

THURSDAY, MARCH 27, 2025

MINUTES

Date: Thursday, March 27, 2025

Location: Cassellholme Garden Room

Present: Dave Mendicino, Chair
 Michelle Lahaye, Vice Chair
 Chris Mayne
 Mark King
 Peter Chirico
 Robert Corriveau
 James "Jim" Bruce

Staff: Angie Punnett, Administrator
 Billy Brooks, Chief Financial Officer
 Dave Smits, Director, Capital Facilities
 Anita Brisson, Project Manager
 Camille Bigras, QI Director
 Julie Pilkey, Secretary

Regrets:

Guests: Monique Peters, Family Council

	ITEM	ACTION
A.	CALL TO ORDER	
	<p>MEETING RECORDED</p> <p><i>"Moved by Michelle Lahaye and seconded by Robert Corriveau that the meeting be called to order at 5:05 p.m."</i></p> <p>Res. #031-25 <u>Carried</u></p>	
	1. Approval of Agenda	
	<p>Add: 4.2 – Q.I. Satisfaction Survey & Q.I. Plan for 2025</p> <p><i>"Moved by Chris Mayne and seconded by Mark King that the Board approved the Agenda for this meeting, as amended."</i></p> <p>Res. #032-25 <u>Carried</u></p>	
	2. Conflict of Interest	
	<p><i>"Moved by Jim Bruce and seconded by Mark King that no Board Members present have declared a conflict of interest."</i></p> <p>Res. #033-25 <u>Carried</u></p>	

3. Approval of Minutes

3.1 Approval of the Minutes of the Regular Board Meeting held on February 20, 2025

“Moved by Robert Corriveau and seconded by Michelle Lahaye that the minutes of the Regular Board Meeting, held on February 20, 2025, be adopted as presented.”

Res. #034-25

Carried

4. New Business

4.1 LSAA – Declaration of Compliance (Motion)

“Moved by Michelle Lahaye and seconded by Jim Bruce that the Board authorized Board Chair Dave Mendicino to sign the LSAA - Declaration of Compliance for 2024.”

Res. #035-25

Carried

4.2 Quality Improvement (Q.I.) 2024 Survey and Q.I. Plan for 2025/26

2024 Survey Results in package.

Camille provided a detailed presentation to the Board. Surveys were sent out to the resident's SDM/POA or directly to the resident, if able.

The 2025-2026 Q.I. Plan also included in package.

5. Redevelopment

5.1 Construction Update (Dave Smits)

Report in package.

Percon is continuing to work towards completion by the end of May. The resident move-in date is set for July 2-8th, 2025 with the resident move on July 6th, 2025.

June 5-11, 2025 tentative for the Ministry Inspection.

Percon will confirm if staff can be on-site to start training at the end of May and all of June.

5.2 Queens Park – Tariffs (email from Don Gracey)

Billy has been in contact with our Lender. They have discussed worst-case scenarios, noting most of the big-ticket items such as aluminum and steel have already been purchased. No concerns at this time.

6. Operations

6.1 Operations Update

Update in package.

Angie added the Ministry was at Cassellholme this week regarding a compliant, a critical incident and the enteric outbreak.

A respiratory outbreak was declared on March 23/25 on Maple St. So far there have been 5 residents and 5 staff.

This year is the 100th Anniversary of Cassellholme. Celebration date to be determined.

6.2 Organizational Changes – Clinical Services

Announcement in package

Angie discussed the changes to the organizational chart for Clinical Services. As part of the changes, the Director of Care will be departing. Angie thanked her for her contributions and dedication to our team.

Mel Cross has accepted the Director of Care position on a 6 month interim contract. She will begin on March 31, 2025.

	<p>6.3 Medical Director’s Annual Report Report in package The Board reviewed and noted it was an excellent, detailed report.</p>	
7. IN - CAMERA		
	<p>Guests left the Meeting</p> <p><i>“Moved by Robert Corriveau and seconded by Peter Chirico that the Board proceed to an In-Camera session at 6:14 p.m.”</i></p> <p>Res. #036-25 <u>Carried</u></p> <p style="padding-left: 40px;">7.1 Approval of the In-Camera Minutes – dated February 20, 2025</p> <p style="padding-left: 80px;">In-Camera Motion - Res. #037-25</p> <p style="padding-left: 40px;">7.2 Confidential Matter – Redevelopment 7.3 Confidential Matter – Property 7.4 Personnel Matter</p> <p><i>“Moved by Michelle Lahaye and seconded by Robert Corriveau that the Board approve the In-Camera session to be adjourned at 6:58 p.m.”</i></p> <p>Res. #038-25 <u>Carried</u></p>	
C. CORRESPONDENCE		
	No items noted	
D. REQUEST FOR FUTURE AGENDA ITEMS		
	No items noted	
E. DATE OF NEXT MEETING		
	Thursday March 27, 2025 – Cassellholme Garden Room – 5:00 p.m.	
F. ADJOURNMENT		
	<p><i>“Moved by Jim Bruce and seconded by Robert Corriveau that the meeting be adjourned at 7:00 p.m.”</i></p> <p>Res. #039-25 Carried</p>	

Secretary

Chairman

March 19, 2025

Subject: Cassellholme Redevelopment Update – March 19, 2025

Construction Activity

Highlights:

Phase 00 - Work complete.

Phase 1-A – Work complete

Phase 1-B sequencing remains unchanged from the previous report.

Draft finishing schedule dated Feb. 06, 2025 included with this report. Refer to October 2024 report and earlier, for previous schedule notes and comments on Rev. 4 schedule.

Schedule updates in this report are up to date with site progress as of the date of issuance for this report.

Updated milestones have been coordinated with Cassellholme, and Cassellholme is coordinating move-in dates.

PHASE 1-B

- Interior boarding is ongoing on Level 1 and 5.
- Elevator installation is ongoing. TSSA review confirmation pending Mechanical and electrical above ceiling rough-ins and are ongoing, as well as and
- M&E finishes.
- All roofing work is complete, except for the balconies on Levels 3 to 5.
- Link construction is in progress.
- Painting and millwork installation is in progress.
- Drywall and T-bar ceiling in progress.
- Flooring installation is in progress.
- Door and hardware installation is ongoing.

Percon continues to work towards the patient move date target for July 2nd-8th (specifically July 6th). There have been some positive strides with the millwork installations, Marel's walls, and flooring. IT and commissioning targets have become a large focus for the entire team. There are many construction deficiencies that still need to be addressed. Currently

working with the ministry to confirm their scheduled review for end of May. Looking to Percon to confirm staff on-site for training for end of May and all of June.

Transition Planning

An updated summary is attached for reference.

Highlights:

NFN Partnership/Indigenous Unit Operation and Licensing – No further update.

Bed Application Licensing – Continue to have discussions with OH and Ministry on next steps.

Staff Training Plan for equipment, IT and orientation– Plan has been developed using several different delivery methods.

Laundry Plan - No further update this month.

Waste Handling – No further updates at this time.

Storage Plan – In progress and expect final shelving measurements to commence and looking to assemble sample rooms in April (or when rooms are available from Percon).

Move Plan –week of June 30, July 2nd start through to July 6th with residents in rooms and further purging up to July 8th. Next scheduled meeting with movers last week of May.

IT – configurations verified by all parties

Outdoor space – Completed for 2025

FF&E Budget – Budget validation ongoing with a final check back to departments in terms of the items they will require.

Occupancy Planning –Occupancy Plan submitted end of February to MLTC; some amendments have been requested and to be submitted by end of the March.

Emergency Planning – Work progressing well and on track

Change Order Log - Please see the attached

Budget Update – To be provided separately, W. Brooks

Action	Sub Actions	Responsible	Due Date
Occupancy Checklist	Report submitted last week of February; Ministry as requested some amendments and additional info to be provided by end of the Month	Anita	2025-03-31
Art Fundraising		Anita	ongoing
Wood at mill for purpose	ideas have been noted and small WG; including Creative Industries - WG to assemble once individuals are available	Anita	ongoing
P1 Move			
HCR - Movers	Based on new move dates and occupancy, movers were not able to accommodate week of May 26 move but has supplied next best date of July 2-July 8 (resident move July 6); In-person visit end of May	Anita	28-May
Resident Communication	Monthly communications provided Highlighted unit names and picture of room and of dining room	Anita/Derek	ongoing
Furniture delivery	Delivery dates May 12-14 & May 28-30	Anita	May
IT			
Cameras	added to training plan		
ID Access Card	To breakdown internal processes for profiles, roles, access; program the system and print the cards for implementation	Anita	ongoing
Phone & TV System	Finalized and TV packages to be made in April		
Network Design	completed		
Digital Menus/Boards	S/W - Mealsuite being implemented by CH management and TVs, and mounts purchased		
Nurse Call	Austco and Percon and Clinical finalize the alerts, call bells, colours for certain calls Nov 4 - added to training plan		
Bed Allocation - Indigenous and Speciality			
Bed Application - Licencing	Continue to have discussions with OH and Ministry on next steps	NFN/Angie	ongoing
Support Services			
Building Ready	Discussions of the process for building ready (kitchens, med rooms, medications, storage, linens, food, laundry flow, elevator usage and timing, housekeeping and cleaning) ordering appliances by end of April	Anita	March/April
Storage Area list	Shelving for small storage & clean utility - supply identified and looking to get sample brought in when rooms will be made available - April	Anita	April
Inventory Management Solution and Process	JIT inventory process solution - in progress (will remain in-house monitoring) identifying ongoing supply needs, creating sample organized shelving to reflect needs and monitoring usage	Anita	ongoing
Emergency Response			
Fire plan	training plan created; policy work ongoing and on track; Will be creating demo anchor system in old building to assist in the timing needed for training	Anita/Julie/Ron	ongoing
P2 Parking	Need to begin discussions and planning for start of P2 parking (winter 2026); options to be discussed with SLT	Anita	Winter 2026
Staff Training Plan			
Detailed Breakdown	Finalizing of various methods: in-person, video, replicated in old building, in new building to ensure move readiness; awaiting Level 2 mock up to be complete for next MGT walk through and to understand detailed training needs Managers to confirm different elements of training; to appoint leads - train the trainers to be named by April	Anita	April

Change Order Log - March 16 2025

Percon							Work Description	Reason	Status	Date Issued	Quote Sent	Approval Date	Quoted	Approved	Contract Time (days)
RFE	RFE	PC	CD	SI	RFI	CO									
1	1			1		1	Millwork revisions/clarifications	Coordination	Approved	18-Feb-22	17-Mar-22	28-Mar-22	\$34,553.53	\$34,553.53	
2	2	1				2	Emergency Switchboard revisions	Coordination	Approved	17-Feb-22	17-Mar-22	28-Mar-22	\$4,919.20	\$4,919.20	
3	3					3	Increase Builders Risk Insurance to Include Soft Costs	Lender Requirement	Approved	30-Mar-22	30-Mar-22	05-Apr-22	\$29,846.88	\$29,846.88	
4	4					3	Cost associated to add Wrap Up Insurance Policy	Lender Requirement	Approved	30-Mar-22	30-Mar-22	05-Apr-22	\$282,579.86	\$282,579.86	
5	5R1	2				5	Door revisions	Coordination	Approved	15-Mar-22	07-Apr-22	06-May-22	\$4,677.20	\$4,677.20	
6	6	3				4	Washroom Accessories Revisions	Coordination	Approved	28-Mar-22	22-Apr-22	25-Apr-22	\$863.50	\$863.50	
7	7	9					Removal existing foundations (Unit rate only - see RFE 16)		Cancelled	21-Apr-22	25-Apr-22				
8	8	16				6	Provide new water valve at property line	AHJ	Approved	05-May-22	06-May-22	06-May-22	\$8,607.50	\$8,607.50	
9	9	4				41	North wing door revisions	Coordination	Approved	28-Mar-22	16-Jan-23	19-Jan-23	\$3,756.50	\$3,756.50	
10	10	5				7	Elevator pit lighting revisions	AHJ	Approved	29-Mar-22	09-May-22	16-May-22	(\$1,361.00)	(\$1,361.00)	
11	11	6				8	Transformer modifications	Cost Saving	Approved	07-Apr-22	09-May-22	27-May-22	(\$6,000.00)	(\$6,000.00)	
12	12 R1					9	Millwork edging revisions & Drawer modifications (per email April 25, 2022)	Cost Saving	Approved	N/A	19-May-22	01-Jun-22	(\$11,906.00)	(\$11,906.00)	
13	13						CANCELLED: Drawer modifications (SEE RFE 12R1)		Cancelled	N/A	09-May-22				
14	14	17				12	Temporary Hydrant at North Wing	AHJ	Approved	12-Apr-22	16-May-22	01-Jun-22	\$5,585.25	\$5,585.25	
15	15R2	7R1				36	Phase 1 temporary door revisions and hardware coordination	Coordination	Approved	02-Dec-22	06-Dec-22	10-Jan-22	\$4,539.70	\$4,539.70	
16	16R2	9				15	Removal of existing foundations	Site Condition	Approved	21-Apr-22	20-May-22	27-Jun-22	\$70,326.38	\$70,326.38	
17	17	11				11	Hardware revisions to Door V101	Coordination	Approved	27-Apr-22	19-May-22	01-Jun-22	\$6,046.70	\$6,046.70	
18	18R2	18				14	Revise pipe material storm main tee at Olive St.	Site Condition	Approved	13-May-22	20-May-22	29-Jun-22	\$7,885.44	\$7,885.44	
19	19	12				10	Temporary lighting in courtyard parking	Health & Safety	Approved	27-Apr-22	25-May-22	01-Jun-22	\$15,888.40	\$15,888.40	
20	20R1	8				13	Add card reader control for rear doors on elevators 1024 & 1025	Design Improvement	Approved	25-Apr-22	30-May-22	10-Jun-22	\$1,512.50	\$1,512.50	
21	21R1					16	Temporary Door Hardware supplied by Owner's Security Provider	Schedule Change	Approved	22-Jun-22	08-Jul-22	22-Jul-22	(\$6,650.00)	(\$6,650.00)	
22	22	23					Investigate/repair storm line blockage near property line at Olive St.	Site Condition	Cancelled	23-Jun-22	06-Jul-22				
23	23R2			19R1		17 R	Corrections and revisions to parking lot line in temporary and east parking areas	Owner Requested	Approved	16-Aug-22	15-Sep-22	22-Sep-22	\$3,454.00	\$3,454.00	
24	24R4	22R1				27	Provide temporary power feed to east parking lot lighting	Coordination	Approved	19-Aug-22	24-Oct-22	27-Oct-22	(\$8,416.88)	(\$8,416.88)	
25	25R1	25R1				18	Revision to waterline connections to existing building - Revised	Site Condition	Approved	03-Aug-22	05-Aug-22	11-Aug-22	\$42,426.23	\$42,426.23	
26	26	20				19	Revision to electrical panel E-1-C	Coordination	Approved	02-Jun-22	09-Aug-22	11-Aug-22	\$6,702.30	\$6,702.30	
27	27R1	19R1				23	Revise acoustic ceiling tile materials	Cost Saving	Approved	15-Sep-22	28-Sep-22	05-Oct-22	(\$66,054.48)	(\$66,054.48)	
28	28			23		20	Pile Rock Points	Contractor Requested	Approved	03-Aug-22	12-Aug-22	12-Aug-22	\$98,826.40	\$98,826.40	
29	29R3	28				33	Revision to Phase 1 & 2 sanitary and storm connections at grade beams	Coordination	Approved	03-Aug-22	09-Nov-22	22-Nov-22	\$21,724.63	\$21,724.63	
30	30	26				21	Revision to under-slab plumbing and inverts	Coordination	Approved	26-Jul-22	18-Aug-22	22-Sep-22	\$15,196.50	\$15,196.50	
31	31	10				40	Revision to the fire and combination fire/smoke dampers	AHJ	Approved	26-Apr-22	15-Sep-22	26-Jan-23	\$134,858.85	\$134,858.85	
32	32R1	14					Door frame material revisions along corridor 1165	Design Improvement	Not Accepted	31-Aug-22	31-Aug-22				
33	33					24	Revised wood frame design for Jams	Cost Saving	Approved	09-Sep-22	28-Sep-22	05-Oct-22	(\$12,750.00)	(\$12,750.00)	
34	34R4	21R3				29	Provide new grounding loop for new building service	AHJ	Approved	22-Aug-22	28-Oct-22	08-Nov-22	\$77,892.15	\$77,892.15	
35	35R3	27R2				35	Delete deck mounted soap dispensers	Owner Requested	Approved	21-Nov-22	05-Dec-22	10-Jan-22	(\$4,081.00)	(\$4,081.00)	
36	36R4	15R				117	Door hardware revisions to door 1147a	Coordination	Pending	12-Oct-22	18-Apr-24	29-Apr-24	\$10,606.20	\$10,606.20	
37	37	13R				31	Janitor room door revisions	Coordination	Approved	19-Sep-22	19-Sep-22	10-Nov-22	\$4,785.00	\$4,785.00	
38	38	29				22	Existing Service Plug Requirement	AHJ	Approved	31-Aug-22	23-Sep-22	10-Oct-22	\$2,414.10	\$2,414.10	
41	41	24R1				32	Provide grilles on type 'O' fin radiation in trench in Auditorium 1005	Coordination	Approved	22-Sep-22	17-Oct-22	15-Nov-22	\$23,009.80	\$23,009.80	
		30					After hours paving of East Parking Lot	Owner Requested	Cancelled	16-Sep-22					
39	39	31					Additional curb at edge of existing parking area	Owner Requested	Cancelled	16-Sep-22	28-Sep-22				
40	40R1	32R1				25	Revision to existing sanitary line	Site Condition	Approved	21-Sep-22	29-Sep-22	06-Oct-22	\$61,577.36	\$61,577.36	TBD
47	47R1	33				43	Structural revisions to Phase 1 framing, Phase 2 framing, pile caps and piles	Coordination	Approved	23-Sep-22	11-Jan-23	22-Jan-23	\$37,038.71	\$37,038.71	4
42	42R1	34				26	Water storage tank layout and structural revisions	Coordination	Approved	26-Sep-22	14-Oct-22	27-Oct-22	\$3,597.83	\$3,597.83	
43	43	35R				61	Revision to North Wing elevator brackets for rail attachments	Coordination	Approved	07-Oct-22	20-Jun-23	27-Jun-23	\$11,964.96	\$11,964.96	
53	53	36R2				44	Revision to brace frame VB105	Coordination	Approved	09-Nov-22	13-Dec-22	26-Jan-23	\$9,497.44	\$9,497.44	
45	45	37				30	Revision to light fixtures P5 and P6	Coordination	Approved	11-Oct-22	31-Oct-22	08-Nov-22	\$2,369.33	\$2,369.33	
48	48	38				37	Structural beam revisions at Block B roof terraces balconies	Coordination	Approved	20-Oct-22	13-Dec-22	10-Jan-23	\$969.52	\$969.52	
49	49R2			36R1		60	Structural clarifications - structural steel and rebar shop drawings	Coordination	Approved	20-Jan-23	10-Mar-23	28-Jun-23	\$2,768.37	\$2,768.37	
46				7R1		28	Provide slab Mounting brackets for smoke shelter	Site Condition	Approved	17-Oct-22	25-Oct-22	01-Nov-22	\$1,050.68	\$1,050.68	
51	51R1	39				38	Add smoke detectors in corridors of RHA areas	Coordination	Approved	08-Nov-22	13-Dec-22	10-Jan-23	\$5,258.00	\$5,258.00	
44R1				22		34	Provide additional steel modifications outlined in SI#22	Coordination	Approved	27-Jul-22	16-Nov-22	22-Nov-22	\$3,300.11	\$3,300.11	
		40					Additional elevator controls	Coordination	Pending	07-Dec-22					
56	56	41				45	Revision to sliding door frame details	Coordination	Approved	21-Dec-22	08-Feb-23	28-Feb-23	\$8,783.50	\$8,783.50	
54	54	42				46	Provide fixed mirrors in Staff washrooms	Coordination	Approved	10-Jan-23	03-Feb-23	28-Feb-23	\$7,507.50	\$7,507.50	
54R1	54R1	42				48	Correct the cost of fixed mirrors from CO#46	Coordination	Approved	10-Jan-23	03-Mar-23	21-Mar-23	(\$2,035.00)	(\$2,035.00)	
52	52			39		39	Provide relay bases on smoke detectors related to door hold opens for SI#39	AHJ	Approved	08-Nov-22	13-Dec-22	10-Jan-23	\$3,014.00	\$3,014.00	
55	55	43					Revise range hood colour	Owner Requested	Cancelled	18-Jan-23					
57	57	44				47	Revision to LH2 & LH2-1 lavatory fixtures	Coordination	Approved	18-Jan-23	17-Jan-23	21-Feb-23	\$5,193.10	\$5,193.10	
54	54R1			41		42	Remedial modifications to pile caps and grade beams - Phase 1	Site Condition	Approved	28-Nov-22	10-Jan-23	20-Jan-23	\$14,145.87	\$14,145.87	4
58	58	45					Revisions to operable window vent type	Coordination	Cancelled	06-Feb-23					
60	60	46				52	Modifications to generator ESB breakers	Coordination	Approved	07-Feb-23	24-Mar-23	03-May-23	\$19,405.10	\$19,405.10	
95	95	47				79	Revise office door locations, electrical from PC47	Owner Requested	Approved	23-Mar-23	08-Sep-23	09-Sep-25	\$10,312.50	\$10,312.50	
72	72R3	47				73	Revise office door locations, typical millwork from PC47	Owner Requested	Approved	15-Aug-23	15-Aug-23	07-May-24	\$11,985.60	\$11,985.60	
59	59	48R				49	Revisions to electrical to accommodate Kitchen Equipment Phase 1	Coordination	Approved	14-Feb-23	17-Mar-23	22-Mar-23	\$501.60	\$501.60	
62	62R2	49				54	Typical Bedroom Mockup	Owner Requested	Approved	09-Mar-23	03-May-23	06-Jun-23	\$75,577.95	\$75,577.95	
		50					Revise rated floor assembly ULC Listed Design No.	Cost Saving	Cancelled	22-Mar-23					
		51				50	Revision to select light fixtures to alternate product	Design Improvement	Approved	22-Mar-23	20-Apr-23	26-Apr-23	\$0.00	\$0.00	
65	65	52				57	Delete select cubical curtains and provide track breaks in patient lift tracks	Coordination	Approved	29-Mar-23	12-May-23	01-Jun-23	(\$5,382.50)	(\$5,382.50)	
75	75R1	53				69	Electrical revisions for elevator connections	Coordination	Approved	30-Mar-23	29-Jun-23	03-Aug-23	\$18,212.70	\$18,212.70	

150	150	112			123	Radiant heater piping enclosures	Coordination	Approved	14-Mar-24	22-Apr-24	22-May-24	\$9,624.86	\$9,624.86
151	151	113			119	Revisions to Resident Washrooms to Accommodate Plumbing Drain	Coordination	Approved	22-Apr-24	22-Apr-24	29-Apr-24	\$5,564.06	\$5,564.06
152	152R1	114			126	Revisions to water room door hardware	Coordination	Approved	20-Mar-24	07-May-24	23-May-24	\$8,929.80	\$8,929.80
156	156	116R			121	Revision to handrails and base bumpers	Coordination	Approved	02-May-24	01-May-24	07-May-24	\$14,213.38	\$14,213.38
153	153				129	Revision to cabinet locks	Owner Requested	Approved	24-Apr-24	24-Apr-24	24-May-24	\$1,540.57	\$1,540.57
154	154			193	Delete Sprinkler Control Valve	Cost Saving	Approved	01-May-24	24-Apr-24	07-May-24	(\$500.00)	(\$500.00)	
158	158	117			124	Add temporary heat trace system to pipes at underside of server 2078 & 2086	Coordination	Approved	08-Apr-24	08-May-24	15-May-24	\$21,541.30	\$21,541.30
157	157	118			128	Phase 1 - Roof level sun control outrigger support	Coordination	Approved	11-Apr-24	06-May-24	24-May-24	\$29,342.14	\$29,342.14
160	160	119R			132	Kill switch for Ground Floor Server 1067	Coordination	Approved	13-May-24	30-May-24	06-Jun-24	\$2,971.10	\$2,971.10
159	159				125	Revise millwork pulls	Cost Saving	Approved	10-May-24	10-May-24	23-May-24	(\$4,132.80)	(\$4,132.80)
163	163	120			133	Additional exit signs at double egress doors	Coordination	Approved	29-May-24	11-Jun-24	23-Jul-24	\$22,341.00	\$22,341.00
162	162	121R			134	Add end enclosures to sneeze guards	AHJ	Approved	03-Jun-24	12-Jun-24	23-Jul-24	\$10,373.00	\$10,373.00
		122				Brick support at level 2 balcony/roof	Coordination	Pending					
					130	Delay Claim Settlement	Delay Claim	Approved	04-Jun-24	04-Jun-24	06-Jun-24	\$317,200.00	\$317,200.00
148	149				131	Additional cubicle curtains Phase 2	Coordination	Approved	17-Apr-24	17-Apr-24	29-May-24	\$10,670.00	\$10,670.00
		123				Replace damaged trees by winter salt at highway	Site Condition	Cancelled	08-Jul-24	19-Jul-24		\$34,672.55	
168	168R	124			138	Circuiting and clarifications for pumps P6, P7, P20 & P21	Coordination	Approved	18-Jul-24	09-Aug-24	29-Aug-24	\$1,821.00	\$1,821.60
167	167				136	Revision to hardware on doors 1018a, 1030b, 1165	Coordination	Approved	22-Jul-24	22-Jul-24	29-Jul-24	\$1,056.00	\$1,056.00
169	169R	125			137	Revision to soffit detail at 1064 & 1075	Coordination	Approved	22-Jul-24	07-Aug-24	14-Aug-24	\$5,908.76	\$5,908.76
		126				Add hot water recirculation line to washers	Design Improvement	Cancelled	22-Jul-24		11-Sep-24		\$0.00
		127			140	Generator shore power circuit	Coordination	Approved	07-Aug-24	03-Sep-24	19-Sep-24	\$6,043.40	\$6,043.40
		128			141	Revision to 5th floor Dining Windows & exhaust duct	Coordination	Approved	13-Aug-24	09-Sep-24	19-Sep-24	\$20,700.61	\$20,700.61
		129			142	Rework roof drain above 5th floor balcony	Coordination	Approved	19-Aug-24	11-Sep-24	19-Sep-24	\$4,275.35	\$4,275.35
175	175R	130R			143	Revised - Insulation tie-in at temporary wall to curtainwall	Coordination	Approved	19-Sep-24	24-Sep-24	03-Oct-24	\$5,417.50	\$5,417.50
171	171		135		139	Credit for revisions to PRV valves from SI#135	Cost Saving	Approved	18-Jul-24	15-Aug-24	29-Aug-24	(\$4,964.00)	(\$4,964.00)
		131				Revised - Gas detection in generator room #6011	Regulatory Change	Pending	06-Nov-24				
		132			144	Water room drywall revision	Coordination	Approved	19-Sep-24	29-Sep-24	04-Oct-24	\$1,045.44	\$1,045.44
					137	Clarification to handrail corners	Coordination	Approved	24-Jul-24				
					138	Composity Slab Crack remediation	Coordination	Approved	14-Sep-24				
					142	Ductwork revisions at Chapel 1027	Coordination	Approved	12-Sep-24				
					141	Revised - Location of Electrical Panel in Janitor Rooms	Coordination	Approved	01-Oct-24				
					143	Revision to bulkheads at corridor 1032	Coordination	Approved	17-Sep-24				
				133	146	Revision to balcony ceiling panels at tapered beams	Owner Requested	Approved	21-Oct-24	22-Oct-24	29-Oct-24	\$0.00	\$0.00
		144R(2)				Revised (2) - Temporary link connection details	coordination	Approved	16-Oct-24				
					145	Clarification to boiler breaker feeds and temp link heaters	coordination	Approved	08-Oct-24				
					146	Revise rating at column 12.1-F	coordination	Approved	10-Oct-24				
		177			145	Reframing and hardware revision relative to SI#141R	coordination	Approved	08-Oct-24	15-Oct-24	21-Oct-24	\$1,364.66	\$1,364.66
					147	Clarification to typical windows drainage	coordination	Approved	22-Oct-24				
181	181	134			147	Add Handrails to link	Architect omission	Approved	20-Nov-24	20-Nov-24	20-Nov-24	\$5,268.77	\$5,268.77
					148	Clarification to shaft bottom closure location	coordination	Approved	30-Oct-24				
					149	Clarification to penthouse glycol tank wiring	coordination	Approved	06-Nov-24				
					150	Revision to fireplace hearth stone in 5115	coordination	Approved	19-Nov-24				
					151	Miscellaneous Structural Clarifications	coordination	Approved	19-Nov-24				
180R		144R2			148	Temporary Link Connection details	coordination	Approved	15-Nov-24	02-Dec-24	10-Dec-24	\$10,226.30	\$10,226.30
					152	Revisions breakers and raceway at IT Room 6003	coordination	Approved	20-Nov-24				
					149	Gas detection controller in generator room 6011	coordination	Approved	02-Dec-24	02-Dec-24	10-Dec-24	\$3,942.40	\$3,942.40
					153	Austco Nurse Call alert info	coordination	Approved	09-Dec-24				
					154	Revised FHC location main floor phase 1	coordination	Approved	11-Dec-24				
		135			152	Modify alternating tread ladder construction in penthouse	coordination	Approved	12-Dec-24	30-Jan-25	07-Feb-25	\$5,830.00	\$5,830.00
					155	Revision to dryer surround opening dimensions	coordination	Approved	06-Jan-25				
					150	Add Handrails to link (2nd part)	coordination	Approved	17-Dec-25	15-Dec-25	20-Dec-25	\$4,548.50	\$4,548.50
		136			151	Temporary cladding at lounge bump-out to existing construction	coordination	Approved	06-Jan-25	30-Jan-25	13-Jan-25	\$12,562.00	\$12,562.00
					156	Revisions 2 Clarification to gypsum ceilings in stairwells	coordination	Approved	11-Mar-25				
					157	Clarification to balcony soffit heights	coordination	Approved	14-Jan-25				
		137			154	Provide cricketed backslope insulation between ERV#1 and MUA#2	Percon	Approved	15-Jan-25	30-Jan-25	07-Feb-25	\$1,650.00	\$1,650.00
		138			155	Provide keypad locksets on Resident laundry room doors	Owner Requested	Approved	16-Jan-25	30-Jan-25	07-Feb-25	\$4,455.00	\$4,455.00
		139				Cancelled - Provide range hood in gathering space kitchen 5116a	Owner Requested	Approved	11-Mar-25				
		140			153	Millwork revisions for site coordination issues	coordination	Approved	22-Jan-25	30-Jan-25	07-Feb-25	\$1,670.35	\$1,670.35
					158	Furr-out around FA panel in Med room 1070	coordination	Approved	30-Jan-25				
					159	Revision to ceilings bulkheads in corridor 5082 and 5099	coordination	Approved	03-Mar-25				
					160	Revised - Ceiling height in corridor 5081	coordination	Approved	30-Jan-25				
		141			157	Modify stainless steel count 2078	coordination	Approved	10-Feb-25	05-Mar-25	13-Mar-25	\$0.00	\$0.00
					161	Revision to fireplace hearth stone in 5115	coordination	Approved	12-Feb-25				
		142				Revised counter support at M60 under counter fridge	Owner Requested	Approved	12-Feb-25				
		143				Temporary Cladding of columns exposed to exterior in P1	coordination	Approved	12-Feb-25				
					162	Revision to shower floor drains for sheet flooring	coordination	Approved	12-Feb-25				
					144	Modify rated wall at Room 5115 to suit piping	coordination	Approved	19-Feb-25				
					163	Revisions to door frame protection	coordination	Approved	01-Feb-29				
					164	Relocate Shower room storage cabinets	coordination	Approved	24-Feb-25				
		145				Add LCD Austco annunciator displays for nurse call in P1	coordination	Approved	24-Feb-25				
					165	Clarifications on IT room 6003 panel terminations and rack equipment locations	coordination	Approved	25-Feb-25				
		146				Horizontal cable management and access control data drop	coordination	Approved	24-Feb-25				
					166	Drywall bulkhead control joint locations	coordination	Approved	03-Mar-25				
					167	Clarification to expansion joint details	coordination	Approved	04-Mar-25				

		147			Add closure panel to back pans on 3rd floor curtainwall	coordination	Approved	10-Mar-25					
		148			Door hardware revisions	Design error	Approved	10-Mar-25					
			168		Revised Kitchen hood in gathering Space kitchen	coordination	Approved	11-Mar-25					
			169		Install heat pump in shower room 5105	coordination	Approved	11-Mar-25					
		149			Filter panels and relocated upper cabinets of SI#164	coordination	Approved	11-Mar-25					
		Total - As of Issue Date										\$2,440,809.63	\$2,406,158.48

Board of Management Meeting
March 27, 2025

❖ **CLINICAL SERVICES - Kathy MacDonald, RN, Manager of Clinical Quality Assurance**

Critical Incident Report to the Cassellholme Board of Management: January - March 2025

This report provides an overview of the critical incidents submitted to the Ministry of Long Term Care for January, February and March of 2025. In total, 15 critical incident reports were submitted during January and February. As of March 17, no critical incidents have been reported for the month of March.

January 2025

Five critical incidents were reported:

- ❖ **1 - Fall with Injury:** One resident sustained a hip fracture following a fall. Unfortunately, upon her return, she was deemed palliative.
- ❖ **2 - Abuse Incidents:** Two incidents of abuse were reported and internally investigated. Appropriate actions were taken according to internal protocols.
- ❖ **1- Environmental Incident:** A flood led to extensive restoration work on the first floor, which has since been completed and resolved.
- ❖ **1 - Facility Wide Outbreak:** An outbreak of influenza and an unidentified organism was declared on January 27 and resolved on February 19. A total of 18 residents and 20 staff were affected. Antiviral prophylaxis was administered to residents who consented and for treatment for those who were symptomatic.

February 2025

Ten critical incidents were reported:

- ❖ **3 - Falls with Injury:**
 1. One resident sustained a hip fracture and, upon return, was deemed palliative.
 2. Another resident suffered a mildly displaced fracture of the right distal radius and has since fully recovered.
 3. A third fall was the result of a severe medical event unrelated to the fall itself, which ultimately led to the resident's passing.
- ❖ **2 - Complaints:**
 1. A family member submitted two complaints. The first related to concerns regarding nutrition, environment, and care, which were collaboratively addressed and resolved to the complainant's satisfaction.
 2. The second complaint involved concerns about a fall incident, for which a response letter was provided.

❖ 1 - Enteric Outbreak:

Declared on February 9 and resolved on February 28. A total of 88 residents and 35 staff were affected. The causative agent was not identified.

❖ 2 - Controlled Substances Incidents:

1. In one case, the missing medication was later found in the bottom corner of a medication cart drawer.
2. In the second case, a medication patch was not located.

Both incidents were reported to the police, and no criminal activity was suspected.

❖ 2 -Abuse Incidents:

Two reports of emotional abuse were submitted. Both incidents were investigated in accordance with internal policies and processes. Appropriate action was taken to resolve both incidents.

March 2025

As of March 17, no critical incidents have been reported.

This marks a positive trend and may reflect improvements in preventive measures and overall facility awareness.

This summary provides insight into our incident reporting trends and our commitment to resident safety, quality of care, and compliance with regulatory requirements.

❖ STAFFING - Tiffany Chapman, HR Coordinator

- ❖ Active/In Progress CTS PSWs 1:1 Preceptorship
- ❖ PSW Living classroom group – March start
- ❖ Feb/March 2025 Students: 16 Canadore BScN Students, 32 Canadore PN students, 22 Nipissing BScN Students, 16 Dental Hygiene Students
- ❖ Hired/On boarded PSW for Infection Control
- ❖ Hired in February - 11 total (3 housekeepers, 2 RPNs, 3 CSS PSWs, 2 FSWs, 1 PSW Infection Control)
- ❖ Terminated/Resigned/Retired in February – 5 Total (1 RN, 1 Scheduling Coordinator, 1 Housekeeper, 1 DOC, 1 RPN)
- ❖ Hired all 3 Canadore RPN preceptorship students in March & hired RN student
- ❖ 3 new additional RPNs hired for March
- ❖ Clinical Staffing Changes -Role Changes as per Angie's email – Resident Family Navigator hired

Vacancies as of March 20/25

- ❖ PSWs:
 - 2 permanent full-time
 - 1 temporary full-time
 - 7 temporary part-time
 - 3 permanent part-time

All lines posted. PSW interviewing in progress to fill vacancies.

❖ **RPNs:**

- 1 permanent full-time
- 6 temporary full-time
- 4 permanent part-time
- 1 temporary part-time

Interviewing and recruiting ongoing

❖ **RNs:**

- 1 permanent full-time

Agency staff on-boarded & interviewing for additional support

❖ **Dietary:**

- 2 temporary part-time
- 2 permanent part-time

❖ **Housekeeping:**

- 1 permanent full-time
- 3 permanent part-time
- 1 temporary part-time

❖ **Activities:**

- 1 temporary part-time

❖ **Agency Staff:**

- 2 new RN Agency Staff
- 3 new RPN Agency Staff

❖ **Helping Hands:**

- 2 new full-time lines created
- 2 new part-time lines created

❖ **Current Recruiting - Non-Union:**

- 1 Full-Time HR Assistant
- 1 Part-Time Scheduling Coordinator
- 1 Occupational Health & Wellness Coordinator

❖ **ADMISSIONS / DISCHARGES / DEATHS - Tracy Davis, Interim Resident & Family Navigator**

Admissions Report

Since the last board meeting, we have had **11 new admissions** to our facility. The team has been actively involved in ensuring a smooth and welcoming process for each resident.

Palliative and End-of-Life Care Update

We have made significant progress in our efforts to enhance palliative and end-of-life care within our facility. The following initiatives have been successfully implemented and are paving the way for future improvements:

- ❖ **Participation in Huddles:** Our team has successfully participated in all the huddles, ensuring a collaborative approach to improving palliative care. This has fostered open communication and shared learning on best practices in end-of-life care.
- ❖ **Personalized Care Plan:** We have officially kicked off our plan to improve palliative care in the facility. Our immediate focus for the month of April will be on sharing staff/resident stories of personalized care. By emphasizing resident-centered care, we aim to ensure that every resident's unique needs and preferences are understood and honored. This initiative will help strengthen our commitment to providing care that is aligned with each individual's values.

- ❖ **Death Cafe Experience:** We are planning to offer our staff a Death Cafe experience, which will provide an open, supportive environment for team members to explore their thoughts and emotions surrounding death and end-of-life care. This initiative is designed to help staff process and reflect on these sensitive topics, which is essential in fostering a compassionate, empathetic, and professional approach to end-of-life care.
- ❖ **Palliative Care Volunteer Team:** We are in the process of developing a palliative care volunteer team. This team will be trained to provide additional support to residents and families during their end-of-life journey. The volunteer team will be an integral part of creating a compassionate, well-rounded network of care, offering emotional and practical assistance at a critical time.
- ❖ **Safety 24/7 Compliance:** All relevant updates and information regarding our palliative care initiatives will be uploaded as a read-and-sign document to Safety 24/7 monthly, ensuring ongoing staff awareness and compliance.

❖ **INFECTION CONTROL - Ellen Whittaker, IPAC Manager**

Hand Hygiene Observations:

Hand hygiene observations are ongoing and this month they are being done on all units by a newly hired employee, who is working under the direction of the Administrator. Having a dedicated employee has greatly increased the number of observations done. To date, for the month of March, 255 observations have been done, with a compliance rate of 82%.

This new employee is also monitoring and coaching staff on resident hand hygiene in the dining rooms. Newly added is resident hand hygiene during nourishment passes, before the resident is provided with food at the bedside.

Outbreaks:

There are presently no outbreaks to report in the Home. Mask use in all resident areas continues. This measure will be reassessed as the community outbreaks decrease.

The respiratory outbreak that was reported in February was declared over on February 19th. It lasted 27 days, with 18 resident cases and 19 staff cases.

The enteric outbreak was declared over on February 28th. This outbreak lasted 19 days and affected 85 residents and 35 staff.

Immunization

Direction concerning the collection of staff Measles immunization has recently been received from the Health Unit. A method to collect and track this information will be determined.

IPAC Construction Audits

Audits continue to be done at least weekly, with a focus on the debris control and removal, dust control and cleaning at the site, as required in CSA Z317.13-17.

❖ COMMUNITY SUPPORT SERVICES - Cheryl Hamilton, Manager

It has been a busy couple of months with CSS.

Some Highlights:

- ❖ October 2024 we hired 2 new, additional PSW staff.
- ❖ February 2024 we hired an additional 3 PSW staff for a total of 5 new PSW's.
- ❖ Interviewing for 1 more PSW but will have to see how the schedules are going to look to make this hire works.
- ❖ There is a decent interest in job postings for PSW's, and facilitating student placements has been very worthwhile in terms of recruitment. With several candidates applying for PSW positions, it is still extremely difficult to find good, appropriate candidates who actually want to work in the community, or even respond to a request for an interview. Out of approximately 12 applicants, we could only hire 3 PSWs when the goal was 4 a few months ago. This was due to lack of interest, no response for an interview, inappropriate candidates, poor interviews etc.
- ❖ Hired 1 new Homemaker to replace a staff on maternity leave
- ❖ Increased the number of Assisted Living clients receiving services by approximately 10 clients since spring of last year. Clients currently on our roster are very complex clients requiring maximum care/visits.
- ❖ Cassellholme van "bus" has required some frequent repairs and was out of service more than usual over the past few months. The bus seems to be running well for now.
- ❖ Interested staff are completing some online Dementia training called U-FIRST through the Alzheimer's Society.
- ❖ Mandatory CPR training is getting updated for those who need to re-certify.
- ❖ The 2 new RPNs are doing very well and have settled well into their roles.
- ❖ At the maximum number of clients served in our Home Help Homemaking and Caregiver Respite programs as well as the 400 Club (Adult Day Program)
- ❖ Currently securing a contractor for lawn services this year
- ❖ We had a really great year for our snow removal services with Bayland snow. They provided exceptional, responsive service and we had very few complaints from clients, which is not the normal compared to other years.
- ❖ Feedback from staff has been very positive with the new CA agreement with respect to guaranteed posted schedule hours and the new Personal Leave Bank.
- ❖ Referrals for all programs continue to be very consistent

All in all, CSS appears to be thriving and growing and I am very proud to be leading this division towards continued success!

Cassellholme Medical Director's Year in Review

Submitted by: Renée Gauthier MD., CCFP, Medical Director

March 2025

Introduction: A Year of Change and Growth

December 1, 2023, marked the beginning of my tenure as Medical Director at Cassellholme, and what a transformative year it has been! Change isn't always comfortable, but progress requires it—and together, we've embraced new challenges, strengthened our team, and improved the quality of care we provide. My mission is clear: to make Cassellholme a leader in long-term care in our region within five years. With four years to go, we've already made significant strides.

The clinical services team has expanded to include four attending physicians (myself included), two Nurse Practitioners (NPs), and a Clinical Nurse Educator (CNE). We've worked hand-in-hand with our Registered Nurses (RNs), Registered Practical Nurses (RPNs), and the many invaluable unregistered staff members—personal support workers (PSWs), dietary, maintenance, activities physiotherapy, respiratory therapy, housekeeping, administration, and nursing managers. Every role plays a crucial part in ensuring that our residents receive the highest level of care. I know I'm likely missing so many people here as I barely cover an exhaustive list, but please know that every single contribution is valued and essential.

Performance Highlights

Quality Improvement (QI) Achievements

• Reduction in ER Visits:

- Thanks to enhanced on-site care and proactive management, we've seen a significant drop in ER transfers. This reflects the team's dedication to improving assessments and managing cases in-house whenever possible.
- January ER visits reduced from 21 (2023) to 7 (2024) to 9 (2025)
- March saw a dramatic drop from 28 in 2023 to just 5 in 2024
- The downward trend continues across all months, showcasing our success in keeping residents well-cared for at Cassellholme.

• Medication Management:

- Regular antipsychotic use remained stable (~31%) with PRN use fluctuating slightly (12-15%).
- Opioid usage remains controlled at ~25%.
- Fentanyl use has been virtually eliminated, from 0.85% in Q1 to 0% in Q3 and Q4.
- Average prescriptions per resident have stayed consistent, reflecting careful medication management.

• Infection Control Wins:

- **Urinary Tract Infections:** UTIs reduced to a rate of just 0.5% per month, with only four new cases reported in December. Year-to-date, we recorded **75 cases**—a significant reduction from

previous years. In comparison, the total number of UTIs in 2023 was **152**, meaning we have cut UTI rates by half.

- **Respiratory Infection Reduction:** The total number of respiratory infections in 2024 was **34**, compared to **53** in 2023, showcasing improved infection control measures and preventive strategies.
- **Skin Infection Increase:** The only area where infections have increased is the **skin category**. The total number of skin infections in 2024 was **44**, compared to **30** in 2023. I often see that “cellulitis” is documented, and this might be an area where we can continue to refine assessment and management strategies.
- **Long-term antibiotic use:** In December 2024 long-term antibiotic use was seen in only 8 residents—a testament to our commitment to best practices and moving away from prophylaxis when appropriate.
- **Wound Care Enhancements:** With the addition of Dr. Kumar’s monthly wound rounds, residents now have access to specialized wound care without the need for hospital visits. Under his guidance we have introduced bedside procedures such as debridement, excisions, and specialized dressings. This initiative has led to faster healing times, reduced infection rates, and overall improved wound management outcomes.

Medical Staff Highlights, Education and Professional Development

- **Recruitment of two NPs**, increasing access to stellar medical care.
- **Addition of a Clinical Nurse Educator**, leading to:
 - **Introduction of IV pumps** identical to those used in hospitals, creating our own medication library. Since their acquisition the IV pumps have been used more than 100 times in our home.
 - Training of nurses in IV insertion, maintenance, and medication administration.
 - **Acquisition of a bladder scanner and ECG machine**, allowing for in-house diagnostics and better bedside assessments.
 - Ongoing hypoglycemia management training and medication error prevention.
- **Transition to full digital charting**, ongoing efforts to move towards digital chart usage, digital paging systems leading to improved efficiency and accuracy.
- **24/7 on-call coverage and weekly clinical visits** from all attending physicians.
- **Medical students and interns now train at Cassellholme**, strengthening continuity of care and fostering interest in geriatric medicine.
- **Successful completion of the Medical Director course**, (yes, I am now officially certified!)
- **Physician and NP participation in major conferences** on major neurocognitive disorders, aging, palliative care and end-of-life to name a few topics our team has been brushing up on.

Goals and Future Directions

Strategic Goals, Looking Ahead

- Continued **Expansion of staff education and professional development**, ensuring our team remains highly skilled.
- Ongoing attempts to **Securing grants** for additional advanced medical equipment and training.

- **Further improvements in Electronic Medical Record** systems to enhance patient safety and care efficiency.
- **The much-anticipated move into our state-of-the-art facility**—a game-changer for our residents and staff!
- **Collaboration with researchers** from the Canadian Institute of Health Research supported by the RPNAO, RNAO, and OPSWA to build **psychological safety in LTC** for staff, strengthening equity and trauma-informed organizational capacity.

Final Thoughts: One Year Down, Four to Go!

When I stepped into my role at Cassellholme, I quietly (who am I kidding, I never do anything quietly) set myself a bold challenge—a five-year plan to make Cassellholme a leader in long-term care in our area. Just one year in, and we've already made incredible strides. It hasn't always been smooth sailing, but the dedication and resilience of our team have turned challenges into achievements.

Looking back, I couldn't be more proud of how far we've come. Change can be tough, but it's also what drives us forward. With four years to go, our momentum is strong, and our vision is more clear than ever. Here's to another year of growth, innovation, and raising the bar for exceptional care—let's keep pushing forward team!

CASSELLHOLME

Compassionate care for life's journey.

TO: ALL STAFF

FROM: ANGIE PUNNETT
ADMINISTRATOR

DATE:

RE: **ORGANIZATIONAL CHANGES - CLINICAL SERVICES DEPARTMENT**

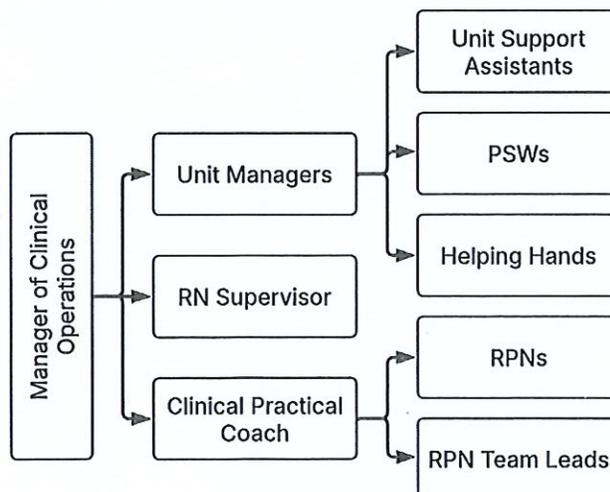
As part of our ongoing commitment to providing quality care and supports to our residents, we have conducted a thorough review of our strategic and operational needs. Through this assessment, we have determined that a restructuring is necessary to enhance oversight of day-to-day operations and strengthen quality standards.

As part of these changes, our Director of Care, Lindsay Dyrda, will be departing from the organization. We thank Lindsay for her contributions and dedication to our team. A job competition will be held to identify a new Director of Care, and in the interim, Cassellholme will be seeking expressions of interest from qualified internal candidates to fulfill this role on an interim basis.

In addition, other staffing changes will take place to enhance clinical practices, support programs and services and implement quality measures and initiatives to enhance resident care and compliance. As we adjust the organization to the changes we are announcing today, other positional changes include:

Bev Von Hassel, RN – Manager of Clinical Operations

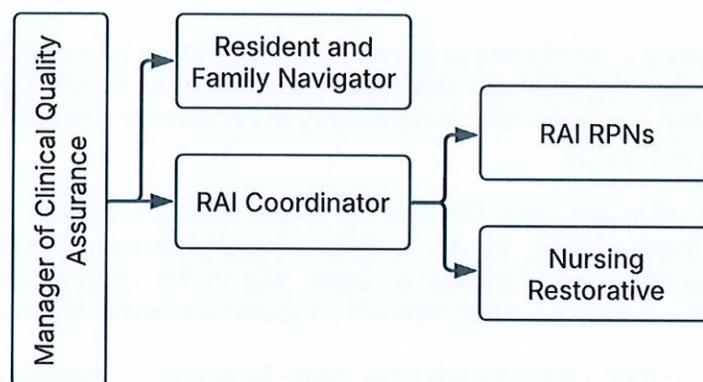
The Manager of Clinical Operations will report to the Director of Care, and will be responsible to ensure quality resident care through effective oversight of clinical practices, programs and services, and staff leadership and support. The following positions will report directly to the Manager of Clinical Operations:



Kellie Ross, Clinical Practice Coach will provide guidance and oversight for the Registered Practical Nurses and Team Leads. This role is designed to support clinical excellence, mentor staff, and enhance best practices within our home. Kellie will work closely with our registered teams to ensure consistency in care, provide education, and help strengthen leadership within the RPN and Team Lead positions.

Kathy MacDonald, RN – Manager of Clinical Quality Assurance

The Manager of Clinical Quality Assurance will report to the Director of Care, and will be responsible for conducting audits, implementing quality improvement initiatives, and ensuring adherence to long-term care regulations. The role will also identify care-related risks, ensuring timely incident reporting, and supporting staff in emergency response situations. The following positions will report directly to the Manager of Clinical Quality Assurance.



Alysia Loyer will be joining the Clinical Services team on March 4, 2025 in the role of Resident & Family Navigator. Alysia brings 15 years of experience in a variety of clinical roles and services and will be invaluable in supporting residents and families as they navigate the long-term care admission process, ensuring a seamless and informed experience.

Ellen Whittaker, Manager of Infection Prevention & Control will continue to report to the Director of Care and maintain responsibility for the management and coordination of the Home's infection control program. Until an interim Director of Care is appointed, Ellen will serve in this capacity with support from Camille Bigras.

As part of this restructuring, we are also making updates in our Resident Services Department that will realign resources and roles to enhance productivity and service delivery.

Camille Bigras, Director of Support Services will support the Behavioral Support Team in addition to current duties within the organization.

Tracy Davis - Spiritual Activity/Volunteer Coordinator

In addition to her role coordinating and providing spiritual care and support services for residents and families, Tracy Davis will also take on the coordination of volunteer services to strengthen programs, enhance service delivery, and foster community partnerships. Tracy will continue to report to Camille Bigras, Director of Support Services and Quality Assurance.

Derek Callaghan – Operations Support Coordinator

As we continue to evolve, it is essential to assess our programs, systems, and processes to ensure they remain efficient, effective, and aligned with the needs of our residents, families, and community. Derek, who was previously assigned to the role of Volunteer Coordinator will be redeployed to provide operational and program support across all service and program delivery areas. This position will focus on enhancing existing programs and services, identifying opportunities for greater efficiency, and addressing gaps within our systems to support a more streamlined and productive environment. By working collaboratively across departments, this role will help implement best practices, optimize workflows, and strengthen our ability to adapt to changing needs.

These adjustments will help streamline workflows, enhance leadership support, and improve overall service delivery outcomes. We appreciate your dedication and cooperation during this transition, and we remain committed to keeping you informed throughout the process.

It is my expectation that this will be a seamless leadership transition for staff. These changes will take effect immediately.

Sincerely,

A handwritten signature in black ink that reads "Angie Punnett". The signature is written in a cursive style with a large, prominent loop at the beginning of the first name.

Angie Punnett
Administrator

2024 Satisfaction Survey Summary

THE INSTRUCTIONS PROVIDED:

The Ministry of Long-Term Care, together with Health Quality Ontario, mandates that we give you an opportunity each year to have your say. Once complete and collated, the results are shared [without your name or comments] with Cassellholme's Resident Council, Family Council and Board of Management.

There are questions related to most departments. As a result, the questions are fairly vague.

WHO'S COMPLETING THE SURVEY?

[2] 3.6% Residents
[54] 96.4% SDM/POAs

RESIDENT GENDER:

[43] 76.8% Women
[13] 23.2% Men
[00] 0% Other

RESIDENT LIVES ON:

[11] 20.4% Apple – 1st
[11] 20.4% Maple – 1st
[08] 14.8% Cherry – 2nd
[07] 13.0% Birch – 2N
[03] 5.6% Birch – 2W
[04] 7.4% Willow – 3N
[10] 18.5% Willow – 3W

HOW LONG HAVE YOU LIVED AT CASSELLHOLME?

[13] 22.8% 0-6 months
[2] 3.5% 7-12 months
[17] 29.8% 1-2 years
[25] 43.9% more than 2 years

QUESTION 1: FOOD AND NUTRITION

What do you think of the variety of food, the presentation and nutrition?



QUESTION 2: LAUNDRY

Think about laundry services, including delivery, lost laundry and labeling of clothing.



QUESTION 3: HOUSEKEEPING

How do you rate the overall cleanliness at Cassellholme?



QUESTION 4: DAILY CARE

What's your experience of things like bathing, help in the bathroom and grooming?



QUESTION 5: ACTIVITIES

What do you think of the social programs at Cassellholme, like music, fitness, games, etc.?



QUESTION 6: MAINTENANCE

What do you think of the quality and consistency of maintenance in your room, such as: lighting, paint, repair of Cassellholme items?



QUESTION 7: RESIDENT FINANCE MANAGEMENT

How are your financial and admin interactions at Cassellholme?



QUESTION 8: STAFF INTERACTIONS

Overall, how do you feel about staff compassion, friendliness and skills?



QUESTION 9: COORDINATION OF CARE

Think about changes in your health or routines, follow-up after incidents and care conferences.
How do you feel we communicated about these changes to your care plan?



QUESTION 10: STAFF VERBAL COMMUNICATION

How do you rate the staff on their ability to listen to, understand and interact with you?



QUESTION 11: CASSELLHOLME UPDATES

How do you rate general updates like infection/illness, construction, new programs, etc.?



QUESTION 12: COMMUNICATION PREFERENCES

What is your preferred method[s] of receiving Cassellholme updates? Check all that apply.

- [55] 96.5% Email
- [11] 19.3% Facebook
- [12] 21.1% Website
- [06] 10.5% Mail
- [10] 17.5% Cassellholme Poster

QUESTION 13: WEBSITE USE

What have you made use of on the Cassellholme website? Check all that apply.

- [08] 14.0% Feedback form
- [04] 7.0% Compliments form
- [20] 35.1% Send-A-Card
- [18] 31.6% Who to call
- [22] 38.6% Daily menus
- [21] 36.8% Activity portal
- [09] 15.8% Minutes [Family Council, Board of Management, Residents' Council, etc.]

QUESTION 14: COMMUNICATION RESPONSE TIME

When you called or emailed us, how was our response time?



QUESTION 15: HAVING YOUR SAY

Rate your comfort level with expressing an honest opinion to us at Cassellholme.



QUESTION 16: OVERALL SATISFACTION

Generally speaking, how do you rate your experience at Cassellholme?



QUESTION 17: WOULD YOU RECOMMEND CASSELLHOLME TO LOCAL RESIDENTS?

Please take a moment to write a few additional comments about Cassellholme and any changes or improvements we could make to serve you better.

