

**THURSDAY, JANUARY 29, 2026**

**MINUTES**

**Date:** Thursday, January 29, 2026

**Location:** Cassellholme 1<sup>st</sup> Floor (New Build)

**Board Members:** Dave Mendicino, Chair  
 Michelle Lahaye, Vice Chair  
 James (Jim) Bruce  
 Chris Mayne  
 Mark King  
 Peter Chirico  
 Robert Corriveau

**Staff:** Angie Punnett, Administrator  
 Camille Bigras, QI Director  
 Billy Brooks, CFO  
 Tiffany Chapman, Secretary  
 Anita Brisson, Project Manager

**Regrets:**

**Guests:** Monique Peters, Family Council (ZOOM)  
 Jamie Lowery (ZOOM)

	ITEM	ACTI ON
<b>A.</b>	<b>CALL TO ORDER</b>	
	<b>MEETING RECORDED</b> <i>“Moved by Jim Bruce and seconded by Peter Chirico that the meeting be called to order at 5:01 p.m.”</i> <b>Res. #001-26</b> <span style="float: right;"><b><u>Carried</u></b></span>	
	<b>1. Approval of Agenda</b>	
	<i>“Moved by Jim Bruce and seconded by Michelle Lahaye that the Board approved the Agenda for this meeting, as amended.”</i> <b>Res. #002-26</b> <span style="float: right;"><b><u>Carried</u></b></span>	
	<b>2. Conflict of Interest</b>	
	<i>“Moved by Robert Corriveau and seconded by Dave Mendicino that no Board Members present have declared a conflict of interest.”</i> <b>Res. #003-26</b> <span style="float: right;"><b><u>Carried</u></b></span>	
	<b>3. Approval of Minutes</b>	
	<b>3.1 Approval of the Minutes of the Regular Board Meeting held on December 4, 2025</b> <i>“Moved by Mark King and seconded by Michelle Lahaye that the minutes of the Regular Board Meeting, held on December 4, 2025, be adopted as presented.”</i> <b>Res. #004-26</b> <span style="float: right;"><b><u>Carried</u></b></span>	

#### 4. Election Officers

##### 4.1 Chairperson

"Moved by Michelle Lahaye and seconded by Peter Chirico that Dave Mendicino be elected Chairperson of the Cassellholme Board of Management."

Res. #005-26

Carried

##### 4.2 Vice Chairperson

"Moved by Peter Chirico and seconded by Robert Corriveau that Jim Bruce be elected Vice-Chairperson of the Cassellholme Board of Management."

Res. #006-26

Carried

##### 4.3 Treasurer

"Moved by Peter Chirico and seconded by Jim Bruce that Robert Corriveau be elected Treasurer of the Cassellholme Board of Management."

Res. #007-26

Carried

##### 4.4 Chairperson, Charitable Foundation Committee

"Moved by Peter Chirico and seconded by Robert Corriveau that Jim Bruce be elected Chairperson of the Cassellholme Charitable Foundation Committee."

Res. #008-26

Carried

##### 4.5 Secretary

"Moved by Peter Chirico and seconded by Jim Bruce that Michelle Lahaye be appointed Secretary of the Cassellholme Board of Management"

Res. #009-26

Carried

#### 5. New Business

##### 5.1 Specialized Unit Updates

24 Bed Specialized Unit Approved for March 2026-2028  
Notification to be sent out after meeting to advise  
A lot of back work to be done potential of April 1, 2026 to open  
Admission list – up staffing \*waiting on Provincial Announcement  
Indigenous – 5<sup>th</sup> Floor – Application Sent in

#### 6. Redevelopment

##### 6.1 Move Update

Demo of Apple/Maple to begin – temp. external walls completed  
Expected Move in date of June 2028 mentioned  
Re-testing lifts and Millwork touchups being completed

#### 7. Operations

##### 7.1 Operations Update

###### 7.1.1. Transitional Operations Update

The initial transition/move itself went well, but now a challenge after the fact  
Resident increased falls and behaviors (was to be expected)  
Staff having a rather difficult transition period – staff & residents moved everywhere/all different areas  
Staffing levels are being evaluated/staffing model being looked at  
Staff absenteeism and WSIB claims increased  
Higher number of baths missed  
Water temp issues. Elevator issues. A lot of changes all at once.

**7.1.2 Quality Update**

Implementation of Quality Assurance  
Annual satisfaction surveys sent out awaiting results  
Tentatively to be presented at next meeting

**7.1.3 Operations Update**

Operations update in package – detailed with 2025 overview and 2026 goals  
Dietitian Resigned and new one to start (not mentioned in Operations Update attached)

**7.2 October-December 2025 Capital Levy**

Interest cost indication in package – to be sent out January 31, 2026 to municipalities

*“Moved by Peter Chirico and seconded by Michelle Lahaye that the board approve the Capital Levy as presented \$448, 778.81 issued January 31, 2026.”*

**Res. #010-26**

**Carried**

**7.3 Insurance Renewal**

For redevelopment to stay within same Company  
Email vote – Plan for 2027

**8. Finance and Governance Policy Review**

**8.1 2027 Insurance RFP\***

Policy geared to non-profit  
In depth review every 3 years – possible to bring in 3<sup>rd</sup> party  
Cyber Policy with same broker

**9. In-Camera**

**Guests left the meeting & Zoom Meeting Ended**

*“Moved by Peter Chirico and seconded by Robert Corriveau that the Board proceed to an In-Camera session at 5:59p.m.”*

**Res. #011-26**

**Carried**

**9.1 Approval of the In-Camera Minutes – dated December 4, 2025**

**In-Camera Motion – Res. #012-26**

**9.2 Redevelopment Matters**

**9.3 Legal Matter – Redevelopment**

**Anita Left the Meeting**

**9.4 Cassellholme Governance Structure**

*“Moved by Peter Chirico and seconded by Michelle Lahaye that the Board approve the In-Camera Session to be adjourned at 7:08p.m.”*

**Res. #013-26**

**Carried**

**B. CORRESPONDENCE**

**C. REQUEST FOR FUTURE AGENDA ITEMS**

**D. DATE OF NEXT MEETING**

Thursday, February 26, 2026 – Cassellholme 1<sup>st</sup> Floor (New Build) – 5:00 p.m.

**E. ADJOURNMENT**

	<p><i>“Moved by Robert Corriveau and seconded by Michelle Lahaye that the meeting be adjourned at 7:09p.m.”</i></p> <p><b>Res. #014-26</b> <span style="float: right;"><b>Carried</b></span></p>	
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Secretary

\_\_\_\_\_  
Chairman

January 16<sup>th</sup> 2026

**Subject: Cassellholme Redevelopment Update – January 2026**

## CONSTRUCTION OVERVIEW

Phase 00 - Work complete.  
Phase 1-A – Work complete  
Phase 1-B - Work complete. Refer to Schedule Status below.  
Phase 2 - Site work and Preparations in progress.

## SCHEDULE STATUS

Refer to schedule notes of previous reports for comments on Draft Finishing Schedule and comments on Rev. 4 Schedule.

Schedule risks outlined in the March 2025 and other previous reports have materialized.

Phase 1: CH's move in date was moved from November 12-16, 2025 to November 26-30, 2025 due to MOLTC delays. The revised dates were coordinated with Cassellholme and the move was completed November 30, 2025. Phase 2 construction start date was then revised to December 3, 2025.

Phase 2 schedule is included with this report and is updated to reflect the Phase 2 start date of December 3, 2025, and includes progress up to the date of this report.

### PHASE 1-B

Patient lift track placement correction - scope has been confirmed, shop drawings have been processed. Scheduling is currently in progress and pricing will be submitted within the next 2 weeks.  
Millwork deficiencies to be completed in February

### PHASE 2

IPAC separations complete.  
Demolition in progress.

**Transition Planning Highlights** - An updated summary is attached for reference.

**Change Order Log** - Please see the attached

**Budget Update** – To be provided separately

Action	Sub Actions	Due Date
Resident Communication	Create plan for P2 piling and demolition; discuss opening of P1	February
Bed Application - DSU & Indigenous	Continue to have discussions with OH and Ministry on next steps	ongoing
FF&E Review	monthly review as P2 commences; Inventory List Review for P2	ongoing
Ministry submissions	monthly progress reports, draws, ministry financials and insurances - submissions monthly	ongoing
P1 Millwork deficiencies	some servery work and ongoing maple wood deficiencies; scheduled for end of Jan, early Feb	February
IPAC Demolition Plan	signed and sent to the HU	26-Nov
P2 Project Schedule Review	further review Jan 24	24-Jan
P2 Parking		Summer 2027
Quality Review and LL	commenced Nov 24 & Nov 25	Nov 24 & 25
Demolition Fire Plan	in the progress to develop and submitted	06-Dec
Storage Area list	to do a post move review of any changes to be added to P2; need to still get shelving for storage spaces	February
Hose Cabinets	hose cabinets in the new building - tbd	January
Art Fundraising	ideas have been noted and small WG; including Creative Industries - WG to assemble soon to allow for art in the	Spring
Art Work - RHA and P1	Artwork underway and will provide updates as artist submits	ongoing
Wood at mill for purpose		2027
Outdoor Space	to purchase furniture in the spring that was not purchased in November	May
HCR - Movers	to be reviewed 6 months prior to move	winter 2027
IT	to review P1 and any additions for P2 - FF&E	
Furniture	all itemized and pre-selected and ready for order	
Digital Menus/Boards	will be in full rollout as part of regular operations	ongoing
Nurse Call	Austco and Percon and Clinical to do a post move review of any changes to be added to P2	March
Medication Safety & Room Review	to do a post move review of any changes to be added to P2	March
Nursing Station	to do a post move review of any changes to be added to P2	March
Office Review	to do a post move review of any changes to be added to P2	March
Activity Rooms planning	to do a post move review of any changes to be added to P2	March
Clinical Staffing Plan	to be reviewed 6 months prior to move	
Door and Keypad Locks	to do a post move review of any changes to be added to P2	March
Wayfinding	to do a post move review of any changes to be added to P2	March
Miller waste process	to do a post move review of any changes to be added to P2	March
Kitchen Planning	to do a post move review of any changes to be added to P2	March
Trina's staffing plan	to be reviewed 6 months prior to move	
Storage Areas and supplies	to do a post move review of any changes to be added to P2	March
Inventory Management Solution and Process	to do a post move review of any changes to be added to P2	March
Medleds	order; to do a post move review of any changes to be added to P2	March
Remar strips	order; to do a post move review of any changes to be added to P2	March
Fire plan	to do a post move review of any changes to be added to P2	July

**Change Order Log -Nov 23 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					2	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					2	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				2	Door revisions	Coordination	Approved	15-Mar-22	07-Apr-22	06-May-22	\$4,677.20	\$4,677.20	
6	6	3				2	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 L#2 & L#2-1 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	AHI	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	\$1,821.60	\$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		141R	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		Cancelled: Miscellaneous Structural Clarifications	coordination	Approved	02-Apr-25				
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		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		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		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	11-Mar-25	25-Mar-25	\$1,247.07	\$1,247.07
				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		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				
				192	142	Revised counter support at M60 under counter fridge	Owner Requested	Approved	12-Feb-25	11-Mar-25	25-Mar-25	\$2,694.91	\$2,694.91
			193R1	143	165	Temporary Cladding of columns exposed to exterior in P1	coordination	Approved	12-Feb-25	08-Apr-25	15-Apr-25	\$10,961.13	\$10,961.13
					162	Revision to shower floor drains for sheet flooring	coordination	Approved	12-Feb-25				
			194R1	144		Modify rated wall at Room 5115 to suit piping	coordination	Approved	25-Mar-25	25-Mar-25	25-Mar-25	\$4,923.41	\$4,923.41
					163	Revisions to door frame protection	coordination	Approved	01-Feb-29				
					164	Revised 2: Relocate Shower room storage cabinets	coordination	Approved	24-Mar-25				
				145		Cancelled: Add LCD Austco annunciator displays for nurse call in P1	coordination	Approved	15-Apr-25				
				165		Clarifications on IT room 6003 panel terminations and rack equipment locations	coordination	Approved	25-Feb-25				
				196	146	Horizontal cable management and access control data drop	coordination	Approved	24-Feb-25	01-Apr-25	01-Apr-25	\$4,105.20	\$4,105.20
				166		Drywall bulkhead control joint locations	coordination	Approved	03-Mar-25				





Board of Management Meeting

January 22, 2026

### **CLINICAL SERVICES – Mel Cross, RN, Director of Care**

2025 was a year of significant transition, stabilization and system-level improvement within our Clinical Department, with focused efforts to align clinical practices and oversight with the requirements of the FLTCA. The year included important leadership changes, deliberate restructuring and focused efforts to strengthen clinical oversight, accountability and regulatory compliance.

Being appointed as the Director of Care March 31<sup>st</sup>, 2025 marked a key transition point for the Clinical Department. From that time forward, efforts were concentrated on assessing existing practices, addressing long-standing gaps, stabilizing leadership and frontline staff and establishing more clear accountability structures across clinical services.

Despite operating within a complex regulatory environment, meaningful progress was achieved in strengthening resident safety, improving interdisciplinary communication, enhancing infection prevention and control and reinforcing continuous quality improvement processes. The changes implemented throughout 2025 have positioned the Clinical Department to move forward with greater consistency, transparency and preparedness in 2026.

#### **Clinical Leadership**

In alignment with FLTCA requirements related to clinical oversight, leadership accountability and governance, significant changes were undertaken in 2025 to strengthen the clinical management structure and clarify roles and responsibilities.

Following the leadership change as the Director of Care, a focused review of clinical leadership roles, reporting relationships and accountabilities was conducted. This review identified opportunities to address role ambiguity, duplication of work and gaps in ownership of key clinical and regulatory functions.

The clinical leadership team focused on strengthening leadership practices and leading by example in alignment with our organizational values. These efforts have contributed to improved trust, consistency and professionalism across the department.

We have been able to strengthen clinical leadership and oversight, enhance communication and accountability and have improved leadership presence and decision-making across units. These changes have supported a more structured, compliant and transparent clinical leadership framework.

### **Infection Prevention and Control (IPAC)**

IPAC remained a critical regulatory priority for us in 2025. Recognizing the importance of strong IPAC leadership, the department undertook targeted changes to strengthen program oversight and education capacity.

We were able to onboard a new IPAC manager in August following the retirement of our previous IPAC Manager. We also introduced an IPAC assistant / Clinical Educator role to strengthen education, auditing and staff competency and development. Our IPAC policies, procedures and surveillance practices have been overhauled to align with FLTCA and Public Health Guidelines. We have been successful in strengthening our outbreak preparedness and response processes. These initiatives have improved consistency, regulatory alignment and staff support related to IPAC practices across the home.

### **Quality Assurance**

A significant effort was directed toward strengthening Quality Assurance and embedding a more structured quality improvement framework within clinical operations. We worked to strengthen the Quality Committee process, documentation and follow up. We made efforts to improve tracking, analysis and review of critical incidents to improve our policy and procedures within the clinical department.

Consistent with FLTCA requirements for critical incident reporting and risk management, focused efforts were undertaken in 2025 to strengthen oversight, investigation and follow-up processes. Consistency in the identification, reporting, investigation and review of critical incidents was strengthened. We also strengthened our investigation process and documentation including ensuring the prompt updating of applicable care plans which facilitate improved safety for our residents.

Statistically, we finished 2025 with 90 reported critical incidents (CIs). This is down from 122 CIs in 2024 or a 27% reduction in CIs.

### **Clinical Operations**

Throughout 2025 efforts were made to stabilize and standardize clinical operations while addressing legacy issues that had contributed to inconsistency and risk. These efforts were aligned with the FLTCA expectations for safe, effective and resident-centered care.

We were able to review and strengthen clinical workflows, documentation practices and care planning processes. Medication management has been improved, and we targeted falls prevention and responsive behaviours with a focus of harm reduction for our residents. These actions have supported improved consistency in care delivery and more clear expectations for frontline clinical staff.

### **Staff Education, Competency & Workforce Stabilization**

Staff competency and training in 2025 included strengthened onboarding and orientation processes, improved tracking of mandatory and role specific education, and continued efforts to stabilize frontline staffing through recruitment, retention and leadership support initiatives. We have improved our tracking and oversight of staff training and competency requirements including an increased focus on mandatory role-specific education. Clinical continues our ongoing efforts to stabilize frontline staffing through recruitment, retention and leadership support initiatives. These efforts have supported improved safety in delivery of our care, improved staff confidence and greater leadership support initiatives.

### **Pharmacy Services & Medication Safety**

2025 saw a comprehensive Request for Proposal process take place to review our pharmacy services with a focus on medication safety, clinical support and regulatory compliance. Following this diligent review, the pharmacy services contract was renewed with CareRx. This process ensured continuity of service while reinforcing expectations related to medication management, clinical oversight and partnership in quality improvement initiatives.

### **Looking Ahead to 2026**

The leadership transitions and system-level improvements implemented in 2025 have established a stronger foundation for clinical governance, regulatory compliance and resident safety. The Clinical Department enters 2026 with clearer accountability structures, improved oversight mechanisms and greater operational stability.

Key priorities moving forward include continued strengthening of clinical leadership and accountability; ongoing stabilization and support of the frontline workforce; further integration of quality, risk and performance data into decision-making; successful implementation of new clinical tools and system enhancements; and a sustained focus on resident safety, regulatory compliance and continuous quality improvement.

The transition into the new building represented a significant operational and clinical change in 2025. The move itself was completed successfully, and while there were expected growing pains, these were addressed through ongoing collaboration with staff and by incorporating resident and family feedback. Throughout this transition, staff demonstrated considerable resilience and adaptability, continuing to deliver safe, high-quality care while adjusting to new environments, workflows and systems. The learning opportunities identified through this process have informed refinements to clinical operations and will continue to support ongoing improvements as the home settles fully into the new space.

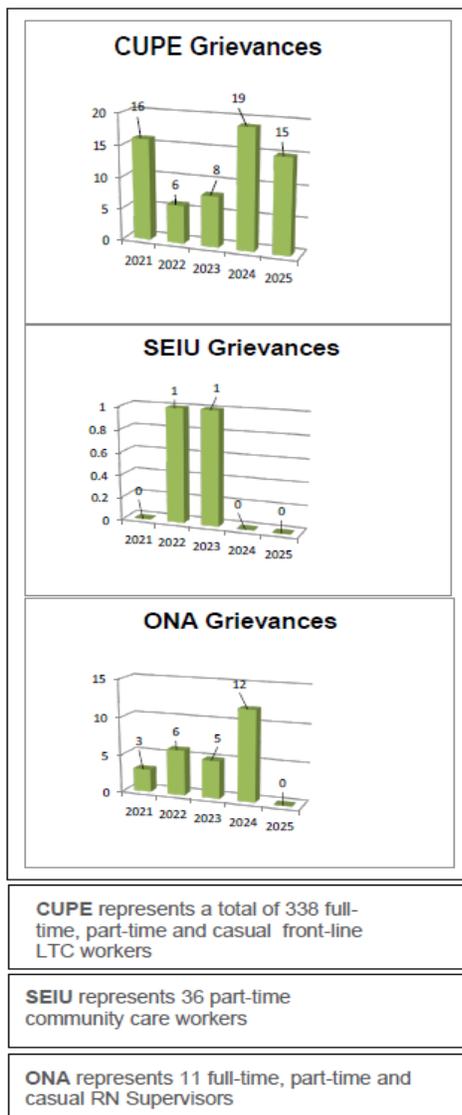
In addition, the Clinical Department will continue its collaboration with the research group out of Toronto to support frontline staff through initiatives focused on building

psychological safety in long-term care through enhanced equity and trauma-informed organizational capacity. This work is intended to enhance staff resilience, promote safe and supportive work environments, and strengthen staff capacity to deliver compassionate, resident centered care in complex clinical situations.

The progress achieved in 2025 reflects a committed and disciplined approach to meeting FLTCA requirements while building a resilient, transparent and quality driven clinical program that is positioned to respond effectively to both regulatory expectations and resident needs in the year ahead.

## HUMAN RESOURCES – Shani Giroux, Director of HR

### LABOUR RELATIONS



### KEY CHALLENGES AND OPPORTUNITIES

The persistent provincial shortage of Registered Nursing (RN) and Registered Practical Nursing (RPN) staff continues to impact our stability. Throughout 2025, we relied heavily on agency staffing to bridge critical vacancies. This practice that remains necessary for resident safety but is financially unsustainable. Consequently, recruitment and retention stands as our highest strategic priority for 2026.

On the labour relations front, we are entering a period of high activity. We are currently navigating interest arbitration with CUPE for the renewal of the collective agreement and are preparing to commence bargaining with ONA. While our SEIU agreement remains in force until March 31, 2027, our overall grievance activity remains high. We currently have three significant matters advancing to rights arbitration in 2026 and 2027, covering critical disputes regarding the Adult Day Program PSW wage enhancement, RPN Lead role redeployment, and the expansion of the Activity Assistant master schedule.

To address the growing volume and complexity of workplace accommodation requests, we have adopted a third-party medical adjudication model in December 2025. While we recognize that this shift has caused some employee apprehension regarding medical privacy, it is a necessary step to ensure an objective, expert-led process. As an employer, we lack the clinical expertise to evaluate medical necessity; this partnership provides a 'privacy firewall' that protects sensitive data while ensuring we meet our legal duty to accommodate.

The move to our new facility has been a milestone achievement for Cassellholme. However, we recognize that a transition of this magnitude brings a myriad of operational challenges. Our staff are currently navigating new job routines, caring for new residents, and mastering updated medical equipment. We understand that change on this scale can be difficult, and we remain committed to working closely with our Union partners to identify and address concerns arising from our new staffing models. We believe that both residents and staff benefit when our team is comfortable, supported, and appropriately staffed.

In addition to recruitment and retention priorities, our objectives also include :

#### Revitalizing Our Orientation & Onboarding Program

- Redesigning our onboarding experience to ensure new hires receive the comprehensive information and hands-on learning they need to feel confident at Cassellholme from day one. By maximizing the quality of our initial training, we provide our staff with the tools to succeed, which in turn enhances our ability to retain top talent in a competitive market.

#### Data and Analytics

- Transforming HR data into actionable insights to better understand and improve the employee experience. By shifting from anecdotal feedback to evidence-based metrics, we will more accurately identify staffing pressures, anticipate turnover trends to refine our onboarding, and measure the success of initiatives designed to enhance staff satisfaction, competency, and well-being.

### STAFFING/STUDENTS – Tiffany Chapman, HR Coordinator

#### **New Hires/Terminations December 2025**

- ❖ **8 New Hires:** 1 RN, 3 RPNs, 1 Housekeeper, 3 PSWs
  - **Additionally Onboarded:** 2 Agency RNs and 3 Agency RPNs
- ❖ **4 Terminations/Resignations:** 1 RPN, 1 Activity Assistant, 1 RPN, 1 FSW

#### **Vacancies as of January 16, 2026**

- ❖ PSW Vacancies: 5 temp. full-time, 2 perm part-time, 9 temp part-time
- ❖ RPN Vacancies: 2 perm full-time, 3 temporary full-time, 7 permanent part-time
- ❖ Dietary Vacancies: 5 perm part-time, 3 temporary part-time
- ❖ Housekeeping Vacancies: 2 permanent part-time, 4 temporary part-time
- ❖ Activities Vacancies: 3 permanent part-time
- ❖ CSS Vacancies: 1 permanent part-time PSW, 1 temporary part-time Homemaker

#### **Students starting in January 2026**

- ❖ Near North District School Board PSW Living Classroom (group of 17 Students)
- ❖ Nipissing BScN Students (21 students)
- ❖ Canadore PN Students (7 Students)
- ❖ Canadore and CTS PSW Students starting in February

### HOUSEKEEPING & NUTRITION & FOOD SERVICES – Trina Milne, Manager

#### **Review of 2025:**

Some challenges for the year have been navigating and setting up Meal Suite. The Dietary department had some challenges with replacing cooks. We have also had some challenges in housekeeping being short staffed.

Move transition- the Support Services department has been settling into their new routines in the current and new building. The 4<sup>th</sup> floor had some equipment issues at the beginning and are now resolved.

HR Status- recent interviewed and hired a new RD as the current one resigned effective January 1, 2026. During our transition to the new building, observed where we are short staffed in some areas and require creating more lines and hire more housekeepers to maintain cleanliness of the home. We also observed in the Dietary department that we need to create new lines and hire more staff to maintain operations and contingency when short staffed. We currently have 5 permanent vacancies in Dietary and 4 temporary vacancies (this week had one resign and another transfer to helping hands). Interviews have been scheduled this week for NFS. one new hire for NFS this week. We currently have 2 permanent vacancies in housekeeping and 4 temporary lines.

### ACTIVITY DEPARTMENT – Mandy Gilchrist, Activities Manager

#### **Review of 2025 – Challenges, Changes, and Overall Operations**

The Activity Department experienced a year of significant change and adaptation in 2025, most notably due to the organizational move and the ongoing realities of staffing pressures in long-term care.

#### **Operational Highlights:**

- Despite the disruption and added complexity of the move, Activity staff remained optimistic, resident-focused, and flexible throughout the transition.
- Programming continued with minimal interruption, demonstrating strong commitment to residents' emotional, social, and cognitive well-being.
- Staff worked collaboratively to adapt activities to new physical spaces, learning in real time what worked well and what required adjustment.
- The department continued to offer meaningful community outings for residents, supporting autonomy, social connection, and quality of life, while maintaining Cassellholme's visible presence in the wider community.
- The trishaw bike program remained a highly valued offering during the spring to fall months, providing residents with accessible outdoor experiences and increasing positive community visibility. The program also created meaningful shared experiences for families who were able to accompany their loved ones, strengthening relationships and generating consistently positive engagement from residents, families, staff, and community members.

#### **Challenges:**

- Staffing shortages impacted scheduling, program consistency, and staff workload.
- The physical move created temporary barriers to ease of programming, including room layout, storage access, and shared space availability.
- Balancing meaningful engagement for residents while navigating fatigue and change for staff remained an ongoing challenge.

Overall, 2025 was a year marked by resilience, creativity, and care, even under pressure.

#### **Move Transition – Activity Department Perspective**

The move was a significant transitional period for the Activity Department.

- Activity staff approached the transition with a positive and solution-focused attitude, supporting residents emotionally and practically throughout the change.
- Staff were proactive in helping residents orient to new spaces and routines, recognizing that transitions can be especially difficult for residents living with dementia.
- The move highlighted the importance of purpose-built, accessible, and flexible activity spaces that are easy for staff to use and meaningful for residents.

As expected, a transition of this scale required ongoing adjustment. Staff continue to refine how spaces are used to best support inclusive, engaging, and resident-centred programming.

### **HR Status – Staffing Challenges and Retention**

#### **Current Staffing Status**

- One (1) Day Line – Vacant
- Two (2) Evening Lines – Vacant

These vacancies place pressure on:

- Program coverage across the week
- Staff workload and scheduling flexibility
- The department's ability to consistently offer a full range of activities

#### **Retention Challenges**

- Recruitment and retention continue to be a challenge within the Activity Department, reflecting broader sector-wide pressures in long-term care.
- Evening shifts are particularly difficult to staff, impacting resident engagement during later hours.

#### **Strengths**

- Despite vacancies, the current team remains engaged, supportive of one another, and committed to residents.
- Staff morale during the move was notably positive, demonstrating a strong sense of teamwork and adaptability.

### **Looking Ahead – 2026 Pressures and Priorities**

#### **Anticipated Pressures**

- Ongoing recruitment challenges, particularly for evening positions
- Maintaining staff well-being while vacancies remain
- Ensuring equitable activity access for residents living in two separate buildings

#### **Program Development & Innovation**

The department is actively exploring global activity models using technology to:

- Ensure inclusion of all residents across both buildings
- Reduce duplication of effort while maintaining quality engagement
- Create shared experiences that foster connection and community

This work is still in development and will require:

- Technological support and infrastructure
- Staff training and adjustment time
- Ongoing evaluation to ensure accessibility for residents with varying cognitive and physical abilities

#### **Items for Board Awareness**

The Board is asked to be aware of the following:

- Current staffing vacancies (1 day line, 2 evening lines)
- Recruitment and retention pressures within the Activity Department
- The ongoing impact of staffing shortages on program delivery
- The need for continued flexibility and support as the department refines programming across two buildings using technology

The Activity Department continues to demonstrate resilience, compassion, and innovation in the face of change. Staff navigated a major physical transition while maintaining a positive presence for residents, sustaining community engagement, and supporting one another through uncertainty. Addressing staffing challenges and supporting retention will be essential to sustaining this work into 2026, alongside continued investment in inclusive programming, community-facing initiatives, and adaptable activity spaces.

### **SPIRITUAL CARE/VOLUNTEER/ACTIVITY LEAD – Tracy Davis, Spiritual and Wellness Coordinator**

Over the past month, my work has focused on pastoral presence, spiritual care, and support during several important transitions within the home.

A significant portion of my time has been spent supporting residents through the transition to the new building. This has included offering emotional and spiritual support, being present with residents experiencing anxiety, grief, or disorientation related to the move, and working closely with staff to ensure residents felt seen, heard, and accompanied during this period of change.

During the Christmas season, I offered a range of opportunities to support and nourish residents' spiritual and religious needs. This included, one-to-one pastoral visits, and informal conversations that allowed residents to reflect, pray, and connect with familiar traditions in ways that were meaningful to them.

I have also been supporting our co-op students as they begin reflecting on and assessing their placement experience in preparation for their return to school in late January. This has involved check-ins, guidance around learning outcomes, and helping students name skills and insights gained through their time with us.

This work continues to focus on presence, relationship-building, and supporting both residents and learners through times of transition.

### **COMMUNITY SUPPORT SERVICES – Cheryl Hamilton, RPN, Manager of GSS**

#### **Review of 2025:**

- ❖ Had some staffing challenges throughout the year (sick leaves etc) and prolonged hospitalizations with Assisted Living client which made our number of clients fall and difficult to recover. In order to cover shifts, we had to pay out significant OT. We are now getting our AL client numbers increased again and staffing issues are resolving.
- ❖ Upon reviewing our budget from 2025, we remained in decent parameters with this
- ❖ Many changes with Ontario Health Teams and community referral sources etc.
- ❖ Much longer wait times to get clients in need of LTC placed appropriately. Crisis placements are last months before these clients are placed in LTC putting much strain and pressure on families and staff.
- ❖ New Home2LTC program launched which allows care coordinator from hospital put additional supports in place so that clients remain at home while waiting for LTC as opposed to the hospital. This new and still looking at ongoing challenges with this program and whether or not it is making an impact.
- ❖ Overall, operations are running smoothly enough and numbers of active AL clients remains around 40, Respite around 26, housekeeping around 180, Supportive Housing is at 4 clients.
- ❖ We have 23 PSW's (1 is on Maternity Leave) and 7 Homemakers (1 just returned from her Maternity Leave)

- ❖ The transition to moving to the new had the anticipated minimal impact on CSS staff given that they work in community, however our Transport Porter and Manager assisted with packing clients and moving belongings to new build for several days and assisting with feeding residents during lower staffing times.

### HR:

- ❖ We lost 4 PSW staff within weeks so this created immense pressure on being able to operate, however, with staff's dedication and many overtime hours, we got through and are back to normal staffing capacity. I am very proud to say that there was no impact in client care or visits being completed!
- ❖ We are at full staffing capacity for Homemakers
- ❖ Recruitment has not been too difficult, although with our last hiring, we did not receive much interest. We received enough and were able to hire but moving forward, this may pose as a challenge as it always has.

All in all, 2025 was a successful and productive year and are hopeful to carry this same scenario into 2026!

### INFECTION CONTROL – Hannah Bryant, RN, Manager of IPAC

**New Information:** Universal masking went into effect on Dec 19<sup>th</sup> due to current Influenza A outbreak, multiple outbreaks in the community, and numerous staff illnesses. Will re-assess universal masking in February. Most health care facilities have universal masking in place as well.

**Audits:** Hand hygiene audits of staff and visitors continue, resident hand hygiene audits continue, PPE audits and IPAC self-assessment audits continue.

### Outbreaks:

- No outbreaks declared in October or November
- Recent outbreak: Influenza A
  - Declared Dec 9<sup>th</sup> and resolved by Dec 28<sup>th</sup>
  - 8 staff affected – 1 positive influenza case reported
  - 16 residents affected – 12 confirmed positive influenza cases
    - 1 resident death

### Immunization

The collection of staff Measles immunization is ongoing.

Influenza vaccines:

- 176 residents consented and received the vaccine
- Roughly 296 staff members vaccinated (roughly 389 staff currently)

Covid vaccines:

- 136 residents consented and received the vaccine
  - Roughly 10 more residents to vaccinate (due to not being on the unit or sick)

### **IPAC Construction Audits**

Recent audits – first floor and basement hoarding, no issues. On-going inspection to ensure IPAC preventative measures are being followed for the demolition phase. Still attending bi-weekly construction meetings.

### **QUALITY ASSURANCE – Kathy MacDonald, RN, Manager of Clinical Quality Assurance**

From a Quality Improvement (QI) lens, several initiatives were successfully completed, creating a strong foundation for continuous improvement in 2026.

#### **Wound Care Documentation System**

In November, the home successfully launched and migrated to a new wound documentation application. This was a significant QI initiative that improves the reliability, timeliness, and usability of clinical data. The system allows for standardized documentation and secure image capturing. This enhancement supports consistency in practice and strengthens our ability to evaluate outcomes over time.

#### **RAI-MDS / InterRAI Transition**

Effective January 1st, the home successfully transitioned to the InterRAI assessment system. This initiative is foundational to the home's quality framework. This data drives how we measure up provincially and nationally (benchmarking). Accurate and timely data entry supports meaningful comparison, trend analysis, and performance measurement. Successful implementation ensures the home remains well positioned to use standardized data to inform quality improvement planning and monitor outcomes.

#### **Falls Trends**

In November, the home recorded 62 falls. Following the transition to the new building on November 30th, falls increased to 102 in December.

Environmental transitions, resident relocation are known risk factors during periods of significant change. Ongoing analysis and education will support targeted interventions and continuous monitoring as residents acclimate to their new surroundings.

#### **2026 Quality Improvement Focus and Roadmap**

The clinical leadership team is actively developing a 2026 Quality Improvement roadmap, with a deliberate focus on proactive risk identification, data driven decision making, and sustainable improvement.

Cassellholme remains committed to resident safety, quality of care, and compliance with regulatory requirements.

### HEALTH AND SAFETY – Julie Pilkey, Manager of Occupational Health, Safety, and Wellness

#### **Emergency Preparedness**

As per the Fixing Long-Term Care Act, 2021, Cassellholme is required to provide annual Emergency Preparedness Training. Angie signed the annual Attestation and submitted to the Ministry on Dec 31, 2025, that all required training has been completed for 2025.

All staff have been trained on the new fire procedures and Med Sleds in the new building, as well as completing a training module on Safety 24/7. Training is ongoing with all new hires during orientation.

Fire Drills will increase, on all shifts, to provide more training to staff as we transition into the new building.

The North Bay Fire Department completed their Annual Inspection on Oct 23/25.

3 violations were noted:

1. Remove power bars powering mini-fridges and/or other high energy appliances
2. Install a bracket to hang and secure the fire extinguisher in the Penthouse
3. Remove carpet rolls and wood pieces on shelving, in close proximity to the sprinkler head in the basement carpenter shop so it is 18" clear according to the fire code.

All violations were corrected. Photos of all corrections were sent to the Fire Department. The Fire Department confirmed completion with a letter dated Dec 2/25.

Our Annual Timed Fire Drill with the North Bay Fire Department was held on Oct 29, 2025. No concerns noted.

#### **WSIB – Staff Currently on Modified Duties, as of January 15, 2026**

6 PSWs – 2 are working within compliment

1 FSW

1 CSS

#### **Health & Safety**

The next Joint Health & Safety Committee meeting will be held on Jan 28/26 @ 2:00pm. There are currently 8 worker members and 5 management members on the committee. 3 members completed their 3-year refresher training in December 2025. This is mandatory training to maintain their certification.

The Ministry of Labour completed a Workplace Violence Prevention Campaign Field Visit on Nov 5/25. The Inspector reviewed the following documents - no concerns:

- Detailed incident reports for all workplace violence incidents in the past 1-2 years
- Procedures for reporting and investigating incidents of workplace violence
- WPV policy and program (including measures and procedures for summoning immediate assistance, code whites, flagging, provision of information, creating and updating safety plans)
- Training for WPV (workplace specific, GPA, NVCI)
- Risk assessments and risk re-assessments of WPV (most recent)
- Minutes from the last 3 JHSC meetings
- Last workplace inspection

A building walk-through inspection followed the review.

One Forthwith Order was issued. A Tim Horton's cup, bottle of Pepsi and an iced coffee were observed in the medication room on Apple Street. Items were removed at time of visit. Administrator and the DOC were notified, and an email went out immediately to all registered nursing staff.

### **ADMISSIONS – Alysia Loyer, Resident and Family Navigator**

2025 marked my first year serving as the Resident and Family Navigator at Cassellholme, and it proved to be a year of significant growth, change, and celebration for this role. Stepping into this established role during a period of major transition required adaptability, initiative, and a strong commitment to supporting residents and their families.

Throughout the year, I focused on building a solid foundation for the position while integrating myself into the daily operations of the home. With the support of the clinical team and support services team, I was able to learn about LTC and contribute meaningfully to residents and family experiences.

Vacancies fluctuated significantly throughout 2025. Upon stepping into the Resident and Family Navigator role in the spring, I focused on learning the full admissions process as well as the day-to-day workings of the home. During this period, I worked closely with families and the interdisciplinary team to begin preparations for Phase 1 of the move to the new build.

By summer 2025, the home experienced a period of stability, with nearly three consecutive weeks of no vacancies. As Phase 1 approached, I dedicated extensive time to coordinating with staff and families to ensure a smooth and well-organized transition.

Following the move, our focus shifted to rebuilding occupancy. We are currently admitting approximately 3-4 residents per week to return to an appropriate and sustainable vacancy level within the home.