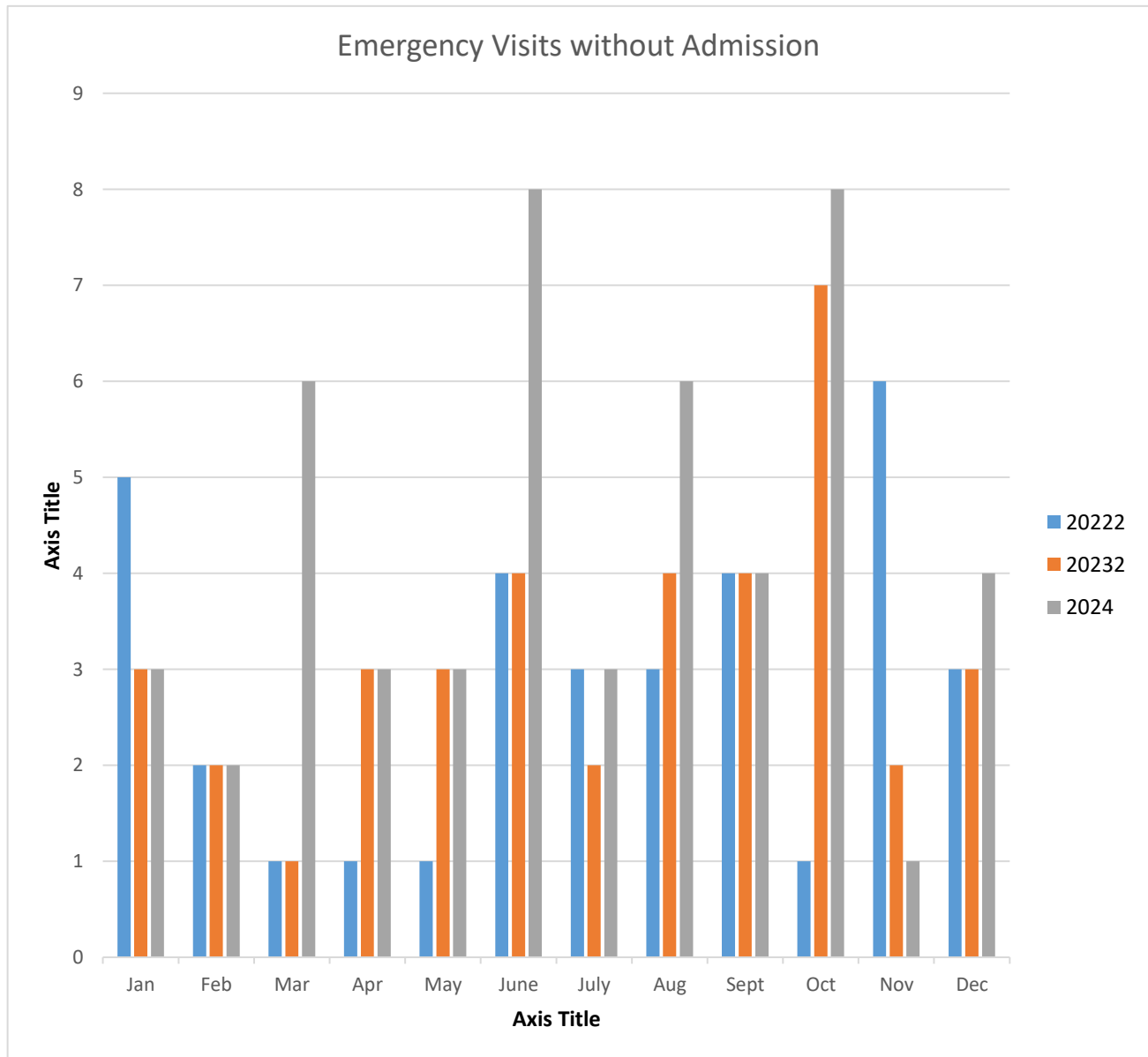
Year	ON	IOOF
2020	5.6	5.9
2021	5.5	2.1
2022	5.3	5.8
2023	4.9	5.7
2024	5	6

Percentage of long-term care home residents who experienced moderate pain daily, or any severe pain, during the seven days before being assessed by a health care professional. A lower percentage is better.

The home continues to provide in-house education from external partners such as NSMPCN (North Simcoe Palliative Care Network) on Palliative and End-of-Life Care; some of the education provided included topics such as identification and prompt treatment of pain. The Palliative Care committee introduced a palliative care order set in an effort to promptly identify and treat pain and distressing

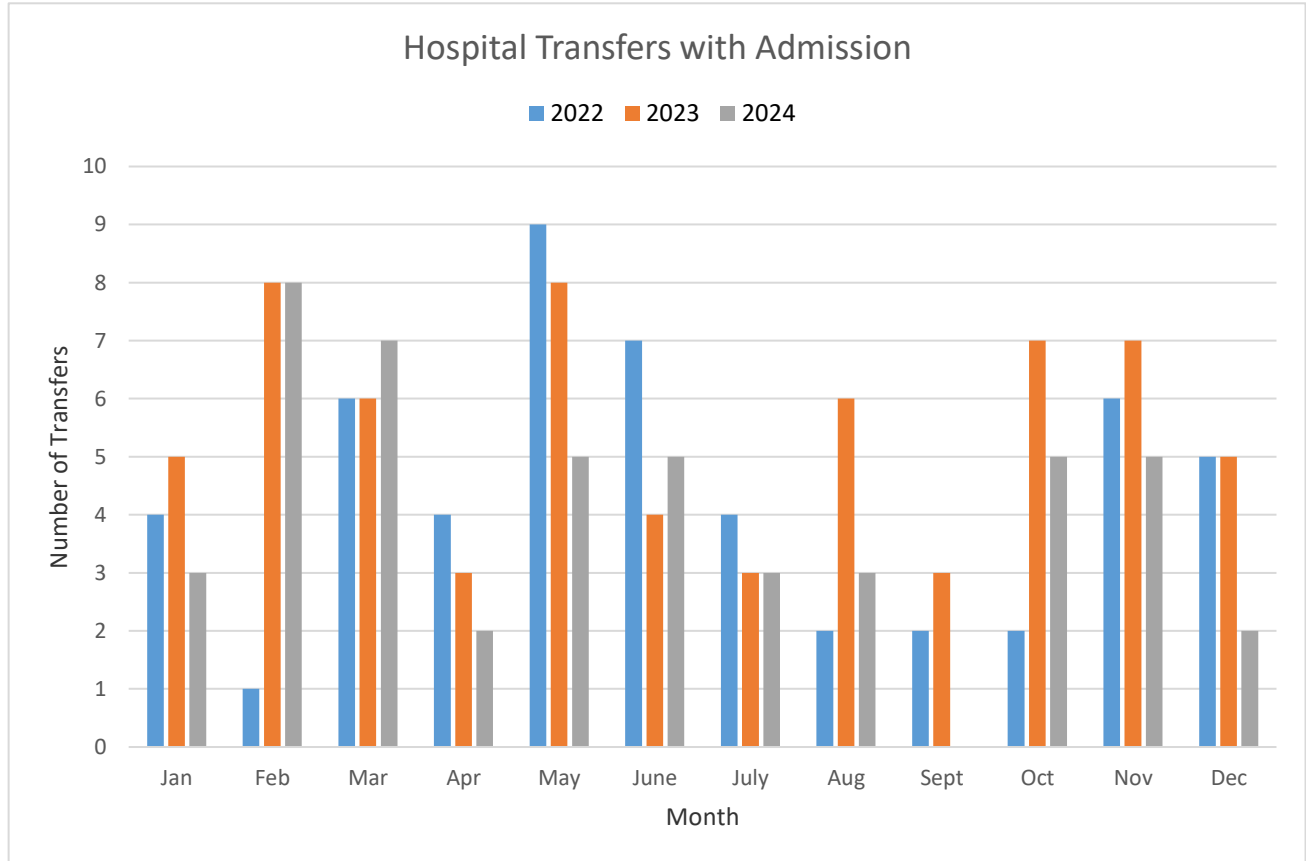
symptoms such difficulty breathing at end of life. One highlight of the work done by the palliative care team to was by implementing a “code dove” protocol which leads to improved dignity and respect at end of life for our residents. Code Dove allows staff/residents/family/POA the opportunity to show their respects and say goodbye to a resident who has passed by participating in the residents honor walk as they make their final departure through the front door.

Emergency Visits without Admission



The Physicians, Nurse Practitioner and Nursing Team review resident needs with the aim of preventing unnecessary hospital transfer by closely monitoring the changes with our residents and putting measures in place so that they can stay in the home.

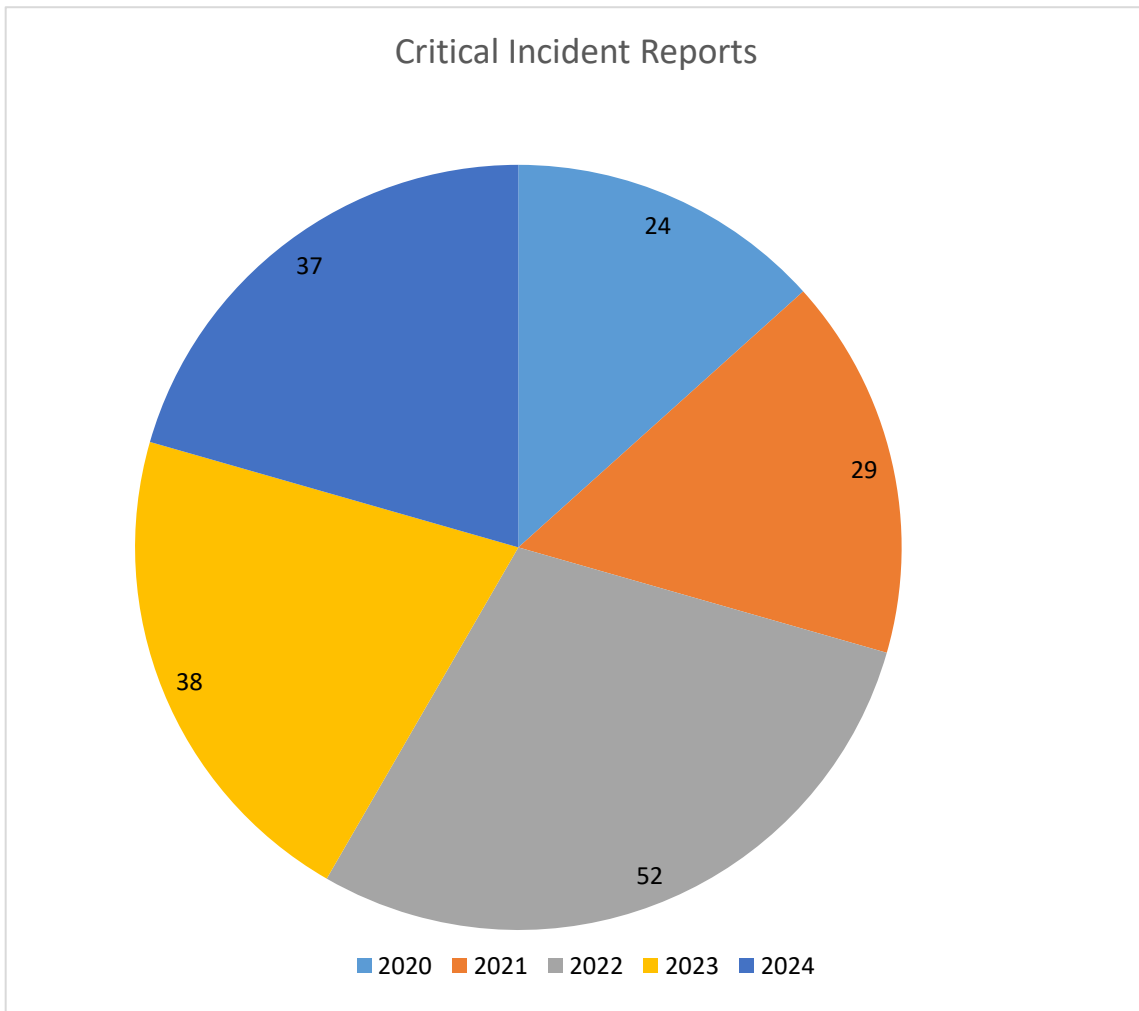
Hospital Transfers with Admissions – Long Term Care



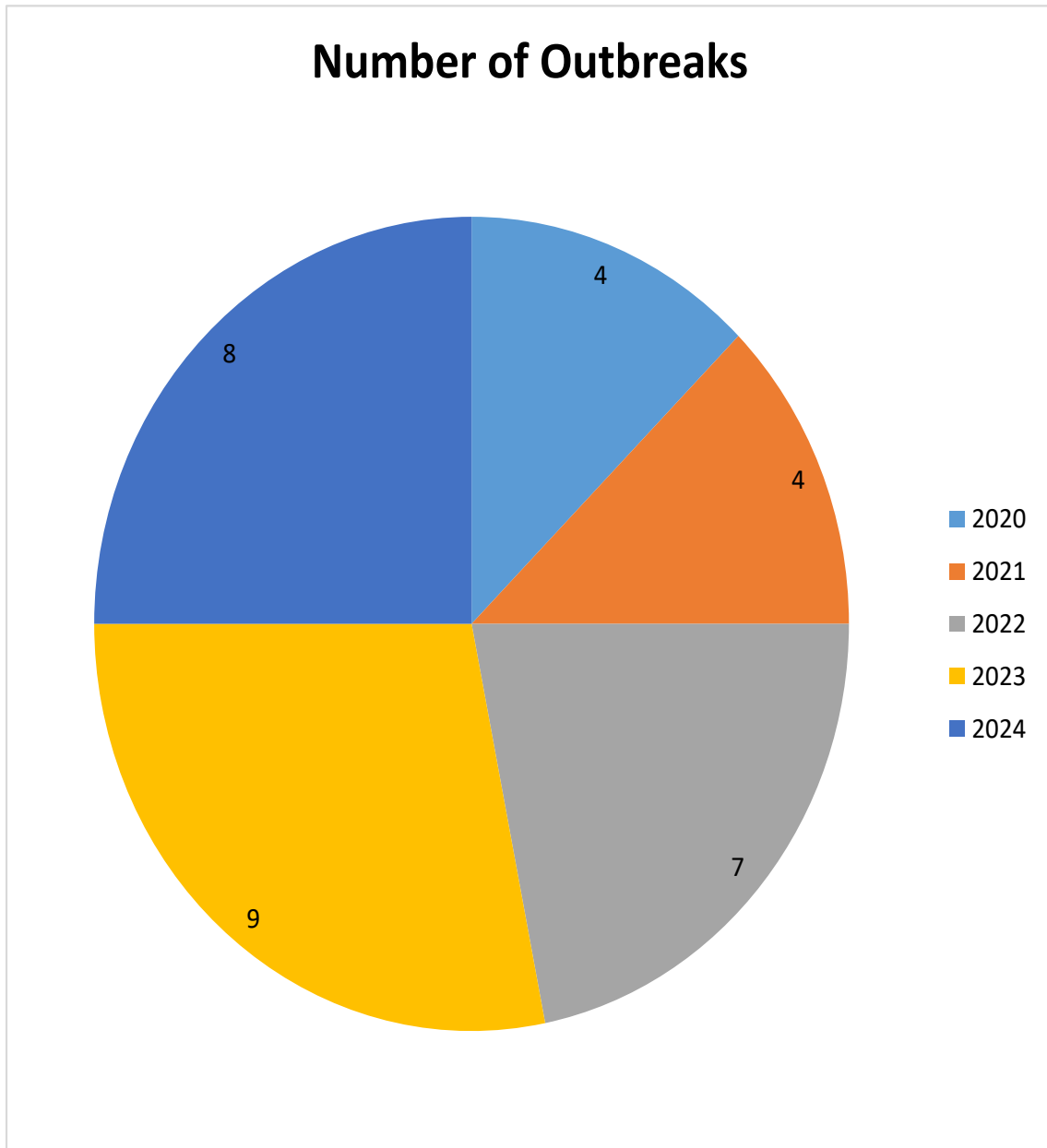
The Physicians, Nurse Practitioner and Nursing Team review resident needs with the aim of preventing unnecessary hospital transfer by closely monitoring the changes with our residents. We continue to educate Staff, Residents, and families about the modified ambulatory care- sensitive conditions and in-house interventions to address medical issues that do not necessitate the need for an ED visit through planned education sessions as well as care conferences. It is important to emphasize that residents being newly admitted to LTC are arriving much more complex and frailer than previously seen; this may be attributed to a lack of services in the community and long wait times for a bed in LTC.

Critical Incident Reports

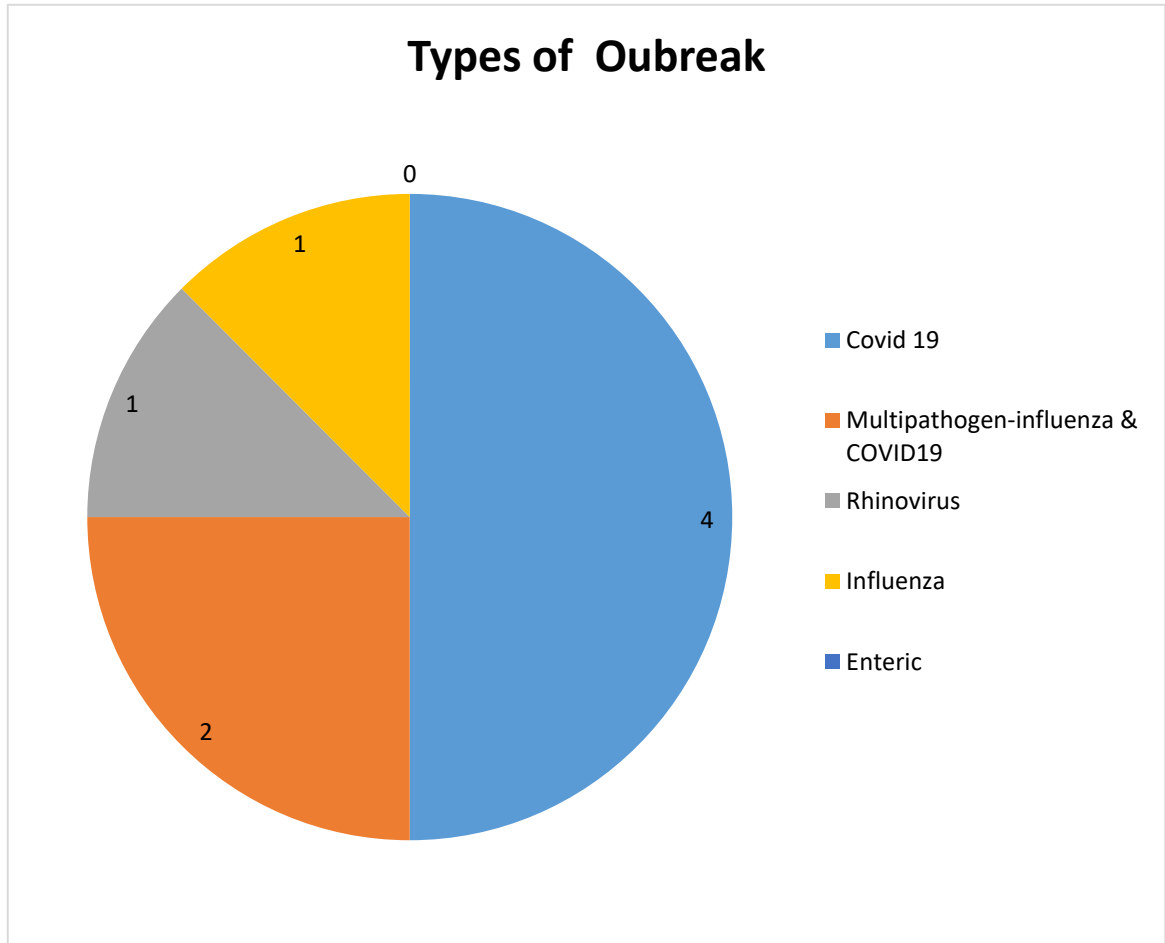
There was a total of 37 Critical Incidents reported to the Ministry of Health and Long-Term Care for 2024. This indicator remains unchanged from the previous year; the home saw a decline in allegations of abuse and neglect and disease outbreaks. Contributing factors in the decrease of critical incidents include an interdisciplinary approach to Infection prevention and control led by the full-time IPAC nurse, ongoing hand hygiene and PPE audits with on the spot education to all team members to correct deficiencies in IPAC, annual and as needed education to all staff regarding the prevention of neglect and abuse, an interdisciplinary approach to post fall huddles and meetings, implementation of purposeful rounding to prevent falls, and ongoing recruitment of permanent staff to fill vacancies. All staff continue to receive annual education on the prevention of abuse and neglect, duty to report and whistleblower protection, and all registered staff receive annual education related to reporting requirements and decision-making criteria that was developed and disseminated by MOHLTC.



Outbreak Management: Yearly



Types of Outbreaks 2024



Infection Prevention and Control (IPAC)



The Infection Prevention and Control Program at the IOOF Seniors Homes Inc uses an interdisciplinary approach with the leadership and guidance of the IPAC nurse; the entire team is responsible to carry out auditing, provide education, leadership, and support to staff, residents, students, volunteers, and visitors to promote safe IPAC practices that contribute to a safe and healthy environment for everyone.

The home continues to receive support via education and audits from external partners such as IPAC extenders from RVH, and public health. Information gathered through these audits is used to develop and deliver education in the home with the goal of making improvements to promote the safest work and home environment possible. The home's IPAC program has been successful as evidenced by multiple inspections and audits conducted by PH and MOHLTC that had zero non-compliances in 2024.

The home continues to maintain a robust PPE stockpile, and has been able to supply PPE such as N95 masks on demand. Mask fit testing for N95 masks for all staff is up to date with ongoing, scheduled mask fit testing to ensure compliance with MOHLTC guidelines and directives.

IOOF continued to deliver a vaccination program to all staff and residents on an ongoing basis. Vaccination uptake of staff has been low, however, this is a trend that has been observed globally quite possibly due to "vaccination fatigue" and/or refusal related to previously mandated vaccine directives that have been since revoked. Despite low uptake of vaccine the home continues to have vaccine readily available to any staff wishing to be vaccinated, and utilizes a team approach to vaccine administration in order to ensure opportunity for all staff on all shifts easy access to receiving vaccinations.

Influenza/COVID Vaccinations

RESIDENTS	Number In Home	Percentage 2024	Percentage 2023	Percentage 2022	Percentage 2021
LTC Residents Flu Vaccine	162	91%	84%	98%	97%
LTC Residents COVID	162	69%	97%	98%	98%
HP Residents Flu Vaccine	90	92%	93%	96%	96%
HP Residents Covid	90	85%	87%	91%	
LTC Staff Flu Vaccine	300	62%	57%	83%	73%

We do not have data for vaccinations that may have happened off site (e.g., Doctors' Clinics, Pharmacies, etc.).



LTC Home Nutrition & Food Services

Quality Improvement Statistics

Quality Indicator	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Average
# of Annual RAI assessments	9	12	11	6	3	8	18	15	8	6	11	8	9.6
# of RAI assessments	31	36	40	36	51	51	40	3	38	49	41	45	38
# of Residents receiving Supplements	50	65	67	67	67	66	66	68	68	68	68	65	65
# of Residents receiving Therapeutic Diets	40	39	41	42	41	46	46	45	48	48	49	49	44
# of Residents receiving Thickened Fluids	23	22	20	23	22	21	23	23	26	28	28	32	22
# of Residents receiving Texture Modified Foods	68	74	71	73	72	73	73	76	81	83	87	93	77
# of Residents at High Nutritional Risk	74	76	84	88	88	88	93	92	92	90	89	86	87
# of Residents at Low/Moderate Nutritional	69	73	74	72	72	72	69	69	69	70	71	69	71
# of Visits by Speech Language Pathologists	8	2	2	6	5	3	0	2	2	4	4	6	4
# of Referrals to Registered Dietitian related to	26	16	12	16	7	9	12	8	9	19	17	23	14.5*
# of Referrals to Registered Dietitian	4	3	4	4	3	2	3	5	7	3	4	7	4**

12.5* Referrals received not actual number of residents experiencing wt. loss

4** Referrals received not actual number of residents experiencing wt. gain

Residents Requiring Assistance with Meals:

- Highly complex Residents being admitted in the Home with risk of compromised nutritional intake.
- Increase in acuity levels of Residents overall, requiring a greater need for therapeutic diets and/or texture modification.

	Total Care	Constant Assist and/or Encouragement	Intermittent Assist and/or Encouragement	Supervision, Assistance and/or Set Up	Self	Tube Feed	Total
Allandale Village	7	10	5	23			45
Simcoe Lodge	5	2	3	9			19
Baldwin Lane	5	2	5	18			30
Georgian Way	6	6	6	13			31
Kempfenfelt Court	5	6	3	17			31
Total 2024	28	26	22	80			156
Total 2023	30	24	20	81			155



Corporate Risk Management & Projects 2024

2024	Days	Evenings	Nights
Number of LTC Home Fire Drills	12	12	12
Number of Heritage Place Fire Drills	2		
Number of Terraces Fire Drills	2		

- Number of Occ. Health & Safety Meetings held: 6.
- Number of CQI meetings held: 18.
- IPAC meetings replace the Pandemic Planning Meetings.
- Number of Workplace Safety inspections: 36 (12 each per building Home, Terraces & Heritage Place/Manor)

ANNUAL INSPECTIONS	Total	Manor	HOME	Heritage Place	Terraces
Workplace Safety – IOOF	36	N/A	12	12	12
Fire Safety – OFS Fire & Safety	4	1	1	1	1
Elevators – Schindler / Otis / Elevator1	132	12	48	24	48
Pest Control – Abell Pest Control	48	12	12	12	12
Roof Anchors – Pro-Bell	4	1	1	1	1
Backflow Protection – Dalton Plumbing	4	1	1	1	1
Emergency Generators – Sommers	6	N/A	4	2	1
HVAC Systems – Barrie Mechanical	14	4	4	4	2
Water Treatment – CSP Water	36	N/A	12	12	12

Lift Inspections

Manufacture’s recommended daily inspections and monthly tests were conducted. All found and encountered problems are corrected by the maintenance department or service providers.

Inspection completed in January 2024

Sling Integrity Inspections

Sling inspections are done prior to each use as well as through a quarterly audit by the PSW Lead in accordance with the Home’s policy. Slings are inspected for damage to the body of the sling and for the integrity of the sling attachment loops and results are recorded for each sling. Any sling failing the inspection is removed from service and replaced with a new sling. Reports are kept in the nursing department.

Bed Entrapment Audit

Annual bed entrapment audits were completed by Joerns and internal maintenance staff. All beds and features including locations are documented and tracked when changes are made. Maintenance staff do entrapment testing on a bed whenever a new admission is made to the home.

February , 2024

Maintenance Care Software



The following are the tasks that were inputted in the Maintenance Care system during 2021. These tasks were assigned to the maintenance and building services staff:

	2024	<u>2023</u>	<u>2022</u>
Heritage Place	1318	1849	3427
LTC Home:	5001	5132	4778
RHV Mapleview:	246	466	452

HVAC – LTC

- Regular preventative maintenance performed by Barrie Mechanical.

Heritage Place

- Regular preventative maintenance performed by Barrie Mechanical

Emergency Generators

- Inspected semi-annually by Sommers Generators Inc. The inspections in 2024 took place in February and October

LTC Improvements

- Repurposed VON to accommodate redevelopment. Created 6 new staff offices and storage for PPEs. Created new Kitchen & Program Storage rooms
- On-going touch ups of resident rooms and common areas.
- Repainted and replaced flooring in Receiving & Staff Entrance.
- Replaced retaining wall on the north end of the LTC facility.
- Replaced walkway in outdoor staff area.

HERITAGE PLACE

- Replaced walkway around the Heritage Place garden area.
- Replaced three Make Up Air (MUA) units.
- Ongoing apartment renovations as they are vacated.

THE TERRACES AT HERITAGE SQUARE

- New floors laid in the multipurpose room, bathroom and moving room at 90 Dean St.
- Replace domestic water pump at 94 Dean St.
- Drained and flush sanitary lines at 94 Dean St.



Key Occupational Health & Safety Projects in 2024

- Monthly Mask Fit Testing for N95 Respirators at Corporate Orientation and Annual Blitz
- Pandemic Planning, Risk Assessments and IPAC is now part of the Joint Occupational Health & Safety Committee
- Routine IPAC Audit
- EPP Mock and Table Top Exercises
- Violence and Harassment Prevention Program
- Environmental Risk Assessment
- Injury trend analysis
- Joint Occupational Health & Safety Committee Development
- The Working Mind – Mental Health Awareness, Building Resiliency and Support multiyear training of instructors with roll out in 2024 and beyond as part of the Mental Health Commission of Canada and Canadian Association for Long Term Care response to the pandemic.

Rebates:

- Dunk and Associates NONE in 2024

Number of unresolved Occ. H & Safety issues: 0 unresolved; ongoing progress is continuing in all of the above areas.

HOUSING

Heritage Place: 80 units – 94 Residents

- Apartment Turnovers: 20
- Transition to LTC at IOOF: 1
- Transition to other LTC Homes: 7
- Deaths: 6
- Transfers to Hospice: 2
- Account Standings: One Outstanding-\$2,173.90
- Insurance Verification: Complete

The Housing and Finance Department implemented Gold Care a new software package in 2024. This was a collaborative effort and took 10 months to fully implement. This software is used to schedule the MOH funded services and programs at Heritage Place and to support the functions of the Finance Department with accounts payable and receivable.

Terraces at Heritage Square: 161 suites

Re-sales in 2024:

- 90 Dean Avenue: 4 Suites
- 94 Dean Avenue: 11 Suites
- Account Standings: All in good standing.
- Insurance Verification: Complete