

CASSELLHOLME

BOARD OF MANAGEMENT MEETING

CASSELLHOLME

Compassionate care for life's journey.

THURSDAY, JULY 30, 2026

MINUTES

Date: Thursday, July 30, 2026

Location: Cassellholme Auditorium

Board Members: Dave Mendicino, Chair
Michelle Lahaye
James (Jim) Bruce
Peter Chirico
Robert Corriveau
Gary Gardiner
Mac Bain

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

Regrets:

Guests: Monique P. (Family Council), Jamie, Larry

	ITEM	ACTION
A.	CALL TO ORDER	
	MEETING RECORDED <i>"Moved by Robert Corriveau and seconded by Jim Bruce that the meeting be called to order at 3:02p.m."</i> Res. #102-26 <u>Carried</u>	
B.	ROLL CALL	
	As noted above	
	1. Approval of Agenda	
	8.2 added Financial – Contractual Matter <i>"Moved by Gary Gardiner and seconded by Peter Chirico that the Board approved the agenda for this meeting, as amended."</i> Res. #103-26 <u>Carried</u>	
	2. Conflict of Interest	
	<i>"Moved by Gary Gardiner and seconded by Robert Corriveau that no Board Members present have declared a conflict of interest."</i> Res. #104-26 <u>Carried</u>	
	3. Approval of Minutes	
	3.1 Approval of the Minutes of the Regular Board Meeting held on June 25, 2026 <i>"Moved by Robert Corriveau and seconded by Michelle Lahaye that the minutes of the Regular Board Meeting, held on June 25, 2026, be adopted as presented."</i> Res. #105-26 <u>Carried</u>	
	4. New Business	

5. Redevelopment

5.1 Construction Update (Anita)

Everything is still running on schedule

No major issues to report

Request made for Daily Progress Reports/Summary – was denied – request for weekly

5.2 Financial – Quarterly Capital Levy (Motion)

Included in package – reviewed with the Board by William Brooks

“Moved by Michelle Lahaye and seconded by Peter Chirico that the board approve the quarterly capital levy of \$147,575.81 for actual construction interest costs from April to June 2026. In accordance with O. Reg. 246/22 under the Fixing Long-Term Care Act, 2021, notice of this capital levy, apportioned per the legislation, will be sent to the clerks of all supporting municipalities. This quarterly capital levy is issued July 31, 2026 and is due on or before October 29, 2026.”

Res. #106-26

Carried

6. Operations

6.1 Operations Update

Still working to reduce the amount of clinical agency staff in the home

Comprehensive report included in package

HR Director, Shani Giroux, retired – Megan Johnson onboarded as HR Manager

BSU almost at 50% – Mid Sept potential to be filled

Ministry on site regarding air conditioning – written notice – sensors added & coding change

6.2 Quality

Presentation made by Camille Bigras regarding avoidable Emergency Department Visits

Medical team trying to keep residents in home when able

Fall prevention

6.3 Financial – Q2 LTC & Q1 CSS (Motion)

Report in package and presented by William Brooks

To share model with Municipality

“Moved by Jim Bruce and seconded by Michelle Lahaye that the board approve the year-to-date Long Term Care operating budget-to-actual results for the period ending June 30th, 2026 (Corresponds to Pages 7-9).”

Res. #107-26

Carried

“Moved by Robert Corriveau and seconded by Peter Chirico that the board approve the Community Support Services budget-to-actual results for the period of April 1st, 2026, to June 30th, 2026 (Corresponds to Pages 12-13). “

Res. #108-26

Carried

“Moved by Michelle Lahaye and seconded by Gary Gardiner that the board approve the redevelopment capital budget-to-actual results from commencement to June 30th, 2026, and forecasted capital levy estimates. The estimates and underlying model will be shared with all member municipalities (Corresponds to Pages 10-11) NOTE – last update model was shared with CAOs/Finance Staff via email June 3, 2026.”

Res. #109-26

Carried

7. Finance and Governance Policy Review		
	7.1 Strategic and Business Planning Strategic and Business Planning Draft Policy provided in package and reviewed Presented by William Brooks	
8. In-Camera		
	Anita & Guests left the meeting/Zoom Meeting Ended <i>“Moved by Peter Chirico and seconded by Mac Bain that the Board proceed to an In-Camera session at 3:46 p.m.”</i> Res. #110-26 <u>Carried</u> 8.1 Approval of the In-Camera Minutes – dated June 25, 2026 8.2 Financial – Contractual Matter Staff Left Meeting 8.3 Legal Matter - Update 8.4 Legal Matter In-Camera Motion – Res. #111-26 <i>“Moved by Jim Bruce and seconded by Robert Corriveau that the Board approve the In-Camera Session to be adjourned at 4:26 p.m.”</i> Res. #112-26 <u>Carried</u>	
C. CORRESPONDENCE		
D. REQUEST FOR FUTURE AGENDA ITEMS		
	OHT Financials 2025-2026	
E. DATE OF NEXT MEETING		
	Thursday, August 27, 2026 – Cassellholme Auditorium – 3:00 p.m.	
F. ADJOURNMENT		
	<i>“Moved by Gary Gardiner and seconded by Mac Bain that the meeting be adjourned at 4:27 p.m.”</i> Res. #113-26 <u>Carried</u>	

Secretary

Chairman

July 20, 2026

Subject: Cassellholme Redevelopment Update – July 2026

CONSTRUCTION OVERVIEW

Phase 00 - Work complete.

Phase 1-A – Work complete

Phase 1-B - Work complete; remaining external & millwork deficiencies – ongoing this summer

Phase 2 – In Progress

SCHEDULE STATUS

Refer to schedule notes of previous l reports for schedule comments.

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 July 14, 2026. Refer to additional notes provided within the schedule. Note the revised completion dates due to delays in pile activities due to pile splices.

PHASE 1-B

- There is some warranty millwork completed mid July; some counters and wardrobe doors still to be replaced – looking for August to be completed
- External deficiencies to be completed by July and August
- Commissioning deficiency list to be completed August

PHASE 2

- Pile installation is complete
- Pile plates in progress
- Pile caps in progress
- Camber beam testing to commence July and August

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	Updating website	ongoing
Bed Application - Indigenous	still reviewing the Indigenous unit funding	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	Warranty issues with some wardrobe doors and counters; some other minor corrections for August	August
External Deficiencies P1	to be completed by July/August	August
P2 Project Schedule Review	bi-weekly	ongoing
Storage reviews - operationally	review if more shelving is required; inventory review	May
P2 Parking		Summer 2027
Storage Area list	Shelving is being installed and reviewed for P2	ongoing
Art Fundraising	ideas have been noted and small WG; including Creative Industries - WG to assemble soon to allow for art in the P1 building	Spring 2027
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	June
Moving Plan	to be reviewed 6 months prior to move	winter 2027
IT	no action at this time - any additions for P2 - FF&E will be added AV reviews for P2 to be confirmed summer	Summer 2026
Furniture	all itemized and pre-selected and ready for order	Spring 2027
Nurse Call	Austco and Percon and Clinical to do a post move review of any changes to be added to P2	Spring 2027
Medication Safety & Room Review	to do a post move review of any changes to be added to P2	Spring 2027
Nursing Station	to do a post move review of any changes to be added to P2	Spring 2027
Office Review	to do a post move review of any changes to be added to P2	Spring 2027
Activity Rooms planning	to do a post move review of any changes to be added to P2	Spring 2027
Clinical Staffing Plan	to be reviewed 6 months prior to move	Spring 2027
Door and Keypad Locks	to do a post move review of any changes to be added to P2	Spring 2027
Wayfinding & external signage	to do a post move review of any changes to be added to P2	Spring 2027
Miller waste process	to do a post move review of any changes to be added to P2	Spring 2027
Kitchen Planning	to do a post move review of any changes to be added to P2	Spring 2027
staffing plan	to be reviewed 6 months prior to move	Spring 2027
Storage Areas and supplies	to do a post move review of any changes to be added to P2	Spring 2027
Inventory Management Solution and Process	to do a post move review of any changes to be added to P2	TBD
Medleds	order; to do a post move review of any changes to be added to P2	Spring 2027
Remar strips	order; to do a post move review of any changes to be added to P2	Spring 2027
Fire plan	to do a post move review of any changes to be added to P2	Summer 2027

Change Order Log - July 20 2026															Contract Time (days)
Percon															
RFE	RFE	PC	CD	SI	RFI	CO	Work Description	Reason	Status	Date Issued	Quote Sent	Approval Date	Quoted	Approved	
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	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	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					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		209 R		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	
		54				Revisions to interior expansion joints types	Coordination	Cancelled	30-Mar-23					
68	68	55			56	Existing Water Room pull station	Coordination	Approved	05-Apr-23	17-May-23	23-May-23	\$1,142.90	\$1,142.90	
67	67	56			55	Revision to brace frame VB205	Coordination	Approved	17-Apr-23	12-May-23	18-May-23	\$1,164.02	\$1,164.02	
82	82R2	57R			78	Revision to biometric readers	Owner Requested	Approved	18-Apr-23	01-Sep-23	25-Sep-23	-\$21,023.00	-\$21,023.00	
64	64			49	51	Tree Removal at End of Block B	Site Condition	Approved	03-Nov-22	20-Apr-23	26-Apr-23	\$2,117.50	\$2,117.50	
66	66R1	58			68	Clarification to area drains	Coordination	Approved	20-Apr-23	19-Jul-23	27-Jul-23	\$25,942.40	\$25,942.40	
77	77R1	59			85	Fiber optic connection to existing building	Coordination	Approved	02-May-23	25-Jul-23	12-Oct-23	\$10,118.90	\$10,118.90	
78	78	60			63	Additional pot light in Bedroom Type "D"	Coordination	Approved	02-May-23	26-Jun-23	04-Jul-23	\$2,865.50	\$2,865.50	
		61				Revision to clarify clay unit product	Discontinued Product	Pending	09-May-23					
71	71	62R			59R	Modifications to elevator framing for door supports and additional pit ladder	Coordination	Approved	23-May-23	05-Jun-23	27-Jun-23	\$66,131.08	\$66,131.08	2
		63				Patching of existing asphalt drive-ways	Owner Requested	Cancelled	23-May-23					
81	81	64			65	Flooring revisions	Coordination	Approved	25-May-23	07-Jul-23	20-Jul-23	\$7,090.72	\$7,090.72	
80	80R2	65			84	Owner requested revisions to Kitchen Equipment	Owner Requested	Approved	25-May-23	22-Sep-23	03-Oct-23	\$68,113.10	\$68,113.10	
73	73	66			62	Delete kitchen equipment soap and towel dispenser accessories	Owner Requested	Approved	29-May-23	20-Jun-23	27-Jun-23	(\$2,670.00)	(\$2,670.00)	
126	126R2	67R3			115	Tie-in to existing fire alarm and PA systems	Coordination	Approved	30-May-23	21-Mar-24	12-Apr-24	\$18,950.80	\$18,950.80	
87	87	68			70	Revision to louvers	Coordination	Approved	30-May-23	02-Aug-23	08-Aug-23	\$660.00	\$660.00	
68	68	69			58	Patient lift system power supply covers	Owner Requested	Approved	01-Jun-23	05-Jun-23	22-Jun-23	\$10,222.30	\$10,222.30	
83	83	70			67	Revision to stair guard assembly	Coordination	Approved	06-Jun-23	19-Jul-23	26-Jul-23	\$726.00	\$726.00	
84	84	71			66	Revision to Ceramic tile type CT2.1 in select rooms	Owner Requested	Approved	15-Jun-23	19-Jul-23	25-Jul-23	\$0.00	\$0.00	
74	74R1	72R			64	Temporary support angles for Block C structural frame	Coordination	Approved	13-Jun-23	28-Jun-23	04-Jul-23	\$10,563.30	\$10,563.30	
69	69R1				71	Removal of existing foundations at electrical duct bank trench	Site Condition	Approved	14-Jun-23	07-Jul-23	09-Aug-23	\$10,095.80	\$10,095.80	
76	76R3	61			72	Revision to clay unit masonry product	Coordination	Approved	09-May-24	26-Jun-24	12-Aug-24	\$55,860.00	\$55,860.00	
		73				Revise solid surface finish colour on millwork M30 & M31	Owner Requested	Cancelled	12-Jul-23					
		74				Additional structural support at 5th floor trench drain	Coordination	Pending	12-Jul-23					
90	90	75R			74	Revised detail at expansion joint at gridline 23 between S & T/T.2.	Coordination	Approved	12-Jul-23	14-Aug-23	24-Aug-23	\$8,513.40	\$8,513.40	
92	92				75	Revised rebar stirrups at elevator conduit duct bank	Coordination	Approved	18-Jul-23	23-Aug-23	30-Aug-23	\$1,036.20	\$1,036.20	
93	93			148	76	Revision to window sill support material detail	Contractor Requested	Approved	23-Aug-23	29-Aug-23	05-Sep-23	\$3,312.89	\$3,312.89	
102		76			86	Coring of Foundation for temporary generator connection	Coordination	Approved	25-Jul-23	03-Oct-23	11-Oct-23	\$3,850.00	\$3,850.00	
101	101R3	76R2			91	Connection for Portable Genset and Load Bank Testing	Owner Requested	Approved	06-Feb-24	22-Feb-24	12-Mar-24	\$116,723.25	\$116,723.25	
94	94	77			77	Revision to jockey pump electrical feed	Coordination	Approved	26-Jul-23	01-Sep-23	12-Sep-23	\$5,904.80	\$5,904.80	
98	98	78			82	Revised wall depth in Laundry Rooms to accommodate 4" drain pipe	Coordination	Approved	27-Jul-23	19-Sep-23	03-Oct-23	\$246.50	\$246.50	
108	108	79			111	Delete fire damper at return air duct in penthouse level	Coordination	Approved	31-Jul-23	24-Oct-23	21-Mar-24	(\$497.00)	(\$497.00)	
97	97R1	80R			81	Revise wall thickness to accommodate pipe size	Coordination	Approved	03-Aug-23	19-Sep-23	03-Oct-23	\$3,090.10	\$3,090.10	
96	96	81			83	Domestic booster pump power feed	Coordination	Approved	23-Aug-23	13-Sep-23	02-Oct-23	\$6,792.50	\$6,792.50	
		82			156	Revision to Drew St. entrance sanitary & storm pipes for interferences	Coordination	Approved	28-Aug-23	11-Feb-25	25-Feb-25	\$54,487.51	\$54,487.51	
105	105	83			88	Electric heaters for temporary heat in rooms at junction between Phase 1 and 2	Coordination	Approved	15-Sep-23	10-Sep-23	24-Oct-23	\$5,335.90	\$5,335.90	
		84				Investigation for tie-in to existing PA system	Coordination	Cancelled	15-Sep-23					
85	85			67	80	Ductwork revisions related to SI#67	Coordination	Approved	06-Jun-23	02-Aug-23	25-Sep-23	\$1,439.90	\$1,439.90	
103	103R1	85			89	Additional louvre colour	Coordination	Approved	02-Oct-23	30-Oct-23	10-Nov-23	\$3,300.00	\$3,300.00	
106	106	86			87	Chiller Support Frames	Coordination	Approved	02-Oct-23	17-Oct-23	18-Oct-23	\$42,145.73	\$42,145.73	
112	112R1	87			96	Revise light fixture type U & U1	Coordination	Approved	17-Oct-23	29-Nov-23	07-Jan-24	\$2,753.30	\$2,753.30	
114	114	88			94	Revise storm drain piping from the roof of Stair Shaft #5	Coordination	Approved	26-Oct-23	14-Nov-23	05-Dec-23	\$8,269.80	\$8,269.80	
120	120R4	89			114	Add digital meni board connections at each dining area	Owner Requested	Approved	31-Oct-23	01-Apr-24	12-Apr-24	\$15,745.40	\$15,745.40	
116	116	90			100	Additional roof anchors at chimney for Boiler #4	Coordination	Approved	01-Nov-23	20-Nov-23	10-Jan-24	\$35,019.60	\$35,019.60	
		91			97	Revision to flooring materials in corridors and resident vestibules	Owner Requested	Approved	08-Nov-23	22-Nov-23	07-Jan-24	\$0.00	\$0.00	
		92				Provide a permanent load bank for generator testing	Coordination	Pending	08-Nov-23					
132	132R2	93			127	Revision for door controls	Coordination	Approved	10-Nov-23	08-May-24	23-May-24	\$55,073.65	\$55,073.65	
117	117	94			93	Ground connection from pole to transformer	Coordination	Approved	14-Nov-23	24-Nov-23	27-Nov-23	\$3,122.90	\$3,122.90	
104	104R2				90	Additional track components for lift track in room 5091 - Submittal 135	Coordination	Approved	30-May-23	31-Oct-23	10-Nov-23	\$2,448.60	\$2,448.60	
111	111R1			91R2	92	Revision to ductwork related to ERV#1 and SI#91R2	Coordination	Approved	15-Sep-23	16-Nov-23	20-Nov-23	\$4,701.40	\$4,701.40	
		95R				Typical resident wardrobe storage hinges	Owner Requested	Cancelled	20-Nov-23					
121	121R2	96R			102	Typical resident room and washroom millwork revisions	Owner Requested	Approved	22-Nov-23	09-Jan-24	15-Jan-24	\$28,778.20	\$28,778.20	
123	123R2	97R			101	Revision to resident room drapes	Owner Requested	Approved	22-Nov-23	08-Jan-24	10-Jan-24	\$4,059.00	\$4,059.00	
		98				Additional lightning protection	Coordination	Cancelled	27-Nov-23					
125	125R2	99R			103	Toggle switch at flusher disinfectant in soiled utility rooms	Coordination	Approved	29-Nov-23	11-Jan-24	15-Jan-24	\$1,651.10	\$1,651.10	
135	135R1	100			105	Revise drainage for balcony/roof areas	Coordination	Approved	29-Nov-23	15-Feb-24	27-Feb-24	\$19,183.78	\$19,183.78	
110	110R1			80	95	Costs associated with piping clarification in SI#80	Coordination	Approved	15-Aug-23	30-Nov-23	14-Dec-23	\$22,236.50	\$22,236.50	
		101				Delete telephone cables between communications cabinets	Owner Requested	Cancelled	19-Dec-23					
					53	Phase 2 Piling	Site Condition	Approved	08-Jan-24	08-Jan-24	10-Jan-24	\$0.00	\$0.00	
129	129R1	102			104	Revision to Clean Utility Millwork M13	Owner Requested	Approved	22-Dec-23	24-Jan-24	30-Jan-24	(\$29,960.00)	(\$29,960.00)	
134	134R2	103			112	Delete resident room lower entertainment boxes	Owner Requested	Approved	02-Jan-24	15-Mar-24	03-Apr-24	(\$112,848.00)	(\$112,848.00)	
133	133	104			106	Revisions to Phase 2 Structural Steel	Coordination	Approved	04-Jan-24	02-Feb-24	27-Feb-24	\$13,369.24	\$13,369.24	
136	136	105			118	Wanderguard elevator control tie-in	Coordination	Pending	08-Jan-24	17-Apr-24	29-Apr-24	\$32,157.40	\$32,157.40	
					98	Asphalt deficiency warranty extension	Deficiency Reconciliation	Approved	06-Dec-23	14-Dec-23	11-Jan-24	(\$7,500.00)	(\$7,500.00)	
127	127				99	CSA IPAC training course	Contractor Requested	Approved	10-Nov-23	02-Jan-24	11-Jan-24	(\$550.00)	(\$550.00)	
139	139R	106			109	Revision to Block D tub rooms	Coordination	Approved	24-Jan-24	26-Feb-24	07-Mar-24	\$7,681.30	\$7,681.30	
148	148R1	107			122	Support posts for med sled system in stairwells	Owner Requested	Approved	31-Jan-24	01-May-24	07-May-24	\$53,607.07	\$53,607.07	
141	141	108			108	Revise outlet locations in Type C Bedrooms	Owner Requested	Approved	08-Feb-24	23-Feb-24	07-Mar-24	\$1,907.40	\$1,907.40	
140	140				107	Delete siding band detail at Penthouse	Cost Saving	Approved	21-Feb-24	21-Feb-24	27-Feb-24	(\$10,600.00)	(\$10,600.00)	
137	137				110	Slab edge firestop detail revision	Coordination	Approved	09-Feb-24	04-Mar-24	07-Mar-24	\$39,165.00	\$39,165.00	
145	145				113	Extent of slat edge at curtain wall block C - Phase 1	Coordination	Approved	22-Mar-24	22-Mar-24	04-Apr-24	\$3,637.92	\$3,637.92	
		109R				Clarification to temporary soffit and heating details	Cancelled	Pending	07-Mar-24					
146	146	110			116	Add door 5136 and associated hardware	Coordination	Approved	04-Mar-24	05-Apr-24	26-Apr-24	\$11,698.50	\$11,698.50	

147	147R1	111R			135	Revisions to communication cabinets racks and distribution	Coordination	Approved	14-Mar-24	02-Jul-24	29-Jul-24	\$22,195.00	\$22,195.80
150	150	112			123	Radiant heater piping enclosures	Coordination	Approved	14-Mar-24	22-Apr-24	22-May-24	\$9,624.86	\$9,624.86
151	151	113			119	Revisions to Resident Washrooms to Accommodate Plumbing Drain	Coordination	Approved	22-Apr-24	22-Apr-24	29-Apr-24	\$5,564.06	\$5,564.06
152	152R1	114			126	Revisions to water room door hardware	Coordination	Approved	20-Mar-24	07-May-24	23-May-24	\$8,929.80	\$8,929.80
156	156	116R			121	Revision to handrails and base bumpers	Coordination	Approved	02-May-24	01-May-24	07-May-24	\$14,213.38	\$14,213.38
153	153				129	Revision to cabinet locks	Owner Requested	Approved	24-Apr-24	24-Apr-24	24-May-24	\$1,540.57	\$1,540.57
154	154			193	Delete Sprinkler Control Valve	Cost Saving	Approved	01-May-24	24-Apr-24	07-May-24	(\$500.00)	(\$500.00)	
158	158	117			124	Add temporary heat trace system to pipes at underside of server 2078 & 2086	Coordination	Approved	08-Apr-24	08-May-24	15-May-24	\$21,541.30	\$21,541.30
157	157	118			128	Phase 1 - Roof level sun control outrigger support	Coordination	Approved	11-Apr-24	06-May-24	24-May-24	\$29,342.14	\$29,342.14
160	160	119R			132	Kill switch for Ground Floor Server 1067	Coordination	Approved	13-May-24	30-May-24	06-Jun-24	\$2,971.10	\$2,971.10
159	159				125	Revise millwork pulls	Cost Saving	Approved	10-May-24	10-May-24	23-May-24	(\$4,132.80)	(\$4,132.80)
163	163	120			133	Additional exit signs at double egress doors	Coordination	Approved	29-May-24	11-Jun-24	23-Jul-24	\$22,341.00	\$22,341.00
162	162	121R			134	Add end enclosures to sneeze guards	AHJ	Approved	03-Jun-24	12-Jun-24	23-Jul-24	\$10,373.00	\$10,373.00
		122				Brick support at level 2 balcony/roof	Coordination	Pending					
					130	Delay Claim Settlement	Delay Claim	Approved	04-Jun-24	04-Jun-24	06-Jun-24	\$317,200.00	\$317,200.00
148	149				131	Additional cubicle curtains Phase 2	Coordination	Approved	17-Apr-24	17-Apr-24	29-May-24	\$10,670.00	\$10,670.00
		123				Replace damaged trees by winter salt at highway	Site Condition	Cancelled	08-Jul-24	19-Jul-24		\$34,672.55	
168	168R	124			138	Circuiting and clarifications for pumps P6, P7, P20 & P21	Coordination	Approved	18-Jul-24	09-Aug-24	29-Aug-24	\$1,821.00	\$1,821.60
167	167				136	Revision to hardware on doors 1018a, 1030b, 1165	Coordination	Approved	22-Jul-24	22-Jul-24	29-Jul-24	\$1,056.00	\$1,056.00
169	169R	125			137	Revision to soffit detail at 1064 & 1075	Coordination	Approved	22-Jul-24	07-Aug-24	14-Aug-24	\$5,908.76	\$5,908.76
		126				Add hot water recirculation line to washers	Design Improvement	Cancelled	22-Jul-24		11-Sep-24		\$0.00
		127			140	Generator shore power circuit	Coordination	Approved	07-Aug-24	03-Sep-24	19-Sep-24	\$6,043.40	\$6,043.40
		128			141	Revision to 5th floor Dining Windows & exhaust duct	Coordination	Approved	13-Aug-24	09-Sep-24	19-Sep-24	\$20,700.61	\$20,700.61
		129			142	Rework roof drain above 5th floor balcony	Coordination	Approved	19-Aug-24	11-Sep-24	19-Sep-24	\$4,275.35	\$4,275.35
175	175R	130R			143	Revised - Insulation tie-in at temporary wall to curtainwall	Coordination	Approved	19-Sep-24	24-Sep-24	03-Oct-24	\$5,417.50	\$5,417.50
171	171		135		139	Credit for revisions to PRV valves from SI#135	Cost Saving	Approved	18-Jul-24	15-Aug-24	29-Aug-24	(\$4,964.00)	(\$4,964.00)
		131				Revised - Gas detection in generator room #6011	Regulatory Change	Pending	06-Nov-24				
		132			144	Water room drywall revision	Coordination	Approved	19-Sep-24	29-Sep-24	04-Oct-24	\$1,045.44	\$1,045.44
			137			Clarification to handrail corners	Coordination	Approved	24-Jul-24				
			138			Compositly 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 ommission	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		154	Provide cricketed backslope insulation between ERV#1 and MUA#2	Percon	Approved	15-Jan-25	30-Jan-25	07-Feb-25	\$1,650.00	\$1,650.00
			138		155	Provide keypad locksets on Resident laundry room doors	Owner Requested	Approved	16-Jan-25	30-Jan-25	07-Feb-25	\$4,455.00	\$4,455.00
			139			Cancelled - Provide range hood in gathering space kitchen 5116a	Owner Requested	Approved	11-Mar-25				
			140		153	Millwork revisions for site coordination issues	coordination	Approved	22-Jan-25	30-Jan-25	07-Feb-25	\$1,670.35	\$1,670.35
	191		158		159	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		157	Modify stainless steel count 2078	coordination	Approved	10-Feb-25	05-Mar-25	13-Mar-25	\$0.00	\$0.00
			161			Revision to fireplace hearth stone in 5115	coordination	Approved	12-Feb-25				
	192	142			160	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	\$10,963.13	\$10,963.13
			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									
			167		Clarification to expansion joint details	coordination	Approved	04-Mar-25									
		147			Cancelled: Add closure panel to back pans on 3rd floor curtainwall	coordination	Approved	07-Apr-25									
	202R1	148		166	Door hardware revisions	Owner request/coordination	Approved	10-Mar-25	09-Apr-25		15-Apr-25	\$20,851.60		\$20,851.60			
			168		Revised Kitchen hood in gathering Space kitchen	coordination	Approved	11-Mar-25									
			169		Install heat pump in shower room 5105	coordination	Approved	11-Mar-25									
	195R1	149	164R2	161	Revised: Filter panels and relocated upper cabinets of SI#164 Revised 2	coordination	Approved	24-Mar-25	18-Mar-25		04-Apr-25	\$804.65		\$804.65			
	197	150R	171	163	Wall closure at soffit construction in Janitor Room 1065	coordination	Approved	20-Mar-25	02-Apr-25		02-Apr-25	\$3,241.99		\$3,241.99			
			170		Revision to cubical curtains in tub rooms	coordination	Approved	17-Mar-25									
			172		Revised Closure at hopper fixture SS#2 base to wall	coordination	Approved	08-Sep-25									
		151			Revise fireplace hearth material	coordination	Approved	24-Mar-25									
	199	152		164	Revised Sentronic closers to 24V	coordination	Approved	24-Mar-25	07-Apr-25		07-Apr-25	\$6,264.50		\$6,264.50			
		153		167	Revision to ceiling in Lobby 5002	coordination	Approved	25-Mar-25	09-Apr-25		15-Apr-25	\$0.00		\$0.00			
			175		Installation of TV mounts in residents rooms	as per contract	Approved	15-Apr-25									
			174		Clarification on location of fireplace switches	coordination	Approved	02-Apr-25				\$55,094.46		\$55,096.46			
			173	169	Revision to BF operator buttons	coordination	Approved	02-Apr-25	02-Apr-25		05-May-25	\$856.90		\$856.90			
		154		168	Cabinet lock revisions for keying	owner request	Approved	17-Apr-25	17-Apr-25		27-Apr-25	\$8,505.09		\$8,505.09			
			176		Austco nomenclature and IT info clarification	coordination	Approved	28-Apr-25									
					Design	Improvement/coordination	Approved	06-Oct-25		21-Oct-26	02-Mar-26	\$81,623.25		\$81,623.25			
	205R4	155R2		188	Revised: Revision to storm line serving existing building at Apple Wing	Improvement/coordination	Approved	06-May-25									
			177		Ceiling height revisions in corridors 1030 1032	coordination	Approved	06-May-25									
			178		Comms cabinet in block c level 5	Design Improvement	Approved	14-May-25									
			179		Clarifications for interferences at clean-out access doors	coordination	Approved	14-May-25									
			180		Clarification for quantity of lockers in staff lockers	coordination	Approved	14-May-25									
		156			Revise colour on P2 exterior louvre	Coordination	Approved	22-May-25									
		157		171	Revised Temporary fire department connection extension	Authority Having Jurisdiction	Approved	23-May-25	23-May-25		04-Jun-25	\$9,400.60		\$9,400.60			
					Authority Having Jurisdiction	Approved	29-May-25	29-May-25		23-Jun-25	\$1,578.50		\$1,578.50				
	209	158		172	Add Smoke detector in control room 1020	coordination	Approved	29-May-25	29-May-25		02-Jun-25	\$1,650.00		\$1,650.00			
			181		Delete light fixtures over M17 in rooms 1064 and 1075	coordination	Approved	29-May-25	29-May-25		23-Jun-25	\$20,973.70		\$20,973.70			
	207			170	Extend thresholds at balcony doors	coordination	Approved	29-May-25	29-May-25		02-Jun-25	\$4,642.00		\$4,642.00			
	211	159	4	173	Relocate P3 fire hydrant to P1	Coordination	Approved	04-Jun-25	04-Jun-25		18-Jun-25	\$9,350.00		\$9,350.00			
		160	1	177	P1 temporary exit signage	Coordination	Approved	11-Jun-25	17-Jun-25		02-Sep-25	\$2,005.58		\$2,005.58			
	214	161	2	180	Flow switch, supervised valve and ATS wiring revision	Coordination	Approved	11-Jun-25	17-Jun-25		18-Jun-25	\$2,005.58		\$2,005.58			
	212	162		174	Stairwell signage revision	Coordination	Approved	12-Jun-25	30-Jun-25		08-Jul-25	\$2,005.58		\$2,005.58			
		163			Cancelled Add countertop infill at rethern ovens in servery millwork	Coordination	Approved	09-Sep-25									
	218R	164			Revised - Relocate main floor pot lights conflicting with memory box millwork	Coordination	approved	08-Oct-25	08-Oct-25		08-Oct-25	\$1,092.30		\$1,092.30			
	216	165		179	Additional heaters in temporary space transition areas	coordination	approved	08-Jul-25	18-Sep-25		18-Sep-25	\$3,290.10		\$3,290.10			
		166		175	Cancelled Additional sign holders for IPAC	client request	under review	09-Sep-25				\$12,510.42					
	221	167	182	181	Delete Remove illuminated exit sign glass at doors 1063, 1076, 1064	coordination	approved	22-Sep-25	22-Sep-25		26-Sep-25	\$2,886.95		\$2,886.95			
			3	190	Revise stairwell light fixture type KS in phase	ministry	approved	24-Jul-25	24-Jul-25		16-Nov-25	\$26,994.61		\$26,994.61			
			184		Replace pumps PH20 & 21	coordination	approved	13-Aug-25									
	220			176	Add closers to link doors	coordination	approved	12-Aug-25	12-Aug-25		18-Aug-25	\$2,118.60		\$2,118.60			
	236R1	168R		214	Existing generator modifications and replacement oil tank pad	coordination	approved	25-Aug-25	15-Apr-26		05-May-26	\$35,879.05		\$35,879.05			
			185		Revised ERV 1-4 Operation Clarification	coordination	approved	11-Sep-25									
			186		Existing generator fuel tank upgrade clarification	coordination	approved	27-Aug-25									
		169		227R2	Millwork modifications for kitchen sink drains and kitchen equ ventilation	Design Improvement	approved	03-Sep-25	16-Oct-25		27-Oct-25	\$38,332.29		\$38,332.29			
	223R1			260	CO 156 referenced - East parking storm interface with light pole	coordination	approved	29-Aug-25	29-Aug-25		29-Aug-25	\$17,908.00		\$17,908.00			
	232	170		186	Corner guards at elevator door jams	customer request	approved	03-Sep-25	09-Oct-25		09-Oct-25	\$4,259.20		\$4,259.20			
			188		Fold down grab bar material order	code deficiency	approved	04-Sep-25				\$49,401.00					
			189		Dishwasher fan control	coordination	approved	09-Sep-25									
	224R1			190	Revised Repair wall finishes at fold-down grab bar removals	code deficiency	approved	09-Sep-25									
	224R1			191	Fold down grab bar carrier anchoring detail	code deficiency	approved	09-Sep-25									
			192		additional soiled utility room signs	Design Improvement	approved	11-Sep-25									
	234	171		199	revised additional notifier paging relay	owner requested	approved	08-Oct-25	13-Jan-26		13-Jan-26	\$11,117.70		\$11,117.70			
	230	172		184	Add med fridge outlet to med room	owner requested	approved	16-Sep-25	09-Oct-25		09-Oct-25	\$3,006.30		\$3,006.30			
	231	173		185	add hose bib in janitor 1065	owner requested	approved	17-Sep-25	09-Oct-25		09-Oct-25	\$4,759.70		\$4,759.70			
	233	174		202	Revise stairwell door wall stops to floor stops	coordination	approved	18-Sep-25	10-Oct-26		02-Mar-26	\$1,613.70		\$1,613.70			
			4		Replaced combination faucet eyewash stations with faucets only	customer request	approved	23-Sep-25									
	226			182	fold down shower benches in shower rooms	coordination	approved	24-Sep-25	24-Sep-25		24-Sep-25	\$4,163.50		\$4,163.50			
			193R2		Revise lift track location above tubs	coordination	under review	10-Oct-25									
			194		Clarification to wanderguard blue integration with access control system	coordination	approved	29-Oct-25									
		175			Revise stair 5 door card readers wit combination keypad	customer request	cancelled	03-Nov-25	03-Nov-25		19-Feb-26	\$10,237.70					
			195		Clarification to snow removal plan on A600	coordination	approval	11-Nov-25									
	261	176		215	Revised slab reinforcing detail for P2	Design Improvement	approved	11-Nov-25	17-Apr-26		20-May-26	\$32,862.69		\$32,862.69			
	237	177		191	Additional HID access cards	customer request	approved	18-Nov-25	18-Nov-25		24-Nov-25	\$2,963.40					
		178			Provide wall switch for F#7 in hair salon 1103	customer request	approved	19-Nov-25									
			196		Accepted alternate light fixtures P2	Design Improvement	approved	26-Nov-26									
		179			Revised light fixtures type KS in P2 stairwells	Design Improvement	approved	26-Nov-26									
		180			provide punch-pad locks on control room 1020 and hair salon 1103	customer request	cancelled	01-Dec-26			19-Feb-26						
	243	181		213	Revise combination eye wash stations in P2	customer request	approved	03-Dec-26	08-Apr-26		05-May-26	\$3,505.70		\$3,505.70			
			197		Clarification to Main floor coffee maker receptacles	customer request	approved	09-Dec-26									
			200		Revision to P2 shaft E dimensions	Design Improvement	approved	16-Dec-26									
	250	185	271	198	Cap heating pipes in basement to accommodate demolition of building wings	coordination	approved	23-Dec-26	12-Jan-26		13-Jan-26	\$3,114.10		\$3,114.10			

[illegible]

Board of Management Meeting

July 30, 2026

HUMAN RESOURCES & ORGANIZATIONAL UPDATE

Human Resources Leadership

After many years of dedicated service, Shani Giroux is moving into retirement from her role as Human Resources Director. On behalf of the organization, I would like to thank Shani for her commitment to Cassellholme and the many contributions she has made throughout her tenure. We wish her a well-deserved retirement.

We are pleased to welcome Megan Johnson as our new Human Resources Manager. Megan brings extensive leadership experience in healthcare environments and a strong background in human resources. She has transitioned into the role and is working closely with the leadership team to support our ongoing workforce initiatives and organizational priorities.

Administrative Coordinator Recruitment

We have recently posted for a new Administrative Coordinator position. This role has been designed to strengthen organizational support for both the Board of Directors and the Senior Leadership Team. Key responsibilities will include coordinating board and governance activities, supporting the Quality Improvement (QI) program, assisting with the tracking and reporting of leadership initiatives, and enhancing organizational communications. The position will also play an important role in ensuring timely and consistent communication from the leadership team to staff, residents, and families.

Operational Software Updates and Optimization

Point Click Care (PCC) Optimization Project

Cassellholme has officially launched a comprehensive optimization project for our Point Click Care (PCC) clinical software. This initiative is focused on maximizing the functionality of our current system, improving clinical workflows, enhancing documentation, and ensuring we are fully utilizing the technology available to support resident care and operational excellence.

The project will be led by Camille Bigras and Billy Brooks, supported by a multidisciplinary team of approximately 20 staff members representing key operational and clinical areas. The optimization phase is expected to take approximately four months, followed by a broader implementation period of up to six months, which will include front-line education, training, process improvements, and change management activities across the organization.

This is a strategic priority for the organization and is expected to improve efficiency, data quality, regulatory compliance, and ultimately enhance the quality of care and services provided to our residents.

Staff Education & Learning

Cassellholme has also begun transitioning to SURGE Learning, our new online learning management system. This transition will modernize the way mandatory and professional development education is delivered, with the goal of having all staff training available through the platform by the end of 2026.

CLINICAL SERVICES – Mel Cross, RN, Director of Care

Overall Overview

Clinical Services experienced a demanding but productive first half of 2026. Significant attention was directed toward Ministry compliance, workforce stabilization, clinical quality improvement and strengthening oversight of resident care.

Despite continued staffing pressures and significant reliance on agency registered staff, Clinical Services achieved measurable improvements in bathing, wound care, medical supply spending and Critical Incident trends. Progress has also been made across all five Medical Services and Nursing and Personal Care program goals.

Staffing and Workforce Stability

Personal Support Worker staffing remained stable throughout the reporting period, with established lines generally filled.

RPN staffing continues to require agency support to fill scheduling gaps and maintain adequate coverage for safe resident care. This has created a significant additional pressure on the staffing budget. Recruitment, scheduling and retention strategies are being reviewed to reduce agency reliance and improve internal coverage.

Agency RNs were used at the beginning of the year; however, all permanent RN positions were subsequently filled internally. Due to unforeseen circumstances, several RNs later left their permanent full-time positions, again creating a staffing deficit. Agency RNs were reintroduced to maintain safe resident care ratios and required clinical supervision.

Stabilizing the internal registered nursing workforce and reducing agency utilization will remain a priority during the second half of 2026.

Ministry Inspection and Compliance

Ministry presence was significant during the first half of the year, culminating in a proactive inspection in May. The inspection demonstrated generally strong compliance and resulted in only one Written Notice, with no new compliance orders.

The home has not had an on-site Ministry inspection since May. A subsequent telephone review of ten previously submitted Critical Incident reports resulted in no findings.

The outcome of the proactive inspection reflects the considerable work undertaken by Clinical Services and frontline teams to strengthen regulatory compliance, documentation and clinical processes.

Critical Incident Overview

Critical Incident reporting decreased during the second quarter:

- First quarter: 28 Critical Incidents
- Second quarter: 19 Critical Incidents

This represents a reduction of approximately 32% from the first to the second quarter.

Three written family complaints were submitted as Critical Incidents during the first quarter, compared with none during the second quarter. While Critical Incident trends will continue to be monitored, the reduction is a positive indicator of improving operational stability and resident care processes.

Program Goal and Evaluation Updates

Medical Services

Recruitment of a Second Nurse Practitioner

The organization is closer than it has previously been to achieving this goal. A Nurse Practitioner student is completing a six-week placement within the home, allowing Clinical Services to assess her clinical abilities, fit with the organization and interest in long-term care.

A strong candidate resume has been received, and Clinical Services is prepared to proceed with an offer of full-time employment.

Status: On track, subject to successful recruitment and acceptance of the position.

Secure Conversation Efficiencies

Improving the quality and efficiency of Secure Conversations remains a work in progress. Staff feedback identified barriers related to message content, clinical assessment, prescriber routing and workflow.

Educational materials and direct feedback have been developed and distributed, contributing to improvements in the completeness and effectiveness of communication with prescribers.

Status: Improving, but continued work is required.

Ongoing auditing, education and clarification of expectations will continue during the second half of the year.

Annual Physical Examinations

Annual physical examinations are a longer-term goal, as each resident's examination is due within one year of their previous annual physical. Current reporting tracks examinations completed during 2026 and does not yet compare each examination against the resident's 2025 completion date.

As of June 30, prescribers had completed annual physical examinations for 67.3% of residents home-wide. This figure changes with admissions and discharges however has demonstrated a steady increase since the beginning of the year.

Status: Progressing appropriately, with continued monitoring required to ensure residents receive an annual examination within the required timeframe.

Nursing and Personal Care

Bathing Compliance

Bathing compliance improved significantly during the first half of the year. Staff have consistently achieved a bathing attempt rate of 100%, and no bath has remained missed without recovery since April.

During May and June, the focus expanded from preventing missed baths to reducing refusals through repeated approaches, individualized strategies and recovery of declined bathing opportunities.

By the end of June, 91% of scheduled baths were successfully completed, compared with a baseline of 85% in February. This represents a meaningful improvement when considering the home provides approximately 1,900 scheduled baths each month.

Status: On track, with continued focus on reducing refusals and sustaining full bathing attempts.

Wound Care Quality and Oversight

The wound program evaluation was renamed from *Wound Care Compliance* to *Wound Care Quality and Oversight* to better reflect its expanded focus.

Beginning in June, wounds and treatment practices were monitored more closely through weekly wound rounds, increased prescriber involvement and direct frontline education. The wound care medical directive was revised to better align with our current wound care goals. Control of specialty wound care products was moved to clinical leadership to improve treatment consistency and reduce unnecessary product use.

These interventions contributed to a 37% reduction in the average number of daily wounds requiring treatment.

Status: On track, with significant improvement demonstrated.

Ongoing priorities include facilitating timely prescriber review when necessary, accurate wound classification, staff education, treatment oversight and continued monitoring of outcomes.

Quality and Operational Accomplishments

Additional accomplishments during the reporting period included:

- Resolution of the bathing compliance concerns identified earlier in the year.
- Strengthened wound care education, treatment oversight and product standardization.
- Development and revision of clinical policies, medical directives and practical frontline education resources.
- Increased auditing and direct staff coaching in higher-risk clinical situations.
- Improved frontline end-of-life care following the introduction of the End-of-Life Clinical Care Coach. The role has strengthened staff confidence, supported earlier recognition of end-of-life needs, improved symptom management and provided more consistent guidance to staff and families during palliative and end-of-life transitions.
- The Medical Director implemented and leads interdisciplinary Care Rounds on resident home areas. These rounds bring together PSWs, registered staff, management, housekeeping, dietary and other team members to share observations, concerns, successes and questions related to resident care. This inclusive approach strengthens communication, supports earlier identification of emerging issues and promotes collaborative care planning and improved resident outcomes.
- Preparation for a PSW Mentor Program to provide greater support to new hires beginning in the second half of the year.
- Improved collaboration between clinical leadership, frontline staff and prescribers.

Financial and Budgetary Update

Agency registered staff usage remains the most significant Clinical Services budget pressure. Continued vacancies and scheduling gaps have required agency RPN and RN coverage to maintain safe staffing levels. Agency rates are substantially higher than internal staffing costs and have contributed to the frontline staffing budget being over plan.

Reducing this expenditure will depend on successful recruitment, retention and stabilization of the internal registered staff workforce.

In contrast, increased oversight of medical supplies has resulted in measurable savings. During the first half of 2026, medical supply spending was reduced by approximately 18% through:

- Improved control and standardization of wound care products.
- Reduced waste and unnecessary supply use.
- More timely discontinuation of treatments.
- Closer review of high-use and high-cost medical supplies.
- Improved alignment of product use with actual resident needs.

Further improvements will be pursued during the second half of the year, with continued focus on both agency staffing costs and medical supply utilization.

Key Risks and Priorities

The principal risks for the remainder of 2026 include:

- Continued reliance on agency RNs and RPNs.
- Financial pressure associated with agency staffing.
- Staff fatigue and leadership workload associated with ongoing vacancies.
- Maintaining improvements in bathing, wound care and regulatory compliance.
- Ensuring progress continues toward annual physical and Secure Conversation targets.

Priorities for the second half of 2026 will include stabilizing the registered staff workforce, progressing the Nurse Practitioner recruitment opportunity, reducing agency utilization, sustaining Ministry compliance and continuing measurable improvements across all five program goals.

STAFFING/STUDENTS – Tiffany Chapman, HR Coordinator

New Hires/Terminations June 2026

- ❖ **10 New Hires:** 2 RPNs, 1 RN, 3 PSWs, 1 Day Program PSW, 2 FSWs, 1 Housekeeper
- ❖ **5 Terminations/Resignations:** 3 PSWs, 1 FSW, 1 HR Manager
- ❖ **Vacancies as of July 23, 2026**
- ❖ PSW Vacancies: 1 permanent part-time, 3 temporary part time
- ❖ RPN Vacancies: 1 temporary full-time, 5 permanent part-time, 2 temporary part-time
- ❖ RN Vacancies: 2 permanent full-time (in process of onboarding to fill)
- ❖ Dietary Vacancies: 1 permanent part-time, 1 temporary part-time
- ❖ Housekeeping Vacancies: 3 temporary part-time
- ❖ Activities Vacancies: 1 permanent part-time
- ❖ CSS Vacancies: 0

Students for June

- ❖ Canadore & CTS PSW Student continuing 1 on 1 preceptorship

BEHAVIOURAL SUPPORT TRANSITION UNIT (BSTU) – Jillian Marchand, Unit Manager

The Behavioural Support Transition Unit (BSTU) has demonstrate steady operational progress during its first quarter of operation. The unit successfully supported nine flood evacuees from Moose Factory while maintaining the delivery of specialized behavioural care. Staff ensured all required admission documentation and care planning were completed, while providing compassionate emotional support during the evacuation period.

Following the transition of evacuees back to their home communities, the unit resumed admissions to the BSTU program, completing three additional admissions during the quarter. Operational processes continue to mature, with improvements in admission workflows, interdisciplinary collaboration, and standardized documentation.

Several environmental enhancements have been completed to better support residents living with responsive behaviours, including the installation of dementia-friendly wallpaper and continued development of a therapeutic, home-like environment. These improvements align with DementiAbility principles and support meaningful engagement and reduced behavioural distress.

Staff education has remained a significant operational priority. Training in BSTU-specific practices, behavioural assessment, documentation standards, and person-centred care has continued for both full-time and part-time staff. While education and competency evaluations are progressing as planned, completion rates continue to be monitored to ensure all staff achieve the required competencies by year-end.

Resident outcomes continue to be encouraging. Behavioural monitoring demonstrates that the majority of residents have experienced reductions in agitation, and no critical incidents occurred during the most recent reporting period. Potential operational risks remain focused on maintaining specialized staffing levels, completing all planned education and competency evaluations, and supporting increasing referral activity while ensuring residents admitted continue to meet BSTU admission criteria.

Quality Goals

The BSTU Quality Improvement Plan remains on track, with measurable progress achieved across all three departmental goals.

Goal 1 – Safe and Effective Unit Operations

- Achieved 100% completion of required admissions and care plans for all new admissions.
- Maintained 100% RN, RPN and PSW staffing coverage throughout the reporting period.
- Reduced critical incidents from two during initial implementation to zero during the most recent month, demonstrating improved stabilization of unit operations.

Goal 2 – Staff Education and Competency

- Ongoing education in DementiAbility principles, behavioural support strategies, documentation standards and person-centred care continues.
- Training completion continues to improve, with competency evaluations scheduled as education is finalized.
- The department remains on target to achieve year-end education and competency goals.

Goal 3 – Resident Behaviour Stabilization

- Resident outcomes continue to demonstrate positive trends, with between 87% and 100% of residents experiencing reductions in behavioural symptoms as measured through CMAI scores during the quarter.
- Behaviour monitoring, interdisciplinary care planning and individualized non-pharmacological interventions remain central to achieving positive resident outcomes.

Overall, departmental quality indicators demonstrate that the BSTU is meeting or exceeding established targets for operational readiness, resident care processes and behavioural outcomes.

Quality Focus

Quality improvement continues to be integrated into the daily operation of the BSTU through structured interdisciplinary collaboration, routine data review and continuous monitoring of resident outcomes.

Daily clinical discussions, regular behavioural reviews and ongoing care plan evaluations allow the team to identify opportunities for improvement and respond proactively to resident needs. Quality indicators, including admissions, care plan completion, critical incidents, behavioural outcome measures and education compliance, are reviewed regularly to monitor progress toward departmental goals.

For the remainder of the year, the department will continue to prioritize:

- Completion of all staff education and competency evaluations.
- Ongoing auditing of documentation and care plans to ensure legislative compliance.
- Continued monitoring of behavioural outcomes using standardized assessment tools.
- Expansion of therapeutic environmental enhancements that promote engagement and reduce responsive behaviours.
- Continuous review of quality indicators to identify trends, implement improvements and sustain positive resident outcomes.

BSTU opening, the team recognized the importance of creating a structured forum to collaboratively review residents, celebrate successes, and ensure consistent behavioural approaches across all disciplines.

Weekly interdisciplinary BSTU care rounds were established, bringing together the attending physician, RN, RPN, PSWs, Activity staff, and the BSTU Manager. During these meetings, the team reviews each resident's behavioural presentation, evaluates the effectiveness of interventions, identifies opportunities for improvement, and shares successes. The meetings promote collaborative problem-solving, reinforce person-centred behavioural strategies, and ensure every discipline contributes to resident care planning.

The weekly rounds have strengthened communication among team members, improved consistency in behavioural interventions, and enhanced confidence in managing complex responsive behaviours. Staff have become more engaged in identifying successful strategies, and care plans are updated collaboratively to reflect residents' evolving needs.

The meetings have fostered a strong interdisciplinary culture where every team member's observations are valued and contribute to clinical decision-making. This collaborative approach has supported positive behavioural outcomes for residents while promoting continuous learning and shared accountability across the BSTU.

HOUSEKEEPING & NUTRITION & FOOD SERVICES – Trina Milne, Manager

Operational Update: NFS- under budget in raw food- Meeting with Diane Mckinght and noted on the item savings report only 7 options where the items are cheaper. This is an improvement from years previous. Meal Suite purchasing guide is providing more cost-effective items to accommodate the budget.

Staffing- NFS 1 vacancy (this does not include the 4 new lines). HSKP- 3 vacancies.

NFS- food Quality- holding staff accountable for poor food quality (cooks, Prep).

NFS- holding staff accountable for making sure they have all food items for service. Having staff sign off on policy/process for accountability. Upload policy as a sign off for new hires.

NFS- documentation of dish machine/pot room. Fridge and freezer temperatures- Having staff sign off on policy/process for accountability. Upload policy as a sign off for new hires.

-Separate whiteboards for Housekeeping/Laundry and another one for NFS for better communication. Creating one general area for information. Currently have too many areas with information.

Quality Improvement:

Unfilled Housekeeping shifts have improved since January 2026. **Action:** Support Services Supervisor interviewing and hiring new staff to prevent shortages.

Food temperatures have improved since March 2026. Still missing some food temps. **Action:** Follow up with staff is being done. Progressive disciplinary is being done to ensure staff are documenting temperatures. Process/Policy to review with staff and have 100% of staff sign off for accountability. This will also be uploaded for new hires to sign off on safety 24/7.

14 Day RD Assessment. 5 Due in the month of June and only 4 completed on time. Tracking by Manager and giving reminders to RD is already being done. **Action:** continue with tracking/sending reminders to RD to complete 14 Day assessments.

Wrong diet texture- One incident occurred in June. Another incident occurred due to title of the recipe on Meal Suite. Changes being made to correct the title of recipes to create less confusion. **Action:** Changes have been made on Spring/Summer standard menu and snack menu in progress. NFS slide show on safety 24/7 to be revised which include diet textures and picture of the textures and will be required to be completed by staff annually.

Missing Resident Items- only one item missing in June and not able to find. This is an improvement from January. **Action:** still continue to track items and staff look for the missing items.

Fluid Intake- Fluid intake remains a concern. Residents still under their fluid intake. **Action:** RD to go to huddles and discuss the importance of hydration/fluid intake with clinical staff.

INFECTION CONTROL – Hannah Bryant, RN, Manager of IPAC

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 confirmed outbreaks to report for June.

Immunization

- COVID boosters given in June.

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.

ACTIVITIES – Mandy Gilchrist, Manager

The department's Quality Improvement Plan (QIP) initiatives remain on track, with measurable progress toward established quality objectives. Progress is reviewed regularly through departmental meetings

June 2026 Goals

- a. Increase physical activities (example: chair exercises, walking programs) by 2/ week to promote mobility and overall health
2025 home average number of physical domain programs per month: 18
June - 28
- b. Maintain 3 quality contacts per resident per week
June - 217 residents - 97% goal reach - admissions fell short of target with most arrivals occurring end of month

June Education

June 4th - 9 activity staff attended - 50% of staff trained

COMMUNITY SUPPORT SERVICES (CSS) – Cheryl Hamilton, Manager of CSS

The CSS department has been operating well with no specific concerns operationally. We are sitting around 42-45 Assisted Living clients at any given time and about 185 homemaking clients. Respite remains at about 28 clients. This aligns with our budget from OH. We increased our Lawn care clients to 16 this summer and will assess the snow maintenance program in the coming months (currently service 8 clients). Diners club is well-attended on Thursday afternoons with a caterer. Transportation is running well and continues to provide social outings for groceries etc to clients in area senior's apartment buildings as well as medical appointments for Cassellholme LTC residents. MOW is operating well within the Mattawa area and no issues on our end with how this is operating. We are not currently facing any staffing challenges and are fully staffed with the exception of 2 staff off on a LOA. We have 5 admin staff (including schedulers, coordinator, 2 RPN's, and 1 Client Transport Porter), 7 Homemakers and 24 PSW's altogether. We service approximately 325 clients with all 7 programs combined, bearing in mind that many clients receive more than one service.

Our quality focus is always to provide the best client care possible out in the community. There are several measures in place to ensure high quality care including: quarterly spotchecks on staff, annual home safety inspections (and more as needed), staff performance reviews are all up to date, issues addressed as they are brought forward, regular reassessments with clients conducted where care concerns can be addressed. Family and clients call with any complaints and they are addressed in a timely fashion with the staff, including a counselling record completed. One of our specific care goals would be to see less skin excoriations. To address this, clear and concise direction is given in care plans to ensure staff follow specific instructions to help mitigate skin breakdown. Staffstats and memos are sent out immediately following report of redness to the skin, with reminders and direction as to how to care for this problem. Nursing referrals are made to other agencies as needed to address any open areas immediately. Proper cleansing of the skin is discussed at staff meetings and memos given etc. Staff, families and clients are always encouraged to divulge any concerns to management and follow up is always given in a timely manner.