

THURSDAY, MARCH 26, 2026

MINUTES

Date: Thursday, March 26, 2026

Location: Cassellholme Auditorium

Board Members: Dave Mendicino, Chair
 Michelle Lahaye, Vice Chair
 James (Jim) Bruce
 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
 Will Konken (Bay Today)

Zoom: Sara Inch, Maggie Horsfield, Jillian D., Larry Fuld, Johanne Brousseau

	ITEM	ACTION
A. CALL TO ORDER		
	<p>MEETING RECORDED <i>“Moved by Peter Chirico and seconded by Michelle Lahaye that the meeting be called to order at 5:01 p.m.”</i> Res. #031-26 <u>Carried</u></p>	
B. ROLL CALL		
	As noted above	
1. Approval of Agenda		
	<p>Added: 4.3 as requested by Jim B. <i>“Moved by Robert Corriveau and seconded by Michelle that the Board approved the Agenda for this meeting, as amended.”</i> Res. #032-26 <u>Carried</u></p>	
2. Conflict of Interest		
	<p><i>“Moved by Peter Chirico and seconded by Michelle Lahaye that no Board Members present have declared a conflict of interest.”</i> Res. #033-26 <u>Carried</u></p>	
3. Approval of Minutes		
	<p>3.1 Approval of the Minutes of the Regular Board Meeting held on February 19, 2026 <i>“Moved by Jim Bruce and seconded by Robert Corriveau that the minutes of the Regular Board Meeting, held on February 19, 2026, be adopted as presented.”</i> Res. #034-26 <u>Carried</u></p>	

4. New Business

4.1 LSAA – Declaration of Compliance (Motion)

“Moved by Jim Bruce and seconded by Michelle Lahaye that the Board authorized Board Chair Dave Mendicino to sign the LSAA – Declaration of Compliance for 2025”

Res. #035-26

Carried

4.2 Legal Expenditures

Legal expenditure Review hand out provided and explained by William B.

4.3 Jim Bruce – Clarification on Topic of Selling Castle Arms Assets

Clarification around Interview with Cogeco Feb 2026 – Chirico/King

Jim noted, since appointed by province no agenda item or in-camera discussion of topic

May 2024 potential sale of Mattawa sale to DNSSAB

Michelle commented “did not attend December 12 meeting”

May 2024 – no conflicts then later noted 2 Board members had conflict

Mayors Committee – Chair Dave and Jim volunteered for committee

5. Redevelopment

5.1 Construction Update

Construction moving along well and on time

Site surveying rap up

Site broken into 5 divisions

1 week per division for piling

5.2 North Tower (Motion)

Dave reviewed history of the North Tower from start of Spring 2021

“That the Board of Management direct senior staff to prepare and present a written report at the September 2026 Board meeting outlining the potential uses of the repurposed North Tower”

Res. #036-26

Carried

6. Operations

6.1 Operations Update

6.1.1. Operations Update

Angie reviewed operations update

Support being provided to clinical staff around palliative/end of life care

Quality survey results are in – will be presented at next moth meetin

QIP – in the fixing LTC act – challenges being acknowledged

6.1.2 BSU

April 20, 2026 – date of first admission

Full-Time Unit Manager in role

Align with needs of individuals with dementia

A lot of staff being trained – BSO training provided

Ontario Health at Home – tentative list April 16/26

6.1.3 Ministry Inspection

Bath & water – reinspected – back in compli9ance continue to monitor bathing documentation

Public report not out yet

C.Is reported – additional training required

7. Finance and Governance Policy Review

8. In-Camera

Guests left the meeting & Zoom Meeting Ended

“Moved by Peter Chirico and seconded by Jim Bruce that the Board proceed to an In-Camera session at 6:00p.m.”

Res. #037-26

Carried

8.1 Approval of the In-Camera Minutes – dated February 19, 2026

In-Camera Motion – Res. #038-26

8.2 Personnel Matter – Contract

In-Camera Motion – Res. #039-26

8.3 Legal Matter – Members Municipality

In-Camera Motion – Res. #040-26

8.4 Historical Confidential Matter 2018

In-Camera Motion – Res. #041-26

Anita Left the Meeting

“Moved by Robert Corriveau and seconded by Jim Bruce that the Board approve the In-Camera Session to be adjourned at 6:57p.m.”

Res. #042-26

Carried

“Moved by Michelle Lahaye and seconded by Peter Chirico that the Board of Management, following the in-camera discussion regarding the Township of South Algonquin’s release from the capital costs of the redevelopment project, resulting in an estimated \$5 million funding gap in the construction budget (approx. \$167k per year), direct senior staff to prepare and present a written report at the May 2026 Board meeting identifying options to address the shortfall.”

Recorded Vote:

Jim Bruce – Yes

Peter Chirico – Yes

Robert Corriveau – Yes

Michelle Lahaye – Yes

Dave Mendicino – Yes

Res. #043-26

Carried

“Moved by Peter Chirico and seconded by Robert Corriveau that the Board of Management, following the in-camera discussion and the previous Motion 32-19 regarding the allocation of surplus funds to finance the feasibility study of NEWCO (now Castle Arms Management Services), confirm that the allocation of surplus funds for this purpose was approved in accordance with Board direction; and further, that the Board receive this update for information.”

Res. #044-26

Carried

B. CORRESPONDENCE

C. REQUEST FOR FUTURE AGENDA ITEMS

D. DATE OF NEXT MEETING

Thursday, March 26, 2026 – Cassellholme Auditorium – 5:00 p.m.

E. ADJOURNMENT

“Moved by Robert Corriveau and seconded by Jim Bruce that the meeting be adjourned at 7:00p.m.”

Res. #045-26

Carried

Secretary

Chairman

March 19, 2026

Subject: Cassellholme Redevelopment Update – February 2026

CONSTRUCTION OVERVIEW

Phase 00 - Work complete.

Phase 1-A – Work complete

Phase 1-B - Work complete, minor deficiencies outstanding.

Phase 2 – In Progress

SCHEDULE STATUS

- 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.
- Project Schedule is reported to be on schedule

PHASE 1-B

- Patient lift track placement correction complete
- Millwork minor deficiencies left, sub trade has been on site bi-weekly and is nearly complete. There is some warranty work that is planned for April

PHASE 2

- Demolition in progress
- CO#188 Stormline to commence end of the month
- Temporary exterior walls in progress
- Interior storage room (old Maple dining room reconverted) 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
Resident Communication
Bed Application - DSU & Indigenous
FF&E Review
Ministry submissions
P1 Millwork deficiencies
P2 Project Schedule Review
P2 Parking
Storage Area list
Art Fundraising
Art Work - RHA and P1
Wood at mill for purpose
Outdoor Space
HCR - Movers
IT
Furniture
Nurse Call
Medication Safety & Room Review
Nursing Station
Office Review
Activity Rooms planning
Clinical Staffing Plan
Door and Keypad Locks
Wayfinding
Miller waste process
Kitchen Planning
Trina's staffing plan
Storage Areas and supplies
Inventory Management Solution and Process
Medleds
Remar strips
Fire plan

Sub Actions

Updating website

DSU approved; still reviewing the Indigenous unit funding

monthly review as P2 commences; Inventory List Review for P2

monthly progress reports, draws, ministry financials and insurances - submissions monthly

Deficiencies are 90% completed; there are some warranty issues and planning for April to be completed

bi-weekly

Shelving is being installed and reviewed for P2

ideas have been noted and small WG; including Creative Industries - WG to assemble soon to allow for art in the

Artwork underway and will provide updates as artist submits

to purchase furniture in the spring that was not purchased in November

to be reviewed 6 months prior to move

no action at this time - any additions for P2 - FF&E will be added

AV reviews for P2 to be confirmed April

all itemized and pre-selected and ready for order

Austco and Percon and Clinical to do a post move review of any changes to be added to P2

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Due Date
ongoing
ongoing
ongoing
ongoing
April
ongoing
Summer 2027
ongoing
Spring
ongoing
2027
May
winter 2027
April
April
April
April
April
April
April
April
April
April
TBD
April
April
July

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	158	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	162	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					

	184R			267 268 246	197	Revisions to address electrical distribution issues discovered in demolition areas	coordination	approved	19-Dec-26	Jan 6 2026	09-Jan-26	\$6,767.20	\$6,767.20
	186			265	196	Relocate existing distribution panel x and f	coordination	approved	23-Dec-26	Jan 6 2026	09-Jan-26	\$12,612.60	\$12,612.60
	188			245	204	Revisio to tunnel (crawl space) sprinkler piping	coordination	approved	14-Jan-26	14-Jan-26			
248	187			273	200	additional asbestos pipe removals in basement	coordination	approved	14-Jan-26	14-Jan-26	26-Jan-26	\$4,702.50	\$4,702.50
249					203	Increase to builders risk coverage P2	owner request	approved	16-Jan-26	16-Jan-26	19-Jan-26	\$21,421.74	\$21,421.74
	189					Additional Cameras in dining area	owner request	cancelled	20-Jan-26		19-Feb-26		
	190					P2 additional cameras	owner request		20-Jan-26				
	254		5 CDSR		205	Temporary electric heaters and ventilation grilles for junction points from P1 to P2	coordination	approved	26-Jan-26	06-Feb-26	13-Feb-26	\$13,261.78	\$13,261.78
	191					Revision to BAS and Fire Alarm alert supply air shutdown sequencing	Design Improvement	approved	26-Jan-26				
	259	192			207	Relocated sanitary pipe in demolition area insulation cover	coordination	approved	23-Feb-26	23-Feb-26	09-Mar-26	\$900.83	\$900.83
	260	193			208	Additional continuous insulation on temporary exterior walls P2	Design Improvement not owner request	approved	24-Feb-26	24-Feb-26	09-Mar-26	\$15,262.50	\$15,262.50
	253	183			206	Delete hopper service sinks SS#2 in Soiled Utility rooms in P2	Owner/authorities	approved	12-Feb-26	12-Feb-26		(\$4,418.00)	(\$4,418.00)
				202		Revise faucet aerators in P2		approved	18-Feb-26				
				203		Updated rates for testing services under cash allowances		approved	23-Feb-26				
	250	185			201	Heating piping isolation	site coordination	approved	16-Jan-26	16-Jan-26	24-Feb-26	\$5,073.20	\$5,073.20
	194					Revision to P2 CS#2 counter sinks and faucets			24-Feb-26				
	195					Revision to skylight curb framing			24-Feb-26				
	196					Revision to canopy framing at gridline Y			24-Feb-26				
				204		Clarification to wall finish and flashing detail at canopy along gridline Y			04-Mar-26				
Total - As of Issue Date												\$2,966,938.09	\$2,857,178.42

Board of Management Meeting

March 26, 2026

CLINICAL SERVICES – Mel Cross, RN, Director of Care

Ministry Inspection & Compliance

Following the Compliance Order issued in January related to resident bathing practices, a formal action plan has been implemented and operationalized across the home. Early indicators demonstrate measurable improvement and increasing staff adherence to expected standards of care. The Compliance Order was deemed in compliance by the Ministry March 20th, 2026.

Between February 14 – 27, there were 915 scheduled baths.

- 85% completed
- 13% refused
- 2% missed

In the subsequent period of February 28 – March 13, there were 908 scheduled baths.

- 89% completed
- 10% refused
- 1% missed

Within the first four weeks of implementation, the home has demonstrated improved completion rates and reduced missed care, indicating early effectiveness of corrective actions. Continued monitoring and reinforcement of expectations will be required to ensure sustained compliance and mitigate regulatory risk.

Critical Incident Overview

A total of 5 critical incidents were reported in February, representing a significant reduction from 12 in January and 9 in December. This equates to approximately 2 incidents per 100 residents based on a census of 230, demonstrating a positive downward trend.

Breakdown

- 3 alleged abuse incidents (~1 per 100 residents)
- 1 fall with injury
- 1 written complaint

Risk Observations

While overall incident volume has decreased, alleged abuse incidents continue to represent a highly sensitive risk area requiring consistent oversight, timely investigation and appropriate follow up actions.

Trending Context

The downward trend over the past three months suggests early impact from increased leadership presence and strengthened supervision, particularly during higher risk periods. Historically, approximately 60% of incidents have occurred during evening hours, reinforcing the importance of targeted oversight during these times. Ongoing monitoring is required to ensure this trend reflects sustained system improvement.

Staffing & Workforce Stability

Targeted recruitment efforts have resulted in the successful hiring of an additional Unit Manager and an After-Hours Manager, strengthening leadership presence across the home. These roles are expected to have meaningful impact on supervision and responsiveness, particularly during evening hours where incident occurrence has been higher.

In addition, clinical management supervision has been expanded from 06:30 to 23:00. The intent of this initiative is to enhance staff accountability, ensure adequate access to resources, and support consistent delivery of resident care throughout the shift. Early feedback from staff, residents and families has been positive, indicating improved confidence in leadership presence and support.

The home continues to utilize agency staff to support Registered Nurse and Registered Practical Nurse coverage as recruitment and stabilization efforts continue.

Clinical Quality & Palliative Approach

The home has partnered with a Registered Nurse and Clinical Care Coach to support the integration of a palliative approach to care. Through education, mentorship and collaboration, this role works alongside care teams to strengthen comfort-focused care and enhance meaningful experiences for residents and their loved ones.

This initiative reflects a strategic commitment to advancing clinical quality and positioning the organization as a leader in the provision of palliative and end-of-life care. The goal is to build internal capacity and consistency in approach, ensuring residents receive compassionate, person-centered care aligned with best practices.

Key Priorities Looking Ahead

- Sustain and further improve bathing compliance outcomes.
- Evaluate the impact of increasing evening and extended-hour supervision on incident reduction and care quality to determine long-term model.
- Continue recruitment efforts to stabilize frontline staff and reduce reliance on agency resources.
- Maintain focus on staff accountability, preparedness and alignment with person-centered care expectations.
- Monitor CI trends closely to ensure continued improvement and early identification of emerging risks.
- Advance the integration of a palliative approach to care across teams, with a focus on education, consistency and quality of resident experience.

STAFFING/STUDENTS – Tiffany Chapman, HR Coordinator

New BSU lines have been posted. 4 full-time PSW, 4 part-time PSW, 2 full-time RPN, 2 part-time RPN, 2 full-time Activities

New Hires/Terminations February 2026

- ❖ **22 New Hires:** 1 Registered Dietitian, 1 FSW, 3 housekeepers, 1 CSS homemaker, 3 activity assistants, 11 PSWs, 1 Unit Manager, 1 RPN
 - **1 Agency RPN**
- ❖ **11 Terminations/Resignations:** 1 Scheduling Coordinator, 3 RPNs, 5 PSWs, 1 Unit Support, 1 Activity Assistant
- ❖ **Vacancies as of March 18, 2026**
- ❖ PSW Vacancies: 6 perm part-time, 11 temp part-time
- ❖ RPN Vacancies: 1 perm full-time, 3 temporary full-time, 6 permanent part-time
- ❖ RN Vacancies: 2 permanent full-time
- ❖ Dietary Vacancies: 4 perm part-time, 3 temporary part-time
- ❖ Housekeeping Vacancies: 1 permanent part-time, 2 temporary part-time
- ❖ Activities Vacancies: NA
- ❖ CSS Vacancies: 2 permanent part-time PSW, 1 permanent part-time Homemaker

Students as of February 2026

- ❖ Near North District School Board PSW Living Classroom (group of 17 Students)
- ❖ Nipissing BScN Students (21 students)
- ❖ Canadore PN Students (7 Students)
- ❖ CTS PSW 1 on 1 Preceptorship
- ❖ Canadore PSW 1 on 1 Preceptorship

HOUSEKEEPING & NUTRITION & FOOD SERVICES – Trina Milne, Manager

All menu boards in the dining rooms are up & running. Paper copy menus have been removed. March 23, 2026- NFS staff will be using the menu MealSuite system in the dining rooms. This includes documenting food temperatures, fridge/freezer temperatures, cleaning schedules, looking at resident diets and therapeutics. They also will be using the tablet to take meal orders and receiving meal orders on their screens.

New Food grinder purchase for minced diet textures for consistency.

Replacing the 2nd Large and 2nd lounge dining room floors early Spring. Also replacing the back elevator floor.

ACTIVITY DEPARTMENT – Mandy Gilchrist, Activities Manager

The Activity Department continues to provide consistent recreational and engagement programming for residents.

Key Activities

- Music programming delivered twice weekly
- Ongoing weekend and global-themed activities to support cultural engagement

Staffing

- 1 vacant Activity staff position, with current team maintaining essential services

Upcoming

- Canadore Rec Therapy student on-site visit – March 24 to support programming and resident interaction

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

Over the past month, I have been working to further develop and strengthen the role of Spiritual and End of Life Coordinator, with a focus on supporting residents, families, and staff through the emotional, spiritual, and practical aspects of aging, serious illness, and end-of-life care.

A key initiative has been the development of a Palliation Passport, a tool designed to help begin conversations earlier with residents and families about their wishes, values, and priorities for care as health changes. The goal of this tool is to normalize conversations about death and dying, ensure that residents' voices are heard, and support the care team in honouring those wishes whenever possible. By beginning these discussions sooner, we hope to create greater clarity and comfort for residents and families and ultimately support what many describe as a "good death"—one that reflects dignity, comfort, and respect for the person's life and choices.

Recognizing that the death of a resident can also have a meaningful impact on staff, I have also developed post-death debrief tools that provide structured opportunities for teams to reflect, share experiences, and support one another following a loss. These debriefs help acknowledge the emotional labour involved in care and promote team resilience and learning.

Another important part of my role has been regular rounding within the home. This time provides opportunities to connect with staff and residents, offer support, and help facilitate conversations about changing health, care priorities, and comfort-focused approaches when residents are nearing the end of life.

We have also welcomed Kaitlynn Wilkinson, a Registered Nurse and Clinical Care Coach, who is supporting the integration of a stronger palliative approach to care within the home. I am working closely with Kaitlynn to provide education, mentorship, and practical support to staff as we continue to build confidence and capacity in end-of-life care.

In addition, I continue to collaborate closely with our Nurse Practitioner to support staff in navigating complex situations and ensuring that residents' physical, emotional, and spiritual needs are addressed in a coordinated way.

Alongside these initiatives, I continue to support volunteers and students, helping them understand their role in providing compassionate presence and meaningful connection for residents, particularly during times of vulnerability and transition.

This work is helping to strengthen a culture where conversations about aging, illness, and death are approached with openness, compassion, and dignity, ensuring that residents and their families feel supported throughout their journey.

INFECTION CONTROL – Hannah Bryant, RN, Manager of IPAC

New Information:

- Due to numerous facilities in COVID and influenza outbreaks the masking mandate continued. The number of outbreaks in the community are now decreasing. Pending no outbreak within our facility the masking mandate will be revisited first week of April and communication to staff and visitors will be provided when changes are made.

Audits:

- Staff hand hygiene and personal protective equipment audits continue.
- Resident hand hygiene audits continue.
- PPE set-up audits happen bi-weekly to ensure sufficient supply of PPE on units
- Quarterly IPAC audits continue (will be done weekly when in outbreak)

Outbreaks:

- No outbreaks to report for the months of January, February, and so far in March.

Immunization

- Government funded vaccinations continue for the residents when they are due for another vaccine. Likely COVID vaccines will be offered again in the spring.

IPAC Construction Audits

- Preventative measure audits continue with the demolition phase and the continuous repairs to the new build.
- Attending the bi-weekly construction IPAC meetings.

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

2026 Employee Incidents

January - 16 Incidents

Hazards - 4

First Aid - 7

Health Care - 5

Lost Time - 0

Denied Lost Time - 1

February - 13 Incidents

Hazards - 4

First Aid - 3

Health Care - 6

Lost Time - 0

Denied Lost Time - 2

Active Modified Staff - All PSWs

Modified Duties - 4 in Cassellholme, 1 in CSS

Off Work - declined modified duties - 1

Off Work - work permit issue - 1

Working regular duties, asking for assistance with lifts/transfers if needed - 1

Resident to Staff Violence

Collecting data to track resident violence that results in staff injuries

Reports will identify staff with multiple incidents. These staff will be flagged to provide them with more education and training.