



Continuous Quality Improvement & Risk Management Report 2025

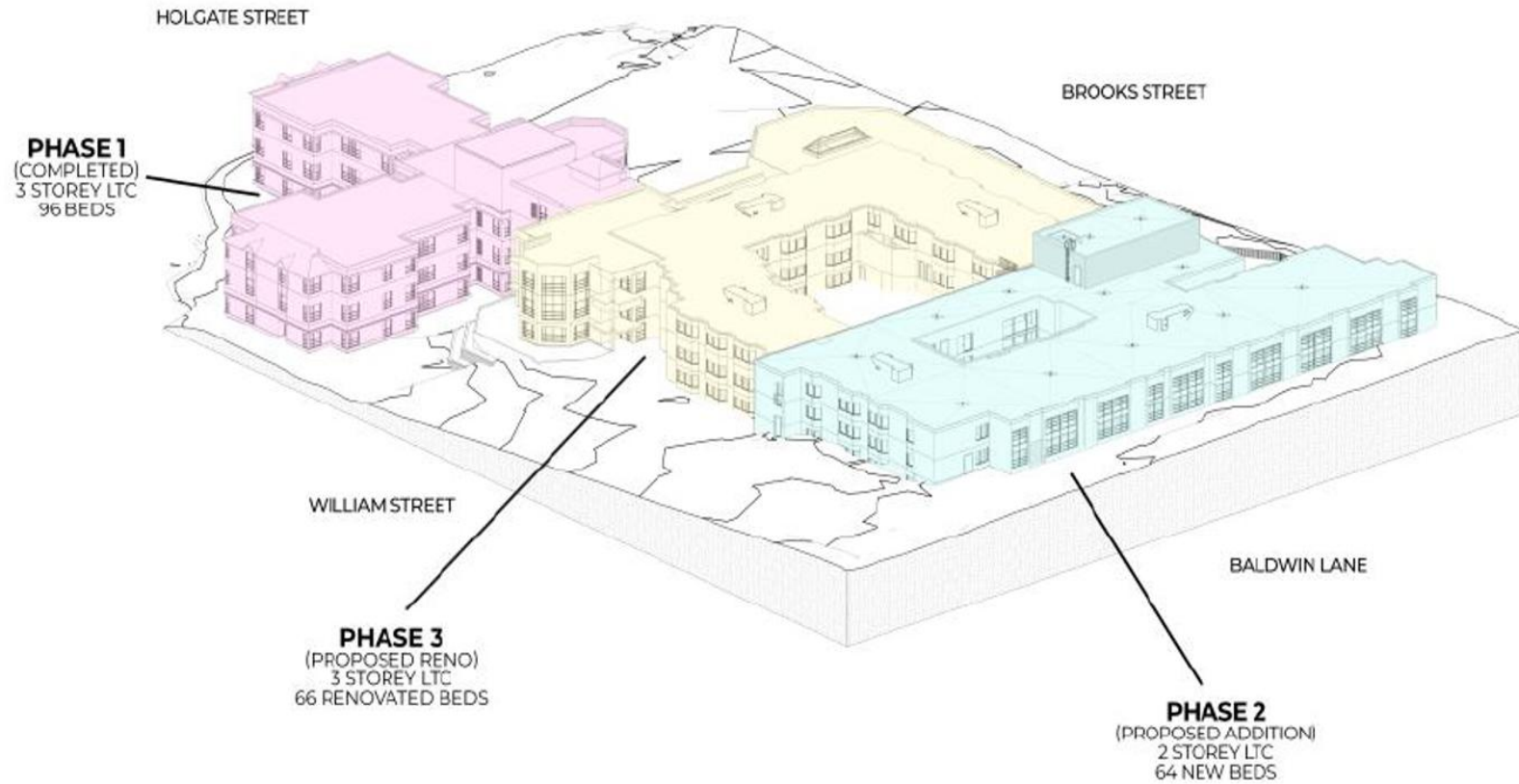
January 01, 2025
to
December 31, 2025







Redevelopment of the Odd Fellow and Rebekah Home





salterpilon
architecture







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Executive Summary

This report is a detailed outline of several Continuous Quality Improvement and Risk Management indicators/statistics that have been collected throughout the Corporation for the period of January 1, 2025, to December 31, 2025.

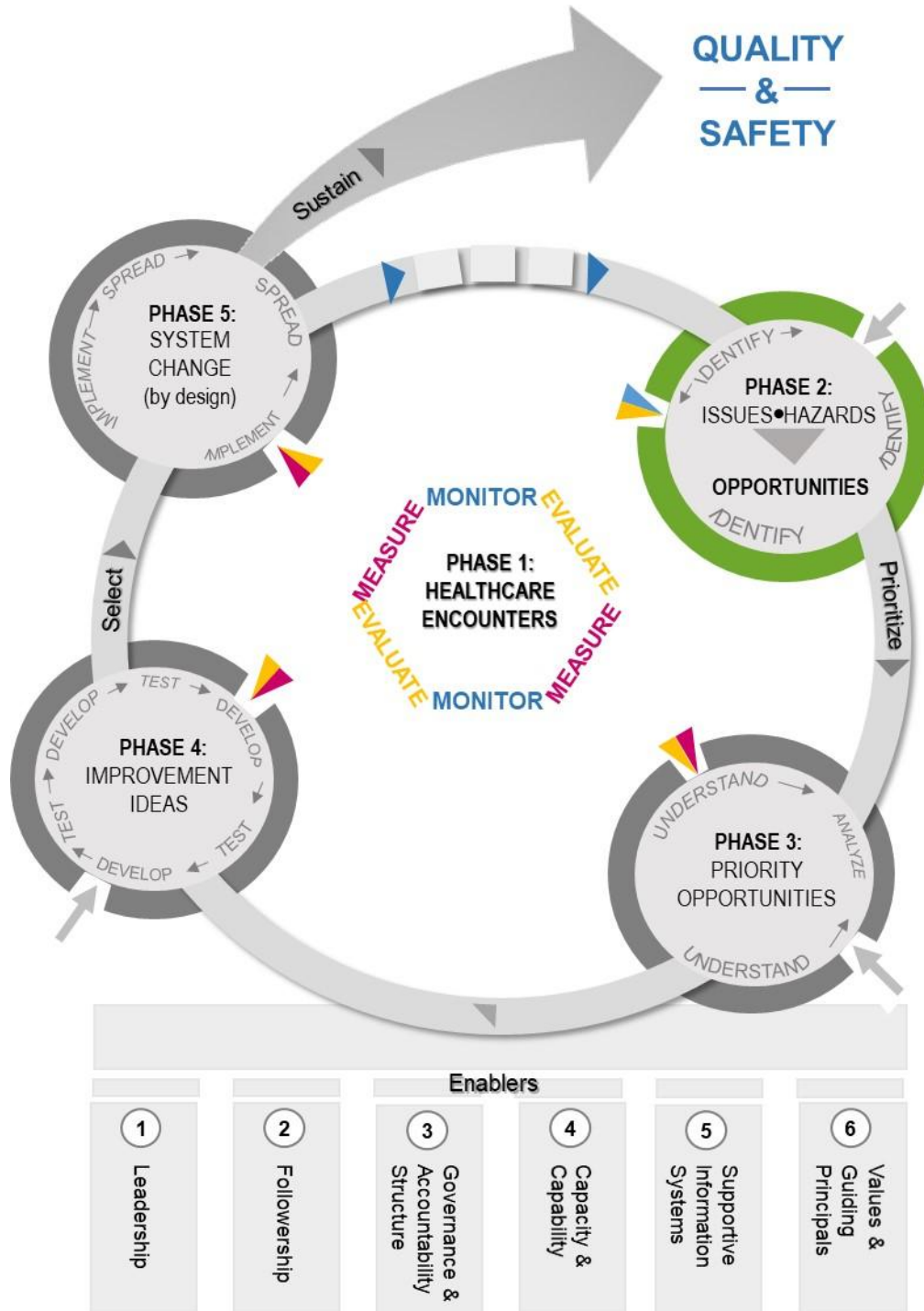
Indicators/statistics are reviewed at monthly Continuous Quality Improvement Committee meetings. These discussions allow us the opportunity to determine whether action is required on items that are trending internally and within the industry, as well as to ensure we are meeting legislative requirements 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
Gosia Briegmann	Manager of 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
Deanna Risi	HR Assistant

QUALITY FRAMEWORK

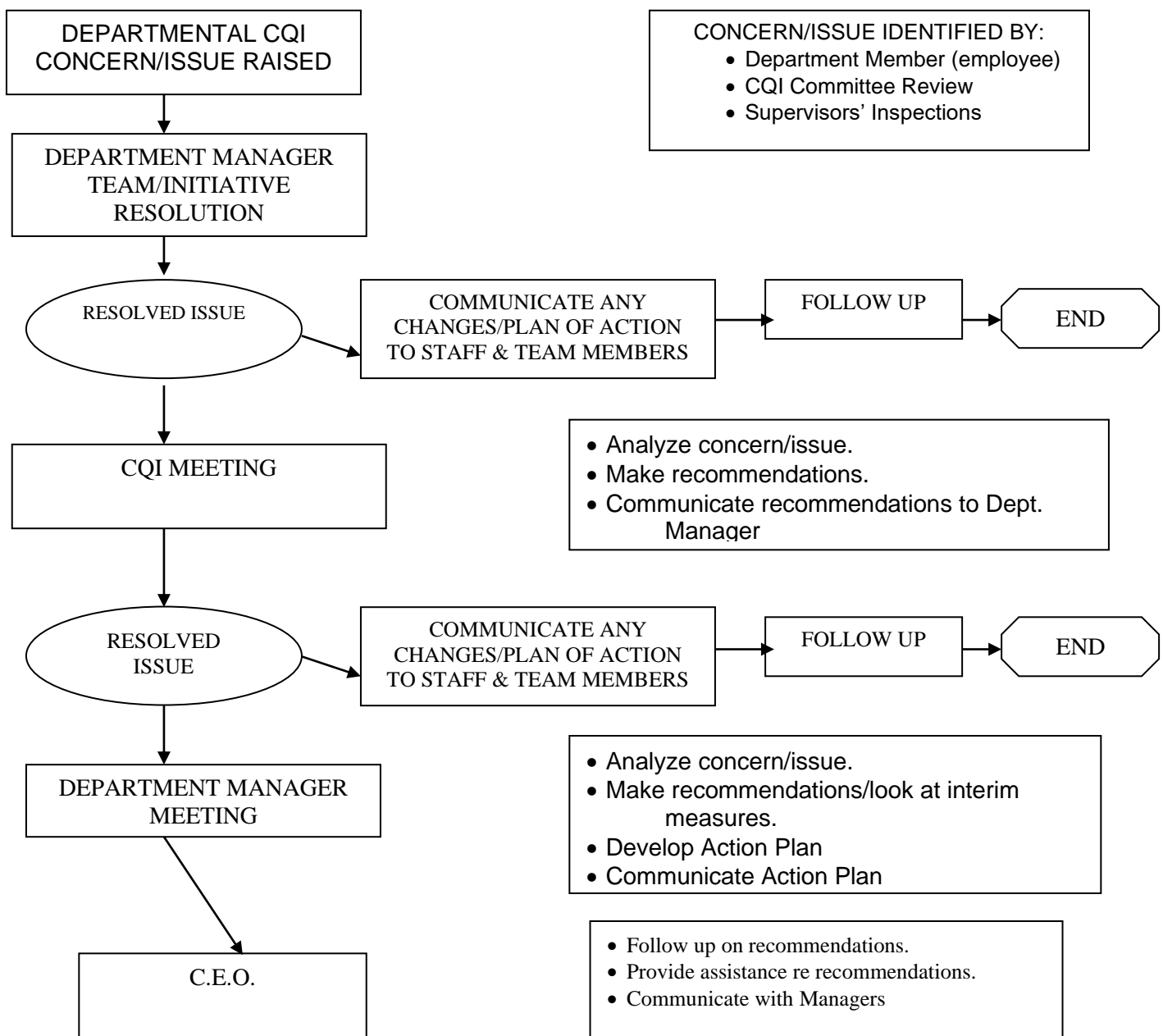
At IOOF Seniors Homes Inc., we dedicate ourselves to fostering an environment that delivers exceptional care, enriches lives, and drives continuous improvement across all our services. The comprehensive quality framework we established in the fall of 2022 remains the cornerstone of our program today. As we look ahead, this proven approach continues to guide our mission to elevate the standard of living and care for every resident we serve.



Continuous Quality Improvement (CQI) is central to our mission, uniting our team in delivering exceptional care and fostering a culture of excellence. At IOOF, our values of compassion, integrity, dedication, and safety shape everything we do. We empower our highly skilled care teams to provide outstanding service while operating as a proactive and supportive organization.

To uphold our high standards, we conduct comprehensive annual evaluations of all programs and departments. These evaluations provide valuable insights that inform our strategic planning and help us set clear, actionable goals for the future. By continuously evolving and improving, we ensure that we meet the changing needs of those we serve while maintaining our unwavering commitment to excellence.

REPORTING STRUCTURE FOR CONTINUOUS QUALITY IMPROVEMENT



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
58	864	1.5%	81%	19.2%	16	16	\$14,070
# Respite Bed Admissions	Total # Vacant Days Respite Bed	Vacancy Rate Respite Bed	Discharges-Respite Bed	Respite Occupancy Rate Required for Full Funding	Respite Occupancy Rate		LTC Occupancy Required 97%
33	90	24.7%	33	50%	75.3%		98.53%

Elston Unit Convalescent Care

Total # of Admissions	Total # of Vacant Days (Based on # beds)	Vacancy Rate (Based on 20 beds)	Occupancy
82	1576	21.6	78.4

The Ministry of Long-Term Care does not currently require an 80% occupancy rate.

LTC Home Wait List Numbers: 2025 2024 2023 2022

• Basic	440	414	410	428
• Semi-Private	95	86	82	94
• Private	310	302	300	224

The total number of clients on the waitlist is 710

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 58 clients on our Priority One list – for crisis placements.

LTC Home Agreements

	2025	2024	2023	2022
Number of Annual Agreement reviews prepared:	157	157	160	160
Number of Annual Agreements received back:	86	70	91	75
Number removed by discharge/death:	38	33	33	16
Number of Annual Agreement Reviews Outstanding:	55	54	36	69

(Reminder letters are always sent to the ones outstanding)

LTC Home Satisfaction Surveys

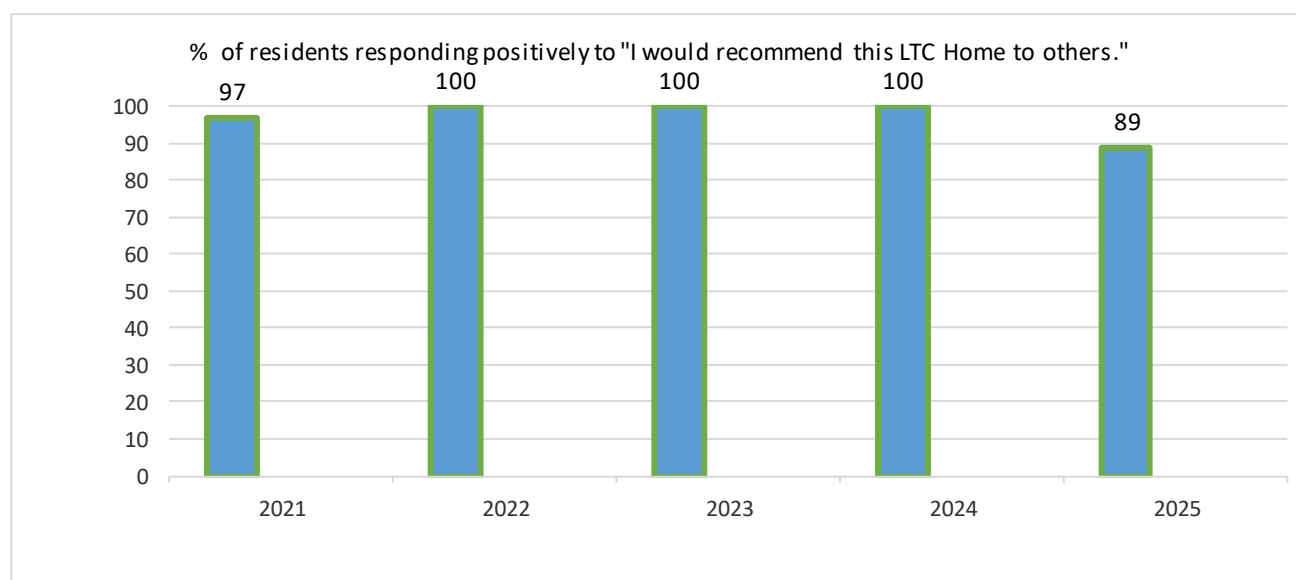
	2025	2024	2023	2022
Resident Satisfaction Surveys distributed:	159	155	156	155
Resident Satisfaction Surveys received back:	17	31	13	34
Response rate:	11%	20%	9%	22%

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

- Just an overall friendliness. Helpful, and if they cannot help, they direct you or take you to someone who can. One of the better homes in Barrie. I recommend it to all my friends for their loved ones.
- You feel welcome and everyone is friendly. Your staff has seen it all and seem to know how to handle situations. Thank you
- Holiday decorations are good for the residents. Staff get along with each other and are good with the residents in acknowledging them & helping them. It is good to see. Seems like plenty of activities which residents enjoy.

Areas of improvement as recommended in the Satisfaction Survey:

- Physical Plant – Allandale and Simcoe Lodge
- Courtyard
- There seems to be many activities, but many are repetitive. More music nights -residents from what I see enjoy listening to music.



The Value of Volunteers in Long-Term Care

Long-term care facilities are home to individuals with lifetimes of experiences, wisdom, and stories. Yet the transition to these environments can sometimes bring feelings of isolation. This is where volunteers step in, transforming ordinary days into moments of genuine connection and warmth. Giving your time to a long-term care community does much more than fill a schedule. It brings life, laughter, and profound comfort to the residents who live there.

Consistent social interaction plays a vital role in the emotional and mental health of older adults. When you visit a facility, you provide a listening ear and a steady, reassuring presence. A simple conversation can significantly reduce feelings of anxiety and loneliness. Residents look forward to these visits, finding renewed happiness and mental stimulation in your shared moments. You give them something to anticipate, which works wonders for their overall morale.

The real magic happens during everyday activities. Whether you help a resident put together a puzzle, play a lively game of cards, or sit quietly reading a favorite book aloud, you create meaningful social bonds. These newfound friendships remind residents that they remain valued, seen, and heard. You give them a safe space to share their rich histories, helping them hold onto their personal identities.

Volunteers breathe fresh, positive energy into the entire facility. You bridge the gap between the surrounding neighborhood and the care center, fostering a vibrant and inclusive community. While the dedicated staff members deeply appreciate the extra support, the residents truly reap the greatest rewards. Your presence helps turn a medical setting into a warm, thriving home. Giving your time requires nothing more than an open heart and a willingness to show up. The impact you make will ripple through the lives of the residents, and you will find that your own life becomes richer in the process.

Volunteer Services

Number of Active Volunteers in 2025: 167
Number of Volunteer Hours in 2025: 25,217

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 - 2025

Department/Position	
Management – Nutrition Services Manager	1
Non-union – Canada Summer Jobs temporary positions, Scheduling Admin, Admin Assistant - NS	3
Resident Care – PSW	85
Resident Care – RPN	28
Resident Care – RN	8
Food Services – Cook, FSA, FSW, Head Chef	10
Environmental Services – ESW	5
Housing Accommodations – SSW	1
Program Support – Rec. Aide & Rec. Facilitator	4
Total New Hires for 2025	145

Terminations 2025 (includes retirements)

Department	
Management & Non-Union	6
Resident Care	76
Food Services	9
Environmental Services	4
Housing Accommodations	1
Program Support	7
Total Terminations 2025	103

Number of Employees as of December 31, 2025

Department/Position	Full Time	Part Time	Casual
Management/Non-Union	31	2	0
Environmental Services	19	11	5
Food Services	13	11	11
Housing Accommodations	6	5	10
Program Support	11	3	7
Resident Care	114	42	76
Total Number of Employees	194	74	109
Total Number of Employees on December 31, 2025			377



LTC Home Resident Care & Services 2025

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:



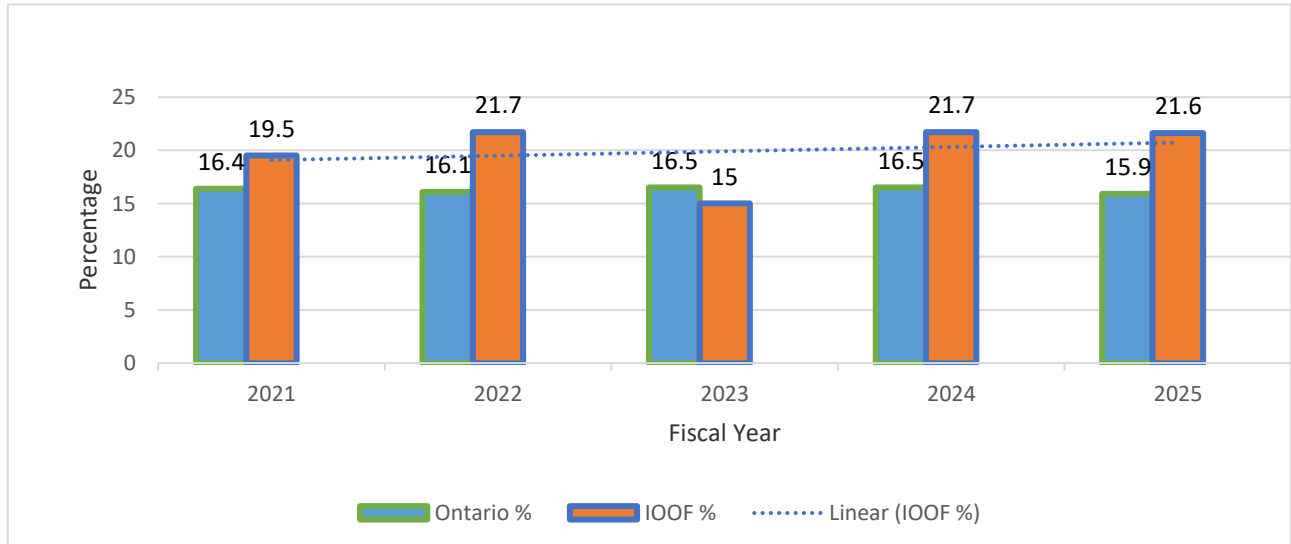
1. To improve the resident experience of care.
2. To improve the health of populations; and
3. To reduce the per capita cost of health care.

Our Home acknowledges that 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 is 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. 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 2025.

Percentage of Residents who fell.

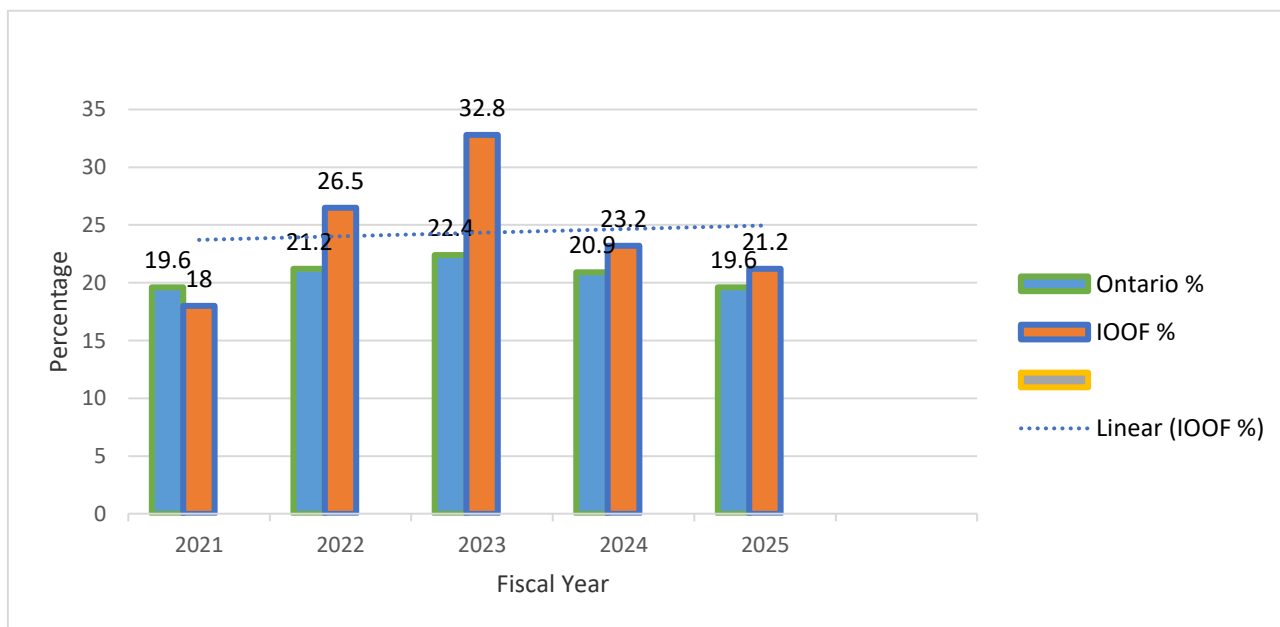


Year	ON	IOOF
2021	16.4	19.5
2022	16.1	21.7
2023	16.4	15
2024	16.4	21.7
2025	15.9	21.6

This indicator shows the percentage of residents in the home who fell during a 30-day period. While the home’s average falls rate had a decrease in 2025, it is important to highlight there is a continued trend for long-term care applicants with a higher level of acuity and frailty, as well as individuals remaining in the community longer due to long wait lists for long-term care 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.



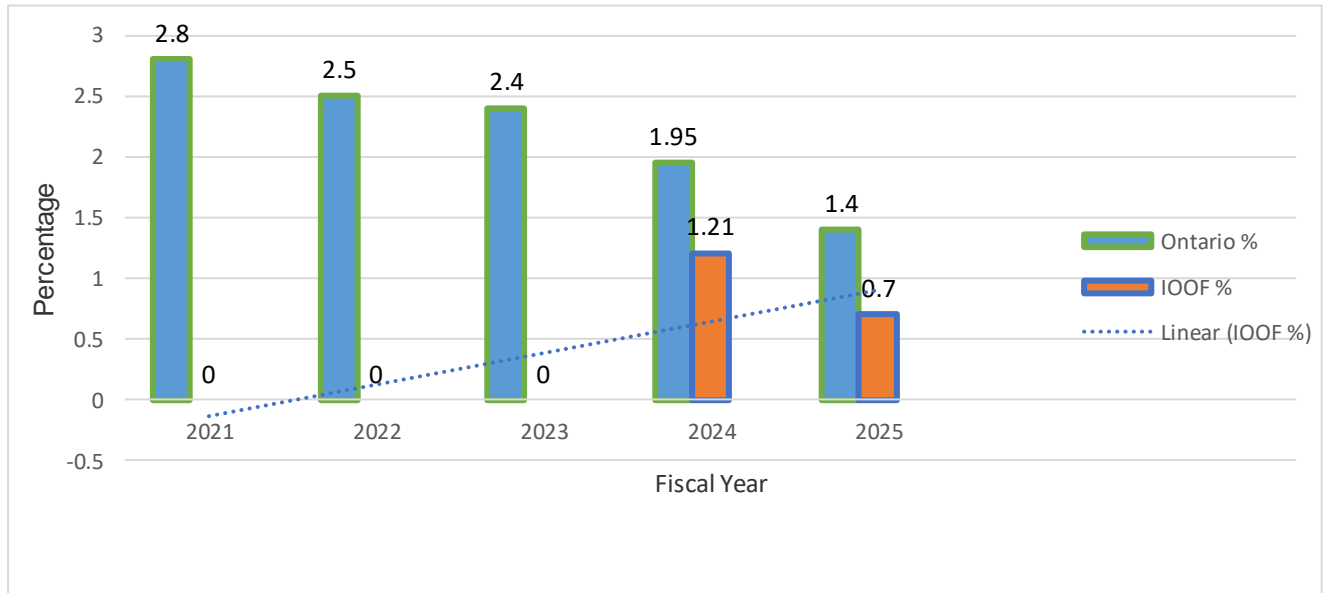
Year	ON	IOOF	
2021	19.6	18	
2022	21.2	26.5	
2023	21.4	32.8	
2024	20.4	23.2	
2025	19.6	21.2	

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 2025 and both the provincial average and the Home have seen this indicator decrease over the last year. The medical team at the IOOF continue to collaborate with the pharmacist to review the use of antipsychotic medications, review of diagnosis and deprescribe where appropriate. Consideration

must be given to the appropriate use of antipsychotic medication for treatment of certain personal expressions/responsive behaviours and mental health related disorders.

The Cognitive Support Team was fully implemented in April of 2025; the team was restructured in the fall of 2025 to better serve the needs of our residents. The Cognitive Support Team's (CST) main function continues to be to support residents experiencing personal expressions 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.

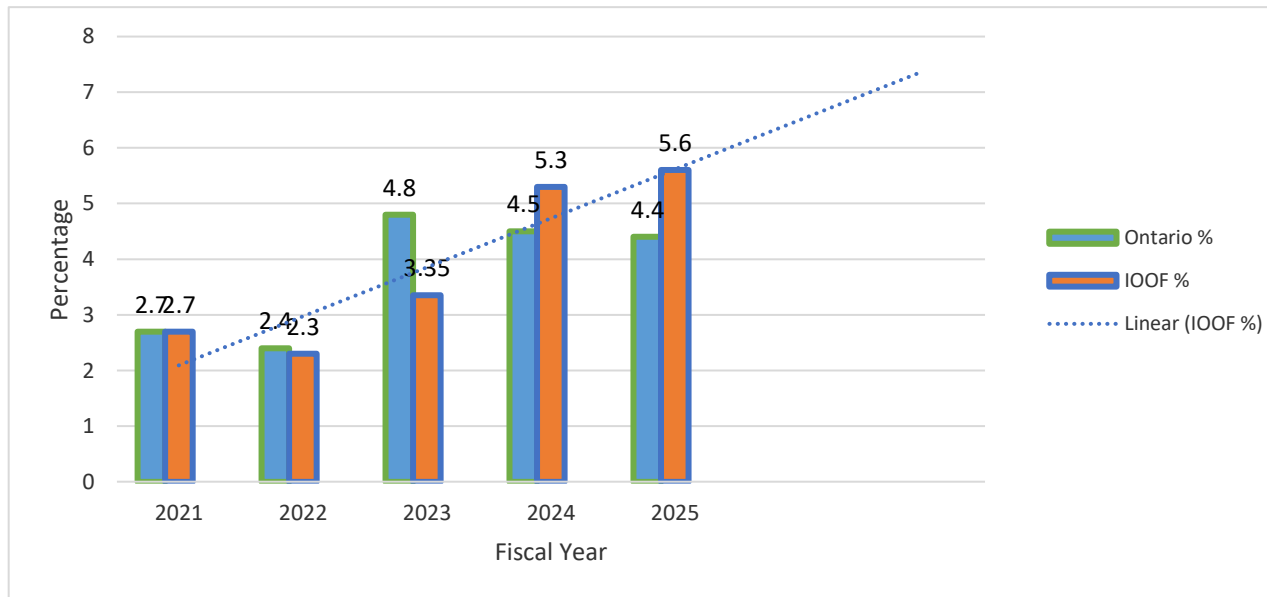
Residents who were physically restrained daily.



Year	ON	IOOF
2021	2.8	0
2022	2.5	0
2023	2.4	0
2024	1.7	1.2
2025	1.4	0.7

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

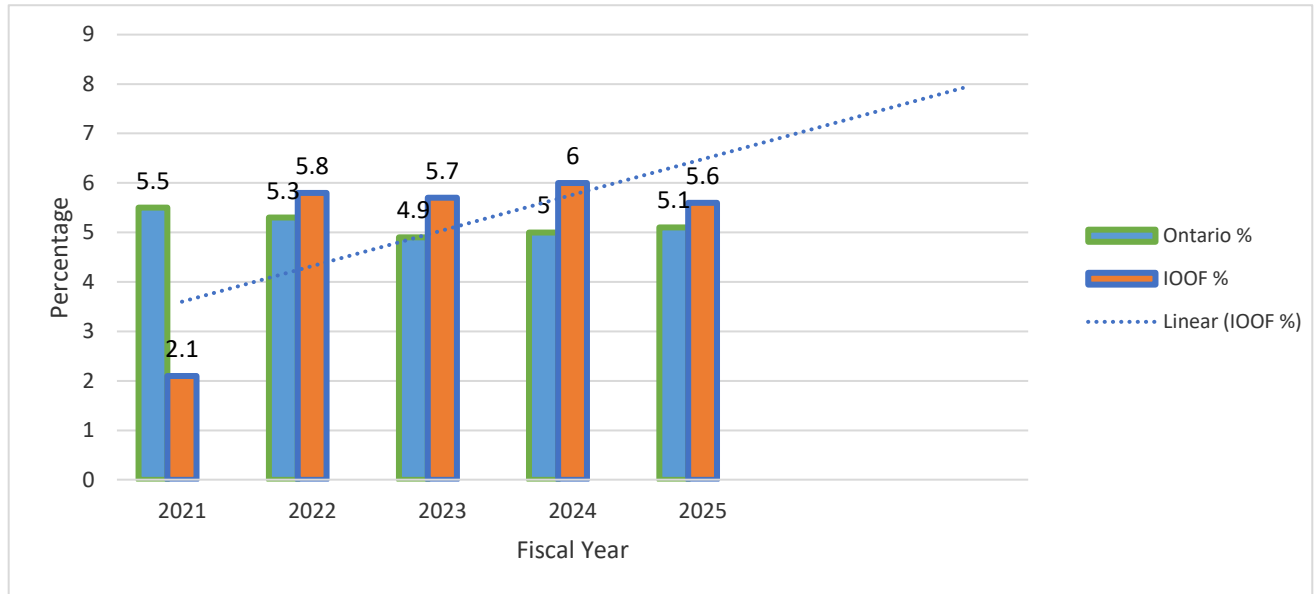


Year	ON	IOOF
2021	2.7	2.7
2022	2.4	2.3
2023	4.8	3.35
2024	4.5	5.3
2025	4.4	5.6

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 2025. The home continues to promote optimal skin integrity, prevent the development of wounds and pressure ulcers and provide effective skin and wound care interventions 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. It is important to note that long-term care residents that are newly admitted to the home are increasingly more likely to have stage 2-4 pressure ulcer(s) and or have a higher risk of acquiring a pressure ulcer due to frailty, multiple co-morbidities, and a high acuity; there are many factors that contribute to this such as lack of community support, poor nutrition, and poor access to health care.

Residents Experiencing Pain



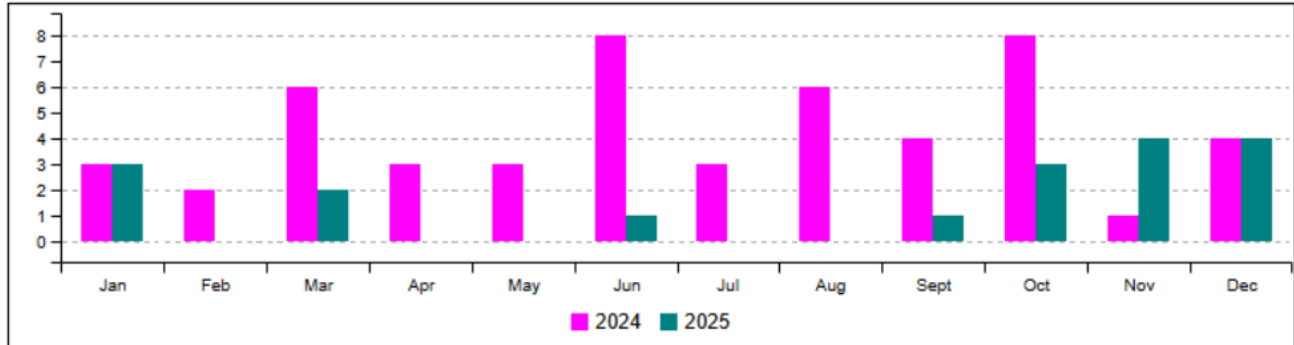
Year	ON	IOOF
2021	5.5	2.1
2022	5.3	5.8
2023	4.9	5.7
2024	5	6
2025	5.1	5.6

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 implemented the RAO clinical pathway for pain in October 2025; part of the implementation process was to complete a GAP analysis to determine areas that the home was doing well in and to identify areas in pain management where we could improve. As an evidence based best practice, all residents are assessed and monitored for pain upon admission, quarterly, and with any change in health status. All residents receiving analgesic medication(s) are assessed at a minimum of daily using a standardized pain scale, and all residents receiving opioid medication(s) are assessed for sedation level prior to the administration of those medications. We assess in an ongoing approach for pain and sedation to ensure residents have minimized negative outcomes such as poor pain management and over sedation which could lead to falls, personal expressions, failure to thrive, decrease in mental status, and even death. Optimal pain management increases a resident's quality of life.

Emergency Visits without Admission

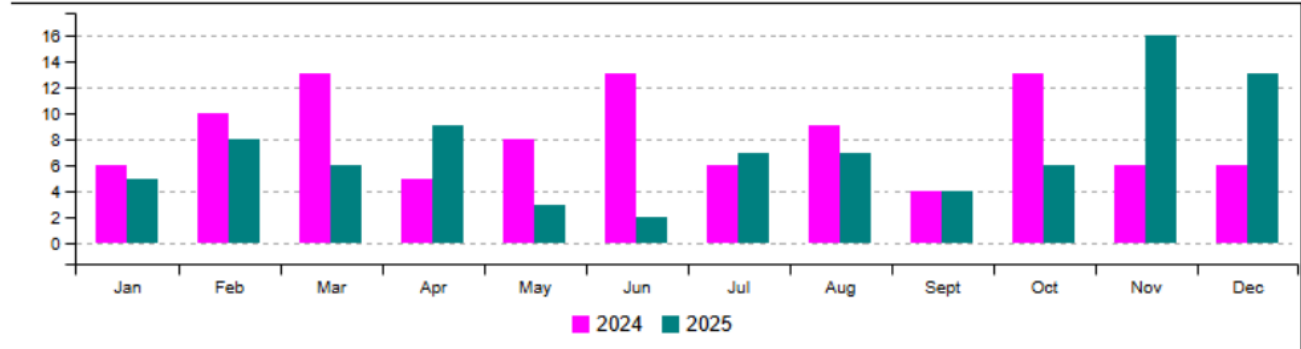
Year	JAN	FEB	MARCH	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	Avg	Min	Max	Total
2024	3.0	2.0	6.0	3.0	3.0	8.0	3.0	6.0	4.0	8.0	1.0	4.0	4.25	1.0	8.0	51.0
2025	3.0	0.0	2.0	0.0	0.0	1.0	0.0	0.0	1.0	3.0	4.0	4.0	1.5	0.0	4.0	18.0



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. A collaborative approach is used to identify symptoms earlier leading to better management of health conditions through earlier intervention and facilitation of goals of care conversations that promote informed resident-centered care decisions.

Hospital Transfers with Admissions – Long Term Care

Year	JAN	FEB	MARCH	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	Avg	Min	Max	Total
2024	6.0	10.0	13.0	5.0	8.0	13.0	6.0	9.0	4.0	13.0	6.0	6.0	8.25	4.0	13.0	99.0
2025	5.0	8.0	6.0	9.0	3.0	2.0	7.0	7.0	4.0	6.0	16.0	13.0	7.17	2.0	16.0	86.0



The Physicians, Nurse Practitioner and Nursing Team review resident needs with the aim of preventing unnecessary hospital transfers by closely monitoring the health status changes with our residents and having early goals of care conversations with resident/family. The focus of Goals of care conversations includes honouring residents’ wishes, available in-house treatments such as palliative care, and diagnostic testing such as in-house Xray and ultrasound.

Future planning for education will include IV therapy certification; having the ability to administer certain IV medications such as antibiotics will reduce the need for residents to be admitted to hospital and/or reduce the length of hospital stay.

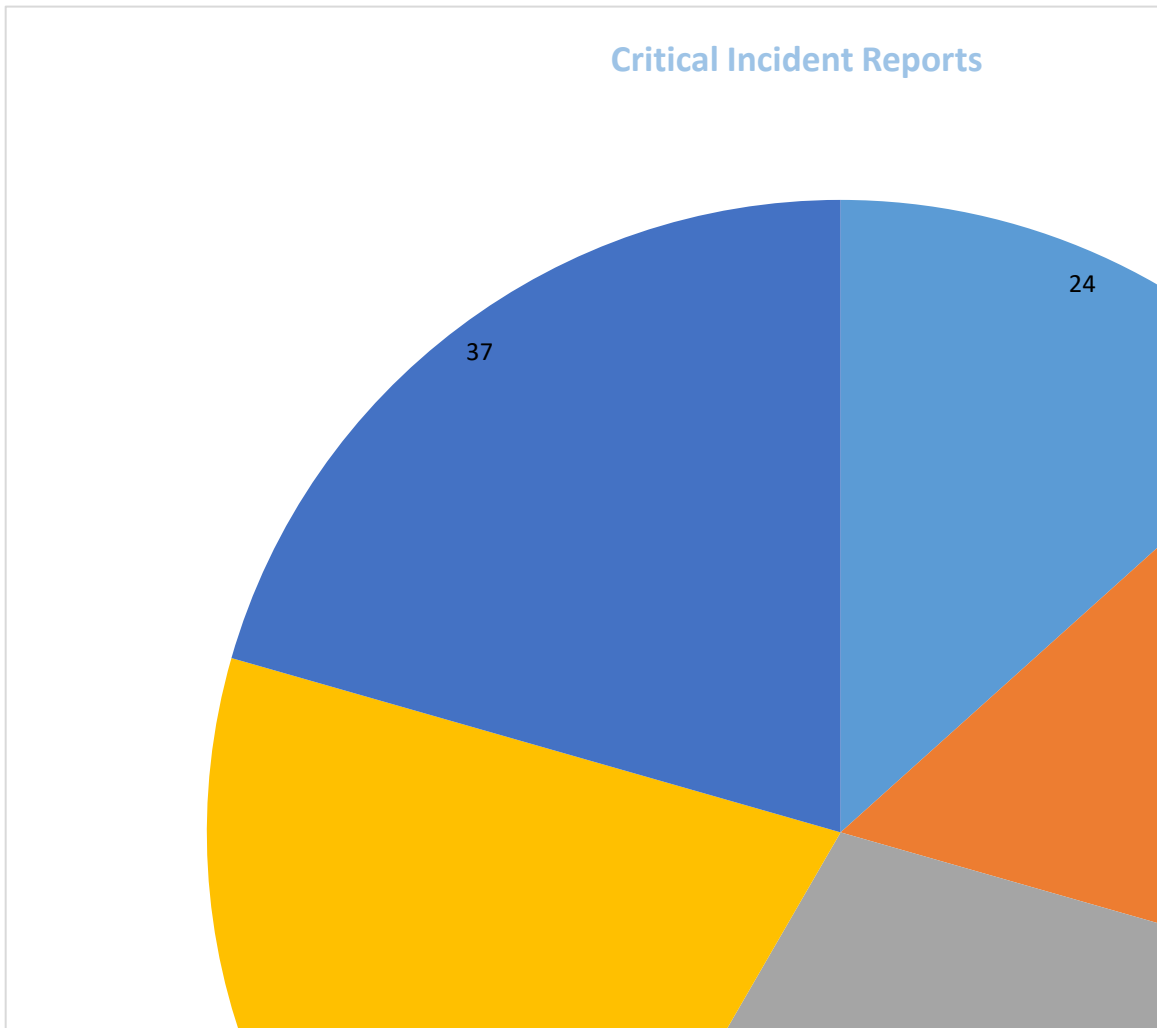
It is important to emphasize that residents being newly admitted to LTC are arriving much more complex and frailer than previously seen; this may be attributed to a lack of services in the community and long waiting times for a bed in LTC.

Critical Incident Reports

There was a total of 44 Critical Incidents reported to the Ministry of Health and Long-Term Care (MOHLTC) for 2025. There was an increase in the number of critical incidents submitted by the home to the MOHLTC in 2025. The home saw an increase in reports of allegations of abuse and neglect.

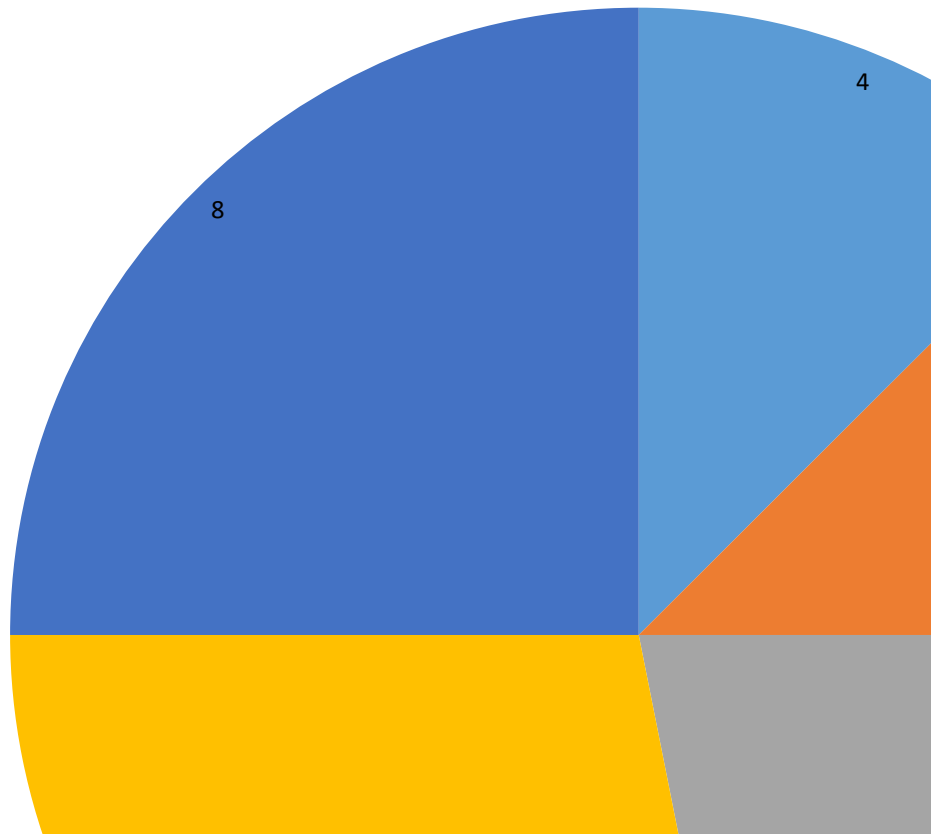
Although there was an increase of allegations of abuse and neglect there was an actual decrease in the actual findings of abuse and neglect.

The number of reported outbreaks remained the same, however, the duration of outbreaks in 2025 was significantly shorter than the outbreaks in 2024; this can be attributed to strong IPAC protocols that have been put into place

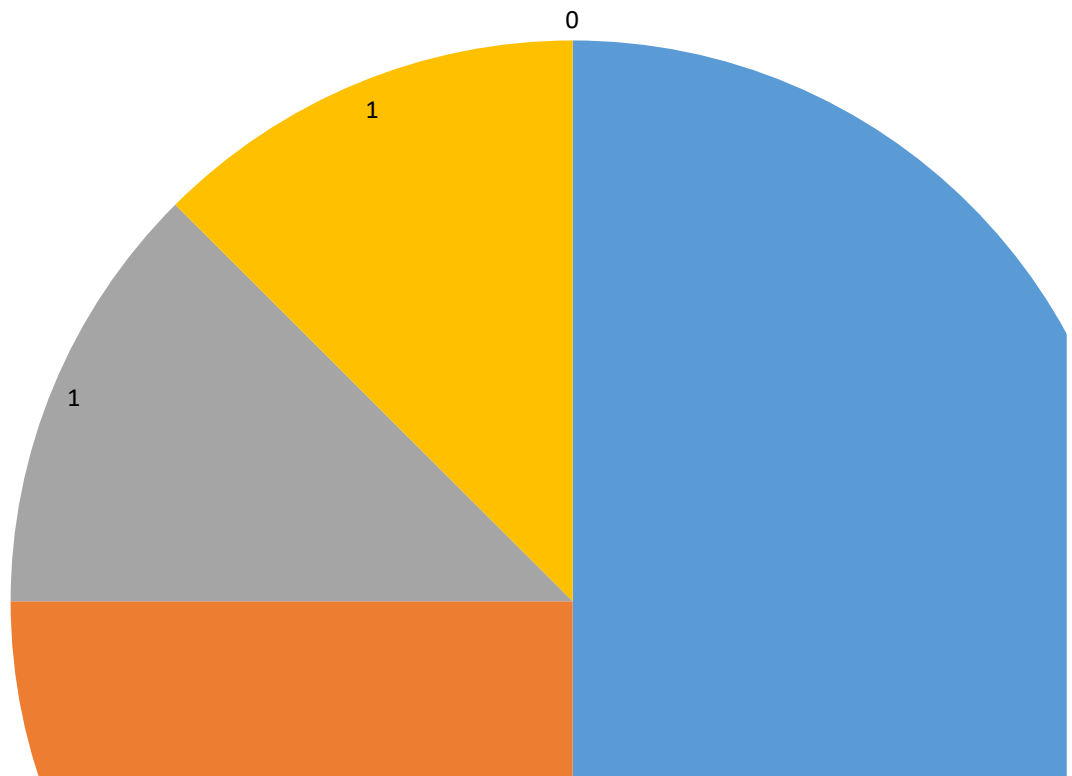


Outbreak Management: Yearly

Number of Outbreaks



Types of Oubreak



Infection Prevention and Control (IPAC)



The Infection Prevention and Control (IPAC) Program at IOOF Seniors Homes Inc. adopts an interdisciplinary approach under the leadership and guidance of the IPAC Nurse. The entire team shares responsibility for conducting audits, delivering education, and providing leadership and support to staff, residents, students, volunteers, and visitors. This collective effort promotes safe IPAC practices, fostering a healthy and secure environment for everyone.

IOOF continues to benefit from ongoing education and audit support provided by external partners such as IPAC extenders from Royal Victoria Regional Health Centre (RVH) and Public Health. Findings from these audits are used to shape targeted educational initiatives within the home, driving continuous improvements and supporting the highest possible standards of safety for both work and living spaces. In 2025, the effectiveness of the program was demonstrated by multiple inspections and audits conducted by Public Health (PH) and the Ministry of Health and Long-Term Care (MOHLTC), with zero non-compliances reported.

The organization maintains a strong personal protective equipment (PPE) stockpile, ensuring that items such as N95 masks are available as needed. All staff members are up to date with N95 mask fit testing, with ongoing, scheduled fit testing sessions to meet MOHLTC guidelines and directives. IOOF remains committed to providing an ongoing vaccination program for all staff and residents. While staff vaccination rates have been lower than desired—a trend noted globally, possibly due to “vaccination fatigue” or reluctance following previously mandated vaccine requirements that have since been lifted—the home ensures vaccines remain accessible to all staff wishing to be vaccinated. A team-based approach to vaccine administration supports convenient access for staff on all shifts, ensuring ongoing opportunity for immunization.

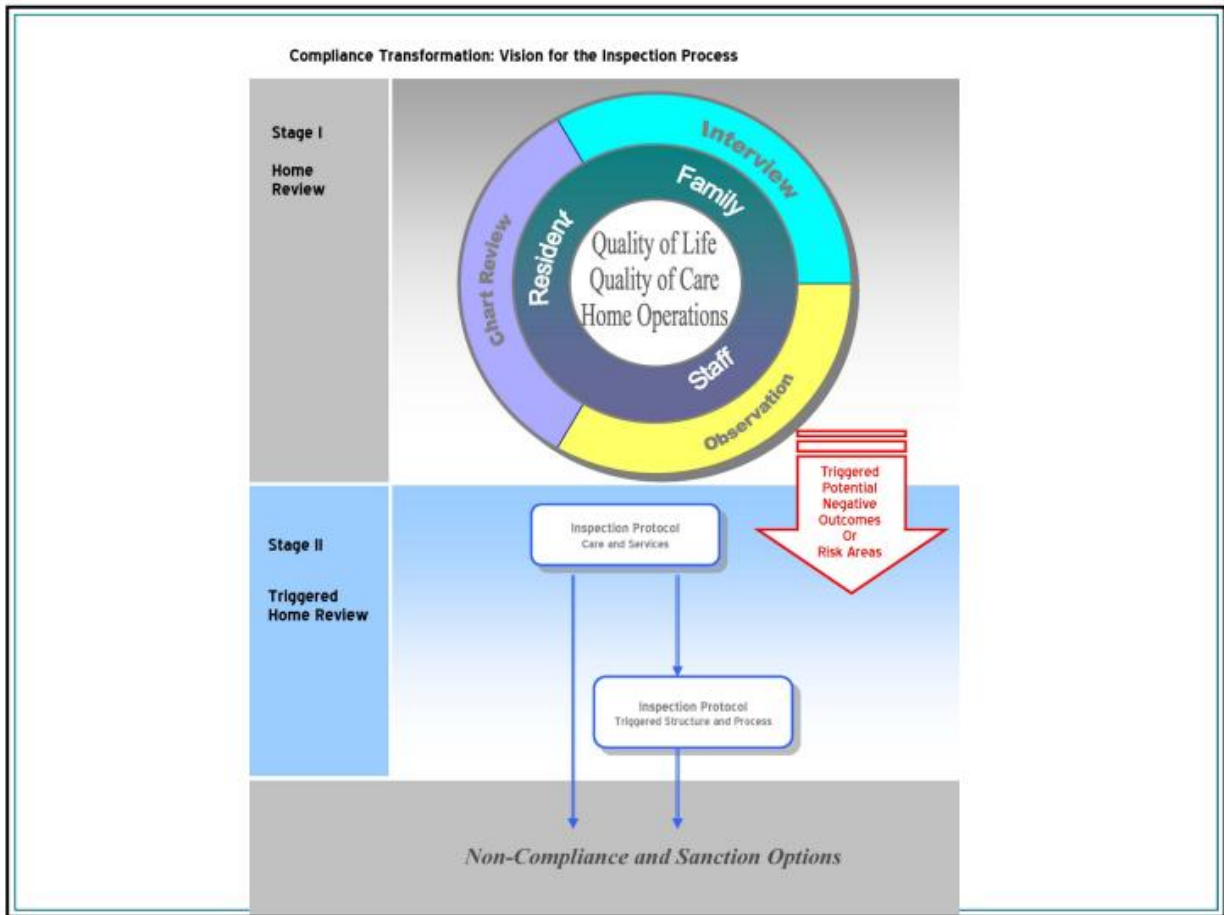
Influenza/COVID Vaccinations

RESIDENTS	Number In Home	Percentage 2025	Percentage 2024	Percentage 2023	Percentage 2022
LTC Residents Flu Vaccine	162	75.3%	91%	84%	98%
LTC Residents COVID	162	60%	69%	97%	98%
HP Residents Flu Vaccine	93	61 %	92%	93%	96%
HP Resident Covid	93	47%	85%	87%	91%
LTC Staff Flu Vaccine	377	86.7%	62%	57%	83%

203 Residents at the Terraces – 63% received the flu vaccination. We do not have data for flu vaccinations at the Terraces that may have happened off site (e.g., Doctors’ Clinics, Pharmacies, etc.). It should be noted that the COVID Vaccinations across the province in all health care sectors is trending down.



Inspection Process



MOLTC Inspections in 2025

January 6, 2025, Inspection Type: Proactive compliance inspection – 1 written notification

February 7, 2025, Inspection Type: Complaint, Critical Incident- 1 compliance order, 2 written notifications received.

April 11, 2025, Inspection Type: Critical Incident follow up – non-compliance remedied

May 30, 2025, Inspection Type: Critical Incident- 3 written notifications

August 19, 2025, Inspection Type: Complaint, Critical Incident- 5 written Notifications

October 28, 2025, Inspection type: Critical Incident – 3 written notifications

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. The compliance order issued in January was a result of a medication error involving a narcotic medication. Processes were reviewed and updated to ensure a second check by a registered nurse occurs for medications that are deemed high risk; the ministry was satisfied with the home's actions and lifted the compliance order.

LTC Home Nutrition Services

Simcoe Muskoka District Health Unit (SMDHU)

Food Services:

- The Kitchen facilities at the Terraces at Heritage Square were not inspected during 2025.
- The Kitchen facilities at Heritage Place and the LTC Home were inspected on three (3) occasions; March 27th , August 28th , and November 21.
- 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 Mapleview/RVH unit.
- All inspections by Public Health were random and not the result of a complaint.

Public Health Inspections Summations

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

March 27, 2025

Item	Deficiency/Non-Compliance	Action Taken
1	<p>Heritage Place Supportive Housing Cleaning and Sanitizing Toxic or poisonous substances required for maintenance in food premises are stored and handled as prescribed in the regulation.</p> <p>- Fail to keep toxic/poisonous substances in container bearing identifying labels</p> <p>Spray bottle contains >>200ppm bleach solution. It is concentrated from jug, as per operator, they use it to clean the inside of sink only. Bottle was labelled immediately. Education provided.</p>	<p>The operator corrected the issue during inspection.</p> <p>Corrected issue during inspection; discarded.</p>

August 28, 2025

Item	Deficiency/Non-Compliance	Action Taken
1.	<p>Long Term Care Kitchen Operation and Maintenance Equipment, utensils, multi-service articles, and all food contact surfaces must be properly constructed and maintained.</p>	<p>Spatulas were removed and discarded.</p> <p>Corrected issue during inspection; discarded.</p>

	<p>- <i>Fail to maintain equipment, utensils and or multi-service articles in good repair and or safe condition</i></p> <p>Three spatulas were discarded at time of inspection, not in good repair.</p>	
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November 21, 2025

Item	Deficiency/Non-Compliance	Action Taken
1.	<p>Long Term Care Kitchen Operation and Maintenance Institutional Servery- Kempenfelt Operation and Maintenance Equipment, utensils, multi-service articles, and all food contact surfaces must be properly constructed and maintained.</p> <p>- <i>Fail to maintain equipment, utensils and or multi-service articles in good repair and or safe condition</i></p>	<p>Removed and discarded. Corrected issue during inspection; discarded.</p>
2.	<p>Cutting board not in good repair, discarded.</p> <p>Food Handling 3. Operator practiced safe food handling to ensure food is safe to eat.</p> <p>Third floor storage room: Disposable cups inside dry food product were removed and discarded. Use scoops with handles.</p>	<p>Removed and discarded. Corrected issue during inspection; discarded.</p>

Food Handler Certification 2025

As of December 31, 2025

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

**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 2025

Canadian Food Inspection Agency (CFIA):

- No inspections in 2025

Nutrition Services Initiatives

A review of the Nutrition Services Department was completed in 2025 to identify areas requiring improvement. Since then, several initiatives have been implemented to improve efficiency in using technology.

A software program called Synergy MealSuite was purchased and is now used to display menus and therapeutic extensions digitally on touch screens in each home area. Residents can interact with the screens to view the daily menu, see the week-at-a-glance menu, and access therapeutic menu extensions.

Tablets and iPads are used by Food Service Workers and Personal Support Workers. Through an interface between Point Click Care and MealSuite, staff can access residents' profiles, including diet orders, preferences, allergies, and other dietary requirements. This integration ensures accuracy and eliminates the need for paper diet rosters.

A database containing all menu options has been uploaded into MealSuite to support the system.

Orders are taken by Personal Support Workers through the instant ordering app on the tablets/iPads. Residents can view menu items on the digital screens, which eliminates the need for show plates in each home area and helps reduce food costs. The information is transmitted from the tablet/iPad to a screen in the server area, where the order is prepared by Nutrition Services staff.

The Culinary Team can access recipes, production sheets, and record or log food temperatures using touch screens through the paperless kitchen program. This initiative has reduced paper and ink costs within the department.

A Head Chef was hired to provide support and mentorship to the Culinary Team. With a resident-first philosophy, the team has been developing and trialing home-style recipes for inclusion in the menu cycle. In addition, more fresh fruit and vegetables have been incorporated into the menu.

An Administrative Assistant was also hired in 2025 to provide administrative support to the department.

Heritage Place

The Social Service Coordinator facilitates a new Seniors Peer Support Group. This group provides residents with an opportunity to participate in open discussions and share experiences related to topics such as dementia, changes in family roles, aging, and self-care.

Corporate Risk Management & Projects 2025

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	2	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 problems found and encountered are corrected by the maintenance department or service providers.

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 Care Safe Solutions 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, 2025

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:

	2025	2024	<u>2023</u>	<u>2022</u>
Heritage Place	1335	1318	1849	3427
LTC Home:	5121	5001	5132	4778
RHV Maplevue:	Closed	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 2025 took place in May and November

LTC Improvements

- Front entrance door replaced allowing it to be locked at night, ensuring resident and staff safety.
- The purchase of a new tractor to help with snow removal at the home, Hp and along the new path for parking at the church.
- A new “walk through” was created off the Elston unit allowing easier access to elevators for staff and residents. This was undertaken because of losing the elevator in Maplevue because of construction.
- Replaced Carpet with vinyl flooring in the family rooms on Baldwin Lane and Georgian Way
- Relocated the Hair Salon from the construction site to a temporary site in the old quiet room.

HERITAGE PLACE

- Replaced flooring and paint on 2nd and 5th floors. New décor was added on those floors as well.
- The new tractor allowed us to keep the back walkway of HP maintained so residents could use it safely throughout the winter.
- Ongoing apartment renovations as they are vacated. (It should be noted that 52 of the 80 apartments have been renovated with new flooring, painting, etc.).

THE TERRACES AT HERITAGE SQUARE

- Smoke and Co2 detectors were replaced at 94 Dean.
- Began replacing riser shut off valves at 90 Dean.
- Replaced old sprinkler heads at 94 Dean.
- Laundry and bathroom ducts were cleaned out in 161 suites.



Ministry of Labour

There were (3) inspections in 2025.

The Ministry of Labour (MOL) inspected the workplace for Occupational Health & Safety Compliance on three (3) occasions, with the focus being primarily on temporary agency use, infection prevention and control (IPAC) and implemented safety measures.

Jan 24, 2025

The MOL was in to educate and bring awareness to the human trafficking that is taking place especially in relation to unlicensed temporary agencies and the fear tactics they use with their 'staff' by taking away their passports, forced labour and providing deplorable living conditions.

Beginning on July 1, 2024 under the Employment Standards Act, 2000 (ESA):
Temporary help agencies are required to hold a license to operate.

The inspector shared the procedure to check the license status of any temporary agencies we might use and to report any that may be soliciting and are not registered.

Our agency use is minimal, and they are licensed.

April 29, 2025

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

We received multiple orders that were complied with forthwith (at the time of the inspection), resulting in several orders to follow up with.

During their walkthrough, they witnessed several staff members exit the building to go to their vehicles or break areas, wearing masks on their ears, under their chins, etc. They also

witnessed individual staff with their shield on the upper part of their head and not protecting their face. A reeducation order was issued.

Aug 7, 2025

The MOL was onsite to conduct a proactive inspection focusing on Workplace Violence and Harassment.

The inspector reviewed the following:

- The workplace violence policy & procedures including other workplace policies dealing with workplace violence i.e., Harassment, Civil and Respectful Workplace, Code of Conduct, and incident reporting
- educational materials provided to workers as part of workplace violence prevention and completion stats
- workplace violence risk assessment
- workplace violence incident reports/incidents for 2024 and 2025 (resident action)
- copies of JHSC meeting minutes for 2024/2025
- copies of workplace inspections for 2024/2025

After reviewing the P&Ps, risk assessment, and materials requested, she did an internal and external walk-through and issued two orders that were complied with forthwith, and one education/communication order for all staff to receive education and communication regarding the White Bell policy. The White Bell emblem is a way for all staff to identify Residents who may demonstrate expressive responsive behaviours.

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.

Key Occupational Health & Safety Projects in 2025

- Monthly Mask Fit Testing for N95 Respirators at Corporate Orientation and Annual Blitz
- Pandemic Planning, Risk Assessments, and IPAC are part of the Joint Occupational Health & Safety Committee
- Routine IPAC Audit
- Quarterly EPP Mock and Tabletop 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 as part of the Mental Health Commission of Canada and Canadian Association for Long Term Care response to the pandemic.
- Gentle Persuasive Approaches Training to support Residents with expressive responsive behaviours.

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

HOUSING

Heritage Place: 80 units – 93 Residents

- Apartment Turnovers: 12
- Transition to LTC at IOOF: 0
- Transition to other LTC Homes: 5
- Deaths: 9
- Transfers to Hospice: 0
- Account Standings: All in good standing.
- Insurance Verification: Complete

Terraces at Heritage Square: 161 suites

Re-sales in 2025:

- 90 Dean Avenue: Suites 12
- 94 Dean Avenue: Suites 8
- Account Standings: All in good standing.
- Insurance Verification: Complete