



Quality Improvement Plan: Updated to February, 2026

| Survey | Owner | Timeline | Key notes | |
|--|---|-------------------------|------------------------------------|---|
| Workforce Survey on Well-Being, Quality and Safety | Admin Assistant | January | Annual Accreditation survey | |
| Family & Resident Satisfaction Survey | Admin Assistant | January | Annual Licensing Requirement | |
| Licensing: Long-Term Care Program Requirements | Department HW | April / Nov. | Bi-annual onsite survey | |
| Risk Management | CEO | April | Annual Assessment & prn | |
| Board Dashboard | Senior Leaders | Quarterly | Quarterly Quality Improvement Plan | |
| Resident and Staff Safety Dashboard | Senior Leaders | Quarterly | Quarterly Quality Improvement Plan | |
| Note: Where a benchmark or a trend is not meeting a target, they are added to the QIP to focus our attention and resources. Where a benchmark or a trend has been successfully addressed, it is removed from the QIP. | | | | |
| Workforce Survey on Well-Being, Quality and Safety: | | Status: Planned | | |
| | Improvement Statement / Owner | Actual | Target | Action |
| 1. | To complete the Workforce Survey on Well-Being, Quality and Safety by March, 2026 | | Feb. 2026 | <ul style="list-style-type: none"> Survey activated Survey results will define the Strategic Plan KPI's |
| Family and Resident Satisfaction Survey: | | Status: Complete | | |
| | Improvement Statement / Owner | Actual | Target | Action |
| 1. | I am familiar with the palliative care process | 50% | 90% | 1) Amend the 6-week Care Conference agenda to include a discussion on palliative care - Planned |
| 2. | Concerns are taken care of in timely manner | 61% | >75% | 1) Revise the Family Satisfaction Survey to create a section specifically for the resident's Substitute Decision Maker - Planned |
| 3. | I am notified of changes in my resident's health | 76% | >75% | 1) See #2 as it relates to the Substitute Decision Maker - Planned |

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|---|---|---------------|---------------|---|
| 4. | I am familiar with how lost/damaged eye glasses, dentures or hearing aids are addressed | 45% | >75% | 1) Website message capturing items in need of clarity - Planned |
| 5. | I understand how to identify the Continuing Care Assistant (CCA) that is assigned to my loved one | 67% | >75% | 1) Develop a family education tool – for Substitute Decision Makers 2) Add to 6-week Care Conference agenda - Planned |
| 6. | I am satisfied with the telephone answering system | 73% | >75% | 1) Undertake a review of the internal telephone process - Planned |
| Board Dashboard Status: has decreased incidents of responsive behavior | | | | |
| | Improvement Statement / Owner | Actual | Target | Action / Evidence |
| 1. | To follow up on hand washing rates ensuring staff compliance | 83% | ➤ 90% | 1) Update staff on handwashing and reassess handwashing survey in Q1 dashboard - OG |
| 2. | To reduce the number of resident responsive behaviors | 24 | Trending only | 1) Responsive Behaviors decreased 60% in Q3 😊 Going well |
| Licensing | | | | |
| | Improvement Statement / Owner | Actual | Target | Action / Evidence |
| 1. | To secure a one year license to operate a LTC facility | 9 /12 | 12 months | 1) Preparing for March, 2026 licensing visit ✓ |
| Risk Management | | | | |
| | Improvement Statement / Owner | Actual | Target | Action / Evidence |
| 1. | No risk responses required | | | |
| Accreditation | | | | |
| | Improvement Statement / Owner | Actual | Target | Action / Evidence |
| 1. | Doing well 😊 | | | |
| Family Council | | | | |
| | Improvement Statement / Owner | Actual | Target | Action / Evidence |
| 1. | Review Terms of Reference | | | 1) TOR review - Ongoing |