

**THURSDAY, MARCH 23, 2023**

**MINUTES**

**Date:** Thursday, March 23, 2023

**Location:** Castle Arms 3 – Common Room (and Zoom)

**Present:** Mark King, Chair  
 Chris Mayne, Vice Chair  
 Peter Chirico  
 Robert Corriveau  
 Michelle Lahay  
 Sherry Culling

**Staff:** Angie Punnett, Administrator  
 Billy Brooks, CFO  
 Dave Smits, Project Manager  
 Julie Pilkey, Recording Secretary

**Regrets:**

**Guests:** Monique Peters, Family Council (zoom)  
 Joanne Brousseau (zoom)  
 Jamie Peters (zoom)  
 Chantal Brousseau (zoom)

	ITEM	ACTION
<b>A.</b>	<b>CALL TO ORDER</b>	
	<p><b>RECORDED MEETING</b></p> <p><i>“Moved by Robert Corriveau and seconded by Peter Chirico that the meeting be called to order at 5:01 p.m.”</i></p> <p>Res. #20-23 <span style="float: right;"><u>Carried</u></span></p>	
	<b>1. Approval of Agenda</b>	
	<p><i>“Moved by Michelle Lahay and seconded by Chris Mayne that the Board approved the Agenda for this meeting, as presented.”</i></p> <p>Res. #21-23 <span style="float: right;"><u>Carried</u></span></p>	
	<b>2. Conflict of Interest</b>	
	<p><i>“Moved by Chris Mayne and seconded by Peter Chirico that no Board Members present have declared a conflict of interest.”</i></p> <p>Res. #22-23 <span style="float: right;"><u>Carried</u></span></p>	

### 3. Approval of Minutes

#### 3.1 Approval of Minutes of the Regular Meeting held on January 26, 2023

*“Moved by Michelle Lahay and seconded by Chris Mayne that the minutes of the Regular Board Meeting, held on January 26, 2023, be adopted as presented.”*

Res. #23-23

Carried

### 4. Business Arising

#### 4.1 CPIC Update

Sherry Culling has submitted her CPIC. All others still waiting and will provide once received.

#### 4.2 By-Laws

Julie to send out a Doodle Poll to the selected sub-committee members to select a date to review the bylaws.

#### 4.3 Air Conditioners

Update included in Dave Smits Board Report, attached.

### 5. New Business

#### 5.1 MSAA – Multi-Sector Service Accountability Agreement *(Motion)*

*“Moved by Robert Corriveau and seconded by Michelle Lahay that the Board authorize Mark King to sign the Declaration of Compliance.*

*After making inquiries of Angie Punnett, Administrator and other appropriate officers of the Health Service Provider (HSP) and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board’s knowledge and belief, the HSP has fulfilled, its obligations under the multi-sector service accountability agreement (MSAA) in effect during the applicable period.*

*Without limiting the generality of the foregoing, the HSP has complied with:*

- (i) Article 4.8 of the MSAA concerning applicable procurement practices;*
- (ii) The Connecting Care Act, 2019; and*
- (iii) Any compensation restraint legislation which applies to the HSP*

*Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the MSAA between the Ontario Health Region and the HSP effective April 1, 2023.”*

Res. #24-23

Carried

#### 5.2 LSAA – LTC Service Accountability Agreement *(Motion)*

*“Moved by Chris Mayne and seconded by Peter Chirico that the Board authorize Mark King to sign the Declaration of Compliance.*

*After making inquiries of Angie Punnett, Administrator and other appropriate officers of the Health Service Provider (HSP) and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board’s knowledge and belief, the HSP has fulfilled, its obligations under the long-term care home service accountability agreement (LSAA) in effect during the applicable period.*

Without limiting the generality of the foregoing, the HSP confirms that:

- (i) It has complied with the provisions of the Connecting Care Act, 2019 and with any compensation restraint legislation which applies to the HSP; and
- (ii) Every Report submitted by the HSP is accurate in all respects and in full compliance with the terms of the agreement.

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Agreement between the Ontario Health and the HSP effective April 1, 2023.”

Res. #25-23

Carried

## 6. Redevelopment

### 6.1 Construction Update *(Dave Smits)*

Dave provided an update in the Board package, as well as the Percon Report for February 2023.

## 7. Operations

### 7.1 Operations Update

Update included in package

Angie added that Covid testing of residents and staff will end on April 1/23 as well as the Covid funding. The screeners at the front door will no longer be testing or at the doors to greet anyone entering the home. Everyone entering the building will do a self-screening assessment. Masks will be available at the doors, as well as signage to indicate if there is an outbreak and what floor will require goggles, N95 masks, etc.

A report outlining isolation period changes will be available on March 31/23.

Ministry presentations will be available over the next couple of days with more information for families and staff.

Angie noted there is a draft contract prepared to formalize the existing contract from 2010 for Cassellholme’s consulting services provided to Castle Arms for IT support, accounts payable, etc.

### 7.2 Human Resources Update

Included in Operations Update

### 7.3 Q4 Operating Budget at December 31/22 *(Motion)*

*Moved by Robert Corriveau and seconded by Peter Chirico that the Board approved the year-to-date operating budget-to actual results for the period ending December 31, 2022, as presented.”*

Res. #26-23

Carried

### 7.4 Redevelopment Capital Budget to Actuals to December 31/22 *(Motion)*

*Moved by Chris Mayne and seconded by Michelle Lahay that the Board has approved the Redevelopment Capital budget-to-actual results from commencement to December 31,2022, noting the currently forecasted interest-only capital payments during the construction period and forecast capital payments for principal and interest payments, as presented.”*

Res. #27-23

Carried

### 7.5 Q3 Budget to Actuals Community Support Services *(Motion)*

*Moved by Peter Chirico and seconded by Michelle Lahay that the Board approved the 2022/23 Community Support Services Q3 budget-to-actual results, as presented.”*

Res. #28-23

Carried

<b>B.</b>	<b>CORRESPONDENCE</b>	
	No items noted	
<b>C.</b>	<b>REQUEST FOR FUTURE AGENDA ITEMS</b>	
	1. Update from Castle Arms March 30/23 Meeting	
<b>D.</b>	<b>DATE OF NEXT MEETING</b>	
	Annual General Meeting - Thursday May 4, 2023 @ 5:00 p.m. - or at the call of the Chair	
<b>E.</b>	<b>ADJOURNMENT</b>	
	<p><i>“Moved by Peter Chirico and seconded by Chris Mayne that the meeting be adjourned at 6:29 p.m.”</i></p> <p>Res. #29-23 <span style="float: right;"><u>Carried</u></span></p>	

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Secretary

\_\_\_\_\_  
Chairman

Board of Management Meeting  
March 23, 2023

## ❖ ADMINISTRATOR UPDATE - Angie Punnett, Administrator

### COVID – 19

A Covid – 19 outbreak was declared at Cassellholme on Feb 23, 2023. The outbreak was declared on Birch Street (2<sup>nd</sup> floor). As of Monday March 20, 2023 the outbreak remains on Birch/Cherry Lane (2<sup>nd</sup> floor) a total of 26 residents and 6 staff cases have been associated to the outbreak.

Resident vaccine rates remain high with approximately 76% of the residents being up to date, 16% refusal rate and 8% not eligible due to Covid infection in the last 90 days.

Our staff/Essential Care Giver and Volunteer vaccine policy is currently on pause. We are consulting with Public Health and other LTC facilities in our area to align our vaccination policy with the evolving COVID-19 pandemic and ensuring compliance with the Residents Bill of Rights.

## ❖ CLINICAL SERVICES UPDATE - Lindsay Dyrda, DOC

### Staffing:

We have hired Kathy MacDonald as Nurse Manager to replace Camille Bigras who will be starting her new position as Director of Support Services May 1, 2023.

### Critical Incidents:

For the month of February 2023, we have had 8 critical incidents submitted to the Ministry:

- (1) Misuse/Misappropriation of resident's money (staff-resident) - Unsubstantiated.
- (1) Environmental Hazard – flood on Apple (pipes burst)
- (3) Abuse of a resident- neglect (staff- resident)
- (2) Abuse of a resident (resident - resident)
- (1) Disease Outbreak (covid)

The 2022 annual review of Critical Incidents was completed with a total of 57 reports submitted (8 more than 2021). 54% were reported as abuse/neglect; 10% less than 2021. 80% were confirmed as abuse/neglect after investigation. There was a 12% decrease in staff to resident abuse.

The Ministry Inspectors completed an inspection from January 16-20<sup>th</sup>, 2023 and reviewed 9 critical incidents from 2022. A total of 7 written notices were served on February 27, 2023.

## ❖ **QUALITY IMPROVEMENT PLAN - Jillian Marchand, Resident & Family Navigator**

Our Quality Improvement Plan with Health Quality Ontario was put on pause in 2020 due to the pandemic. With the introduction of the Fixing the Long Term Care Act, quality improvement was put back on the forefront for long-term care homes.

The Continuous Quality Improvement Initiative Council was reinstated and is made up of department heads, residents, family council members, and front line staff.

Cassellholme completed satisfaction surveys with resident and families in 2022. The results of those surveys, as well as requirements within the Fixing the Long-Term Care Act, are the foundation of the Quality Improvement Plan for Cassellholme 2023/2024. A detailed work plan and narrative will be submitted to Health Quality Ontario on March 31/23, with monthly Continuous Quality Improvement Initiative meetings to track progress of the goals that were set.

## ❖ **FACILITY SERVICES UPDATE - Dave Smits, Director of Facilities & Capital Projects**

### **Facility Services**

The Facility Services group continues to be busy working to maintain our aging facility as we prepare for the move into the new building. We are working hard to minimize the maintenance cost of the current facility as we construct the new facility without sacrificing resident or staff health and safety.

### **Fire Alarm**

Over the last few months, we have had an increased number of false fire alarm calls and each time a false alarm occurs we are charged for this by the fire department. These false alarms have been attributed to aging sensors and our service provider has run into an issue with finding detectors that are ULC certified to work with our panel due to the age of it. They are checking with their other offices across the country and if we cannot find detectors that are certified we may have to proceed with a fire panel replacement. The initial estimated cost for this is \$150,000. We would work to source a panel that could be used in the North Tower when the project is completed so this would not be a sunk cost.

### **Air Conditioning**

We are still working with the MLTC to obtain an exemption for the installation of air conditioning in every resident room in the current facility. The challenge we face is that our electrical system does not have the capacity to provide air conditioners in each resident room. The North Tower resident rooms have air-conditioning and we have air-conditioning in the common areas in the balance of the facility and much of this equipment has been replaced since 2019. We have also installed additional common area air conditioning on Apple and Maple in 2022. In 2022 we also installed real time temperature sensors in all non air-conditioned resident rooms and this allows us to set alarm points so we know immediately if any of the rooms exceeds the limits set by the MLTC (26 C). During the summer of 2022 we observed that the only time that we saw temperatures above 26 C was when family or staff left windows open into the hottest part of the day. We also have ~ 15 portable air conditioners that can be deployed if we have rooms that cannot be maintained below 26C.

### Painting

Regardless of the Redevelopment Project we know that it is important to keep our current facility looking nice as this is our Resident's home. Beyond the aesthetic value an intact paint surface is also critical to allow for proper cleaning. If you have been to the facility recently you will notice that the main hallway has been repainted with a new more modern colour scheme. We have also been working to repaint several other areas throughout the facility. Routine painting of Resident rooms is completed when vacancies occur, but painting of the common areas can be more challenging when we have staff shortages.

### Staffing

The last number of years have been challenging from a staffing perspective. One of our staff members refused to receive the COVID vaccine and as such they were not allowed to work for much of the last three years. Last summer we lost our in-house electrician as our pay rate for skilled trades is no longer competitive. As such for much of 2022 we had an on-call rotation covered by two staff one of which was the department manager. This has made it challenging for these staff to get their vacation. The new facility will include a much more complicated heating and ventilation system and as such we will need staff capable of operating and maintaining these systems.

The new facility is ~ 100,000 ft<sup>2</sup> larger than the current facility so this will also require additional maintenance staff. We have developed an updated role description and are waiting for this to be evaluated in terms of which pay band would be appropriate. We are also working to establish the appropriate staff compliment for the new facility so this can be budgeted accordingly in the 2024 budget. Ideally any new maintenance staff would be hired before the commissioning of Phase 1 of the new building so they can participate in this commissioning activity.

### ❖ FINANCE & INFORMATION TECHNOLOGY UPDATE - William Brooks, Chief Financial Officer & IT

Q4 Financial Report – presentation to be provided at the meeting.

### ❖ NUTRITION & FOOD SERVICES - Trina Milne, Manager

Hired 4 new employees for Nutrition & Food Services  
The Spring/Summer Menu will be starting May 15/23.  
The new Orientation Mentor Program is going well.

### ❖ HOUSEKEEPING SERVICES - Trina Milne, Manager

The new Orientation Mentor Program is going well with housekeeping staff.  
Ordered more over the bed tables in the event we go into outbreak. Residents have these tables in their rooms for meal service.  
Ordered new bedside tables to replace any worn out ones.

## ❖ RESIDENT SUPPORT SERVICES - Mandy Gilchrist, Manager

### Activities

A full day training session was held on Mar 9<sup>th</sup>, 2023 to restart the department “Positive Programming in an (Almost) Post-COVID reality”

2 more follow-up zoom calls will be held on Mar 21<sup>st</sup> & April 11<sup>th</sup>, 2023

2 vacancy positions in the activity department. Posted external as there were no internal applicants.

### 400CLUB

1 vacancy position available. Looking to hire outside as there were no applicants within the Home.

## ❖ COMMUNITY SUPPORT SERVICES UPDATE - Nancy Coughlin, Manager

New software is up and running. The first billing cycle has been completed with success.

## ❖ IPAC - Infection Prevention and Control - Ellen Whittaker, Manager of Infection, Prevention & Control

### IPAC

On February 6<sup>th</sup> 2023 the Health Unit was at Cassellholme to complete an IPAC assessment.

On February 24<sup>th</sup> 2023 the report of this assessment was received, which outlined the identified gaps and requirements for improvement.

### Gap #1 Active Screening and Testing Area - inappropriate glove use and lack of hand hygiene.

**Required Action** - reinforce the correct methods with the screener staff

**Corrections** - teaching and re-enforcement has been done with screening staff and will continue, including hand hygiene observations

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### Gap #2 Personal Protective Equipment - staff at the screening area and on units observed not following the steps for donning and doffing correctly.

**Required Action** - reinforce the correct steps with staff and remind them to refer to the donning and doffing signage that is already posted at resident rooms. Front line staff to attend HU education session.

**Corrections** - teaching and re-enforcement has been done with screening staff and will continue. Donning and doffing has been added to the WHMIS training (new hire and annual) for all departments. Eight Cassellholme front line employees will attend the HU IPAC train-the-trainer session on March 22<sup>nd</sup> and train staff on IPAC measures.

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**Gap # 3 Hand Hygiene** - Staff were observed performing hand hygiene for less than the required 15 seconds and the number of hand hygiene audit observations is too low.

**Required Action** - reinforce the need for hand hygiene to be done for a minimum of 15 seconds, with all staff. Increase the number of hand hygiene audit observations to at least 200 per month/2400 per year. Analyze this data quarterly and submit to the Health Unit.

**Corrections** - A team of 30 employees are now assigned to do Hand Hygiene audits in order to reach the required numbers, monthly. These employees are being trained by the IPAC manager. The app used has been upgraded to include the ability to generate reports.

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**Gap #4 Dirty Keyboards at Nursing Stations & Med Carts** - protective barriers for the keyboards are not being used by staff.

**Required Action** - Health Unit will provide 5 washable keyboards to trial in the Home. Cassellholme must develop a policy and procedure for their use.

**Corrections** - A trial washable keyboard and P&P has been assessed through the Safe Purchasing procedure. Awaiting feedback from the HU about the P&P and then the keyboard will be put in the unit for trialing.

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**Gap # 5 Lack of IPAC preventative measures during renovations** - maintenance employee was observed removing drywall without the correct IPAC measures of hoarding, walk-off mats, covered removal etc.

**Required Action** - Cassellholme should develop P&P to address internal planned renovations and emergency renovations (ie. floods) which follow the IPAC CSA Standards

**Corrections** - Maintenance has provided re-direction and education to Cassellholme employees and contractors about required IPAC measures during renovation projects. Required supplies have been purchased. The IPAC manager and the maintenance manager are meeting to review the CSA IPAC Matrix for P&P development.

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**Gap # 6 Covid Immunization** - Health Unit reports that as of January 26<sup>th</sup> 2023 62 % of residents were up to date with Covid vaccine. HU is requesting that 75% be immunized. The HU did not consider the resident refusal rates and the number of residents who had had recent Covid-19 infection.

**Required Action** - 75% of eligible residents should have their vaccine up to date by April 1<sup>st</sup>

**Corrections** - Prior to the Health Unit assessment report the resident immunization clinic had occurred on February 23<sup>rd</sup> 2023, resulting in 76% of residents being up-to-date with Covid-19 immunization. As a point of information, 16% of residents refuse immunization and 8% had had recent Covid-19 infection.

## HUMAN RESOURCES UPDATE

Shani Giroux, Director of Human Resources  
March 2023

### STRATEGIC PLANNING Highlights

In the last quarter of 2022, the Human Resources department participated in an organizational collaboration to build our shared vision of Cassellholme's strategic direction. Guided by our vision – "To enhance the lives of people we serve", and driven by our values – **Dignity, Accountability, Respect and Excellence** - we created our service vision.

*We embrace a respectful, collaborative approach to foster mutual success throughout the workplace. We strive to achieve the Home's strategic goals and operational priorities, utilizing quality measures to evaluate HR service excellence.*

The culmination of our work has led to the development of a set of guiding principles by which all members of the Human Resources Department will live and conduct our work.

- We treat others with care and inclusiveness
- We take our role seriously and accept the privileges and obligations that come with being stewards of the Home
- We listen, consider issues thoughtfully and respond with care.
- We value an on-going program of continuing quality improvement to achieve optimal results.

Our operational priorities include –

- Recruitment
- Staff Education
- Supportive Workplace Culture Initiatives
- Development of Annual HR Report
- HR Process Automation
- HR Policy Updates

### PEOPLE Highlights

Cassellholme currently employs 402 employees in the following departments:

Clinical Services	257
Resident Support Services (Activities & Day Program)	16
Support Services (Dietary, Housekeeping & Maintenance)	84
Corporate Services (Finance, Admin & HR)	14
Community Support Services	31

## PEOPLE Highlights

Cassellholme employs people at all stages of their careers. While the average age of staff at Cassellholme is 43, the Home has a number of employees eligible for retirement. As of 2023, 94 people are 55 and over. Cassellholme employs 16 people over the age of 65 and our “most seasoned” employee is age 70.



Full-Time Staff.....	152
Part-Time Staff.....	197
Casual Staff.....	47
Contract Staff.....	3
Average Age.....	43
Average yrs. of service.....	8
Longest yrs. of service.....	42

## OPERATIONAL Highlights

### Recruitment

Registered staff (RPN's & RN's) recruitment continues to present a significant challenge across the long-term care sector. It is especially difficult in our labour market given our geographic location and competing interests among healthcare agencies in the district. We are striving to apply the most efficient, sustainable and responsive clinical interventions to create capacity in clinical services. We are taking advantage of provincial initiatives and programs that provide recruitment incentives and employment pathways for new graduates, international students as well as temporary foreign workers. In the interim, we are utilizing staffing agencies to fill four (4) full-time vacancies in our RPN pool. All vacancies are temporary in nature and result from maternity leave and sick leave.

We anticipate that 5 temporary foreign workers will commence employment in the summer months to further stabilize our PSW pool. There are no vacancies in established on-union positions at this time. In the near future, we will be recruiting for an Enrichment Lead to work as part of our Resident Support Services team to further enhance the resident experience.

### Labour Relations

We are scheduled to enter negotiations with all of our bargaining units in 2023 – CUPE, SEIU and ONA. We are in the process of reviewing all collective bargaining trends and outcomes within the health care sector.

Mar 20, 2023

**Subject: Cassellholme Redevelopment Update – Mar 23, 2023**

### **Construction Activity**

Please see the February monthly report from Percon.

### **Highlights:**

Forming/Rebar Foundations and Grade Beams are scheduled to wrap up in mid March

Backfilling will continue until approximately the third week of March.

### **Structural Steel has started yahooo!!**

Work is being completed at the old main entrance location to allow better access into our fire sprinkler equipment room. This work will be completed by the end of March.

The end date for Phase 1 has slipped a little further due to construction challenges through the winter and we will have a more comprehensive update on the project schedule in May.

Private Room Mock-Up - We are getting prices for the construction of a mockup of a private room in the auditorium. Mock-ups are considered best practice as they help ensure that things will work as expected and they have been found to easily pay for themselves in terms of work that has to redone or corrected later. To manage cost the mock-up will not be identical in every aspect to the final rooms to be built but sufficient details are being included to allow a number of key coordination issues to be addressed.

### **Transition Planning**

The following is an update on some of the various items previously reported as part of this work:

Health and Safety Policies and Procedures - Emergency response planning underway.  
Balance of H&S policies reviewed on a routine basis.

Operations Policies and Procedures - Not yet started.

Food Services Operation - The dishwasher in the main kitchen will be increased in size to accommodate a number of items that would not fit in the dishwasher originally specified. Updated drawings for the new dish wash area have been obtained and this will be mocked up with tables and boxes in the Auditorium so we can be sure of optimum flow.

NFN Partnership/Indigenous Unit Operation and Licensing - The signed MOU has been received from NFN. Licensing discussions continue and the list of other items to be addressed in the Collaborative Agreement with NFN has been completed.

Resident Assignment - Planning underway.

Way-finding - Review of the detailed signage schedule that will be included in the RFP has been reviewed and the RFP will be issued in May. Local artists are being approached to provide pricing to support the development of the tree iconography that will be used to identify each of the Resident Home Areas (RHA's) in the new facility.

Staffing Plan - Work has commenced for Support Services.

Laundry Plan - Planning underway.

Storage Plan - Site review completed information being tabulated for comparison.

Move Plan - RFP issued via Bonfire, closes on March 20th, 2023.

Training Plan - Not yet started.

IT - Planning underway.

Waste Handling - Meeting held with Miller and staff to review Waste/Recycling Room. Original plan was for bins to be contained in the building but our volume of waste will not allow for this. Bins outside have to be kept in a fenced compound and this would mean staff are having to continue to bring waste and cardboard outside. Miller recommended we consider compactors for our garbage and cardboard and they will be getting back to us with some additional information.

In addition to the above work has continued on reviewing the various departments in the facility. This work is to ensure staff will know what they are going to be moving into and also to identify and correct any minor issues that can be corrected at minimal or no cost.

### **Change Order Log**

Please see the attached March 8, 2023 log.

### **Budget Update**

February 2023 actuals still being processed will forward once available.

**Change Order Log - Mar 8, 2023**

Percon																					
RFE	RFE	PC	CD	SI	RFI	CO	Work Description	Reason	Status	Date Issued	Quote Sent	Approval Date	Quoted	Approved	Contract Time (days)						
1	1			1	RFI	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)	Coordination	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)	Coordination	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	36	15R					Door hardware revisions to door 1147a	Coordination	Pending	12-Oct-22			\$17,028.00								
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							
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	35					Revision to North Wing elevator brackets for rail attachments	Coordination	Pending	07-Oct-22											
53	53	36R2				44	Revision to brace frame VB105	Coordination	Pending	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	49			36R1			Structural clarifications - structural steel and rebar shop drawings	Coordination	Pending	20-Jan-23			\$3,414.77								
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	Pending	10-Jan-23	03-Mar-23		(\$2,035.00)								
				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 L#2 & L#2-1 lavatory fixtures	Coordination	Approved	18-Jan-23	17-Jan-23	21-Feb-23	\$5,193.10	\$5,193.10							
				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	Pending	06-Feb-23											
		46					Modifications to generator ESB breakers	Coordination	Pending	07-Feb-23											
		47																			
		48R					Revisions to electrical to accommodate Kithcen Equipment	Coordination	Pending	14-Feb-23											
<b>Total - As of Issue Date</b>													\$977,369.86	\$958,962.09							