



# **Continuous Quality Care & Risk Management Report 2021**

**January 01, 2021  
to  
December 31, 2021**







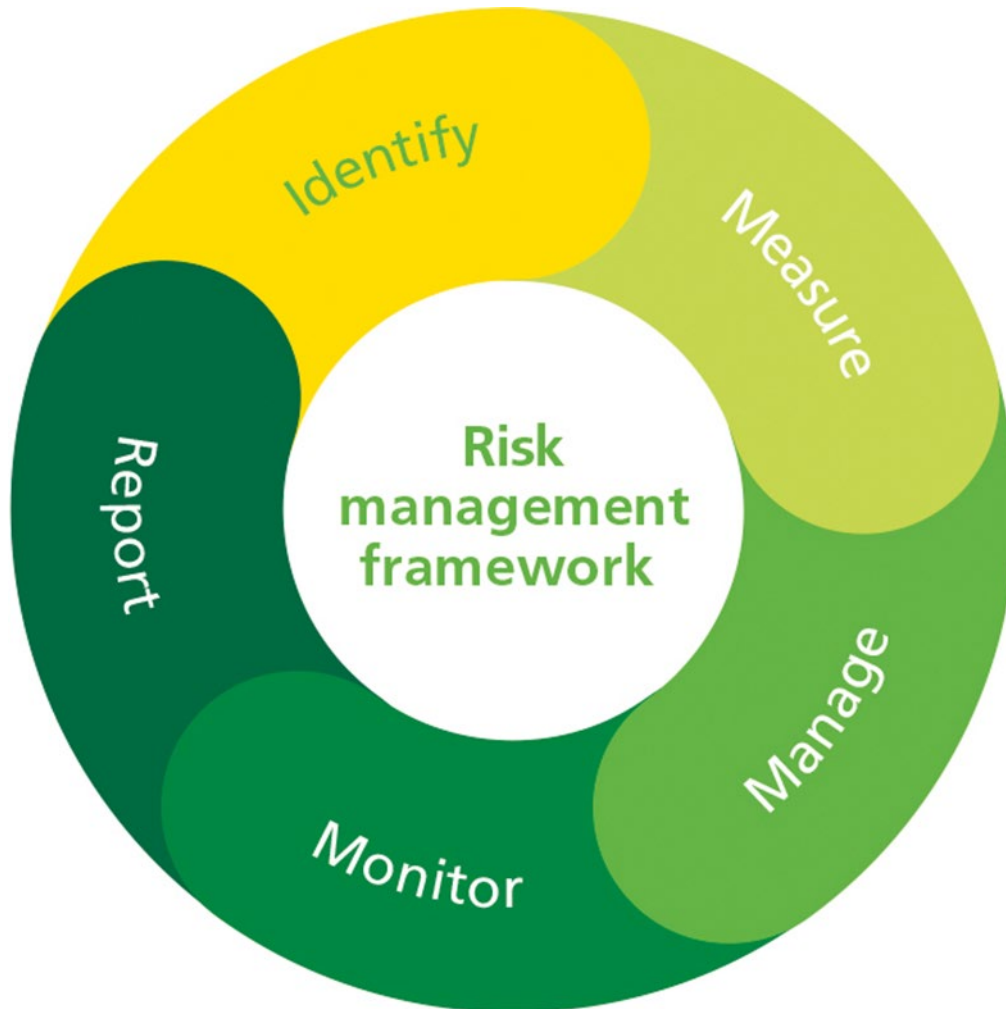




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Our Continuous Quality Improvement (CQI) Program is derived from our Mission, Vision and Values. It aligns with our Goals and Objectives at all levels as we monitor and evaluate all of the quality work that we do.

The IOOF Seniors Homes Inc. thinks that CQI “just makes sense” – it needs to be part of every organization – and every organization needs to use ‘best practice’ information and build new ‘leading practices’. Thus, we strive to reach our goals of providing an environment of caring, dedication, integrity, quality and safety through a skilled care team and being a supportive, proactive organization. Specifically, we strive to meet and exceed expectations by continuously improving Resident and client care, programs, services, buildings, learning, and workforce experiences

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## Executive Summary

This report is a detailed outline of a number of Continuous Quality Improvement and Risk Management indicators/statistics that have been collected throughout the Corporation for the period of January 1, 2021 to December 31, 2021.

Indicators/statistics are reviewed at monthly Continuous Quality Improvement Committee meetings. These discussions allow us the opportunity to determine whether or not action is required on items that are trending internally and within the industry, as well to ensure we are meeting legislative requirements and financial goals.

It should be noted that COVID – 19 created many challenges and opportunities during 2021.

***This report was prepared in collaboration with:***

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## Financial Management

### Home Vacancy / Rate Information Long Term Care Home

Total # of Admissions	Total # Vacant Days (Based on 161 Beds)	Vacancy Rate (Based on 161 Beds)	Preferred Accommodation Occupancy Rate <b>Private</b> (Based on # Beds)	Preferred Accommodation Occupancy Rate <b>Semi - Private</b> (Based on # Beds)	# of Residents Paying Less than Minimum Basic Accommodation Fee (In Semi - Private Rooms)	# of Residents Accounts Receivable in Arrears (Based on 162 Beds)	Total Amount of Arrears at End of 12 Month Reporting Period
<b>69</b>	<b>2837</b>	<b>4.8</b>	<b>84.4</b>	<b>51.3</b>	<b>17</b>	<b>4</b>	<b>\$25,105.</b>
# Respite Bed Admissions	Total # Vacant Days Respite Bed	Vacancy Rate Respite Bed	Discharges- Respite Bed	Respite Occupancy Rate Required for Full Funding	Occupancy Rate		
<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0%</b>	<b>0</b>		

### Elston Unit Convalescent Care

Total # of Admissions	Total # of Vacant Days (Based on # beds)	Vacancy Rate (Based on 20 beds)
0	0	0

It should be note that these numbers have been significantly impacted negatively by COVID - 19

### LTC Home Wait List Numbers:

-  **Basic – 426**
-  **Semi Private - 90**
-  **Private - 224**
-  **Total Wait List – 625**

Please note some Residents are on the waitlist for more than one choice, e.g. basic and semi-private, private, therefore the numbers will not total up to a total wait list of 625.

### LTC Home Agreements

	2021	2020	2019
Number of Annual Agreement reviews prepared:	53	51	159
Number of Annual Agreements received back:	34	30	65
Number removed by discharge/death:	3	20	29
Number of Annual Agreement Reviews Outstanding:	16	21	65
(Reminder letters are always sent to the ones outstanding)			



Note: The significant difference between the last three years related to the fact that the Ministry of Long-Term Care, due to COVID, did not increase resident accommodation copayment. Agreements are only resigned when there is an increase in copayments.

### LTC Home Satisfaction Surveys

Resident Satisfaction Surveys distributed: 152  
Resident Satisfaction Surveys received back: 21  
Response rate: 13.8%

#### **Key areas where expectations *were not met* as noted in the Satisfaction Survey:**

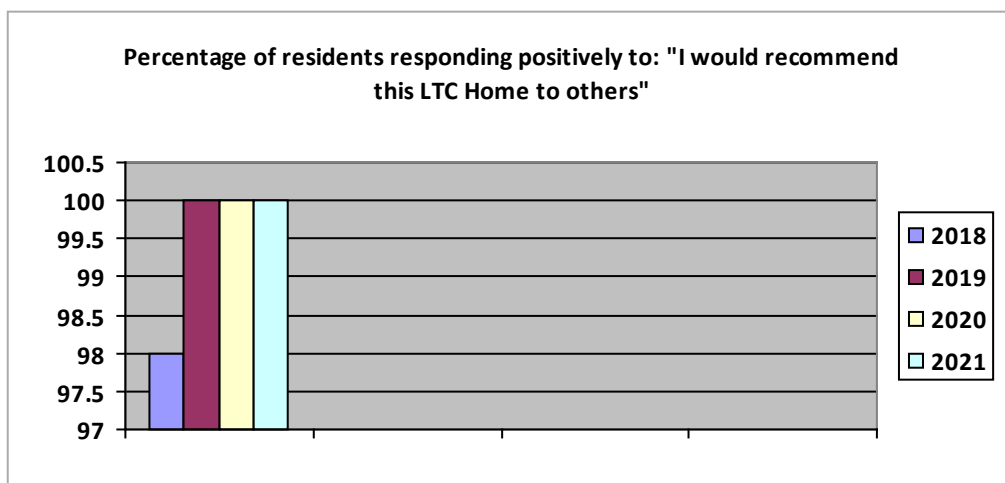
- Due to COVID -19 limited interaction! I am sure the 'normal process' is better.

#### **Key areas where expectations *were exceeded* as noted in the Satisfaction Survey:**

- Staff are very friendly, attentive and accommodating.
- Always notified changes in meds or when something has changed for my mom.
- I like the way staff seem to know all the patients by name, it makes them feel more at home I think.
- From the time we enter your home we felt welcomed and as we have personally experienced another nursing home for my mother for many years, your home ranks much better.

#### **Areas of improvement as recommended in the Satisfaction Survey:**

- This form should be an email instead of paper.
- Repairing room walls.
- Email the monthly activities calendar to families so they know when the activities are happening.



### **Volunteer Services**

Number of Active Volunteers in 2021: 142  
Number of Volunteer Hours in 2022: 12,496

The impact of volunteer restrictions was not felt as much in 2020 (due to the pandemic hitting us in spring) but the full impact did reflect in the numbers





and hours in 2021. 2022 and 2023 will see a rebuilding of the community based volunteer.

## Human Resources



### **Workplace Safety Insurance Board (WSIB)**

	2021	2020	2019
Number of potential WSIB claims reported	88	73	94
Number of actual WSIB claims approved	29	5	27
Number of lost time incidents	12	11	14
Average length of time off work due to lost time (2-3 days)	2-3	2-3	2-3

### **Corporate New Hires - 2021**

Department/Position	Full Time	Part Time	Casual
Management - DRC, Manager Facilities	2	0	0
Administration – Medical Administrator (Terraces)	0	1	0
Resident Care – PSW	0	18	25
Resident Care – RPN	0	5	8
Non-Union – CSA	0	0	38
Non-Union – Screener	0	0	12

Food Services – Cook, FSW/FSA	0	4	7
Environmental Services – ESW, MSA	0	8	3
Housing Accommodations	0	1	1
Program Support – Recreation Aide	0	0	1
<b>Total New Hires for 2020</b>	<b>2</b>	<b>37</b>	<b>95</b>

### **Terminations 2021 (includes retirements, resignations,)**

Department/Position	Full Time	Part Time	Casual
Management & Non Union	3	0	0
Resident Care	7	26	47
Food Services	0	0	6
Environmental Services	0	8	3
Housing Accommodations	1	1	0
Program Support – Recreation Aide	1	1	1
<b>Total Terminations 2021</b>	<b>12</b>	<b>36</b>	<b>57</b>

### **Number of Employees Employed at the IOOF on December 31, 2021**

Department/Position	Full Time	Part Time	Casual
Management/Administration	26	0	2
Environmental Services	17	11	4
Food Services	12	13	11
Housing Accommodations	5	8	5
Program Support	6	2	8
Resident Care	70	55	48
Non-Union (Care Support Assistants & Screeners)	0	0	40
<b>Total Number of Employees</b>	<b>136</b>	<b>89</b>	<b>118</b>
<b>Total Number of Employees on December 31, 2021</b>			<b>343</b>

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## Inspections/Reviews – 2021 Ministry of Long-Term Care



### **INSPECTION/REVIEWS – 2021** **Ministry of Long-Term Care**

#### **Inspection Dates: February 22-25, 2021**

The purpose of the inspection was to investigate two Critical Incident reports that were submitted, one related to a fall of a resident that resulted in an injury and the other related to a medication error that resulted in a resident transfer to hospital.

During the three-day inspection the Inspector also conducted a daily tour of the resident home areas, observed the provision of care and services to residents, observed staff to resident interactions and resident to resident interactions, reviewed relevant health records, as well as licensee policies, medication management program, as well as procedures and programs and internal audits. The home received two written notices and one voluntary plan of correction.

#### **Inspection Dates: June 14-18, 2021**

The purpose of the inspection was to investigate two Critical Incident reports that were submitted, one related to an allegation of resident to resident abuse and the other related to an unexpected death.

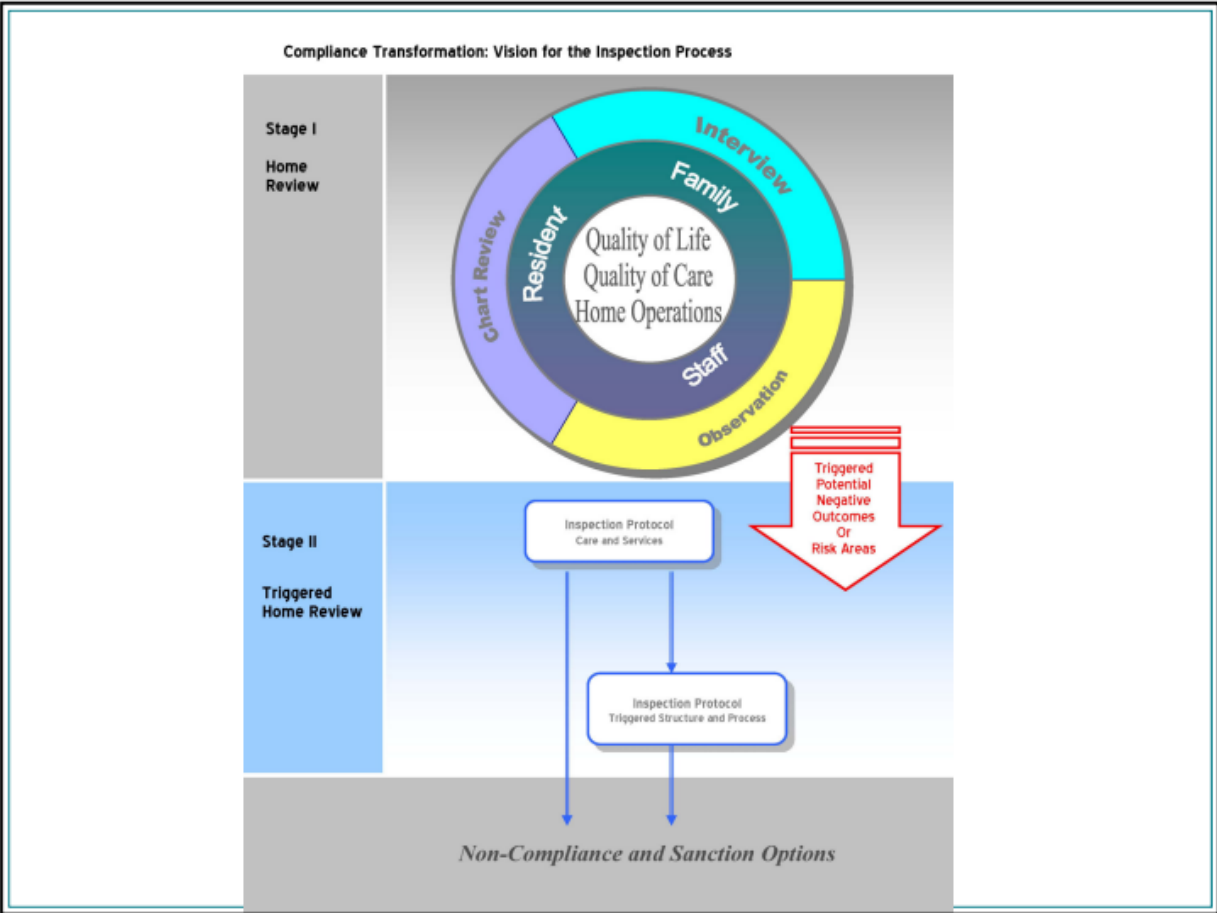
During the four-day inspection, the Inspector also conducted a daily tour of the resident care areas, observed the provision of care and services, Infection Control and Prevention (IPAC) practices, cooling requirements, dining service, staff to resident interactions, resident to resident interactions, reviewed internal documents and policies and procedures. The home was issued one written notice and one voluntary plan of correction.

#### **Inspection Dates: August 23-27, 2021**

The purpose of the inspection was to investigate two Critical Incident reports that were submitted, one related to an allegation of staff to resident abuse and the other related to a missing resident.

During the five-day inspection the Inspector also conducted a daily tour of the resident home areas, observed the provision of care and services to residents, observed staff to resident interactions and resident to resident interactions, reviewed Infection Prevention and Control Practices, Cooling Requirements, relevant health care records, internal investigation notes, as well as licensee policies, procedures and programs. The home received five written notices and four voluntary plan of correction.





# Simcoe Muskoka District Health Unit (SMDHU)

## Food Services:

- Due to the Covid 19 Pandemic the Kitchen facilities at the Terraces at Heritage Square were not inspected during 2021.
- Due to Covid 19 Pandemic the Kitchen facilities at Heritage Place and the LTC Home were only inspected on one (1) occasion; September 14, 2021
- The inspection of the IOOF Seniors Homes Inc. facilities included all areas involved with the production and distribution of food, including; the Last-Minute Store, the Auditorium kitchens, food storage areas at Heritage Place, as well as food storage areas and serveries in the LTC Home and the Mapleview/RVH unit.
- All inspections by Public Health were random and not the result of a complaint

## Findings noted during Public Health Inspections

IOOF Seniors Homes received GREEN status by the Simcoe Muskoka District Health Unit (SMDHU).

September 14, 2021

Item	Deficiency/Non Compliance	Action Taken
1	<p><b>Toxic or poisonous substances required for maintenance in food premises are stored and handled as prescribed in the regulation.</b></p> <p>Inspector observed diluted quaternary ammonium solution in a bucket for sanitizing tables in dining rooms, without appropriate labelling. Provided education on the importance of ensuring toxic chemicals bear labelling identifying labels.</p>	<p>Alpine Chemicals provided appropriate labels for the sanitizer buckets.</p> <p>Extra Workplace labels provided for the future.</p>

## Alcohol & Gaming Commission of Ontario (AGCO):

- No Inspection in 2021
- Current license is in effect until September 2023.

## Canadian Food Inspection Agency (CFIA):

- No inspections in 2021, however there were food recalls that were dealt with throughout the year. The IOOF was in compliance and Residents were not at risk as a result of these recalls

**There was one (1) inspections in 2021**

The Ministry of Labour (MOL) inspected the workplace for Occupational Health & Safety Compliance on one (1) occasion with the focus being primarily pandemic preparedness and implemented safety measures as a result of Covid-19.

**April 6, 2021**

As per requirements, the Home did advise the MOL of a potential Occupational Illness due to a single Covid-19 positive staff member that resulted in the declaration by Public Health of a Covid-19 outbreak and that a staff line list was initiated. MOL Inspector focused on Covid-19 Preparedness and the measures and procedures implemented for the protection of workers for Covid-19 prevention and management. Further review of Covid Directives, Communication to Workers of Covid-19 Information, Joint Health & Safety Committee participation, Screening, Social/Physical Distancing measures, Hand Hygiene, Personal Protective Equipment (PPE) supply and fit testing for N95 Masks, Aerosol Generating Medical Procedures (AGMP) and Environmental Cleaning & Disinfection. The inspector also reviewed changes implemented since the previous inspections in 2020 including enhanced visiting protocols, enhanced screening, and plexi-glass partitions in dining areas for Residents and in staff break areas along with surveillance testing procedures with both PCR and Rapid Antigen tests.

The inspector gave accolades for the team effort and collaboration as to how well we have managed to contain Covid-19 to individual staff cases likely community acquired. Further she said that she uses our LTC Home (without specifically naming us for confidentiality) as the example of putting the right timely measures in place and consistently communicating them to staff and visitors.

She recommended should there be a Resident outbreak with staff cases and resulting staff shortages to ensure that any agency staff receive appropriate training and orientation if even the "day of". Further recommendations to continue to be vigilant with auditing staff break areas and smoking areas as these areas have been identified as the key source of transmission in other essential work related outbreaks.

A Field Visit report with NO orders was issued.

The corporation continues to focus on and foster a culture of Occupational Health & Safety in readiness for potential inspections.

As required, the MOL has been informed when there is an infectious outbreak in the Home if exposed Staff are sick and line listed.







## LTC Home Resident Care & Services 2021

### Improving Care by Public Reporting of Quality Indicators

The Canadian Institute for Health Information (CIHI) provides comparable and actionable data and information that are used to accelerate improvements in health care, health system performance and population health across Canada. CIHI is responsible for supporting the use of the RAI MDS 2.0 assessment systems. CIHI public indicators uses the health system data collected from Health Quality Ontario (HQP) to display the 9 indicators in the long-term care (LTC) sector that are publicly reported at the facility, regional, and provincial levels and across Canada. These indicators are part of CIHI's Continuing Care Reporting System (CCRS) and focus on safety, appropriateness and effectiveness of care, and improved health status. Their vision is to "provide better data, better decisions, healthier Canadians: powered by a shared sense of purpose, the highest standards of excellence and trust." The Institute for Healthcare Improvement's Triple Aim framework has 3 objectives:

1. To improve the patient experience of care;
2. To improve the health of populations; and
3. To reduce the per capita cost of health care.

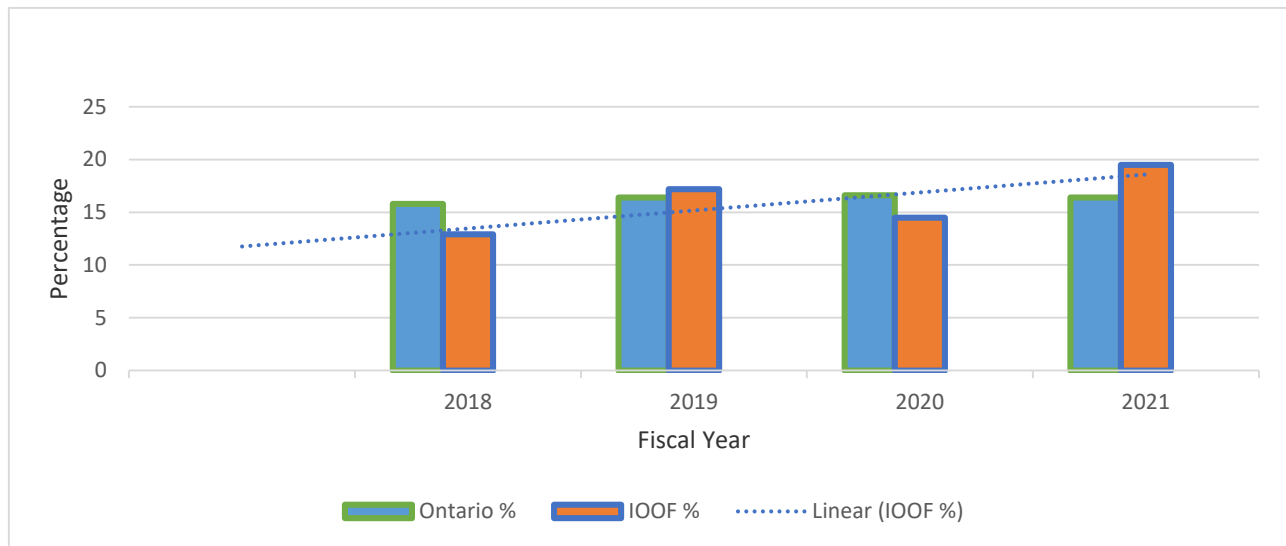


Our Home acknowledges that in order to deliver on the Triple Aim objectives we need to move beyond using only clinical and administrative data to evaluate quality of care and outcomes, and include patient perspectives when assessing health system performance. Patient-centered measurement has become a key priority in Canada. We place emphasis on providing patient-centered care to better respond to the needs of Residents and to improve the quality of care.



In healthcare, positive outcomes are the ultimate indicators of success. That's why we follow the Relias learning paths to help our organization get results that will improve outcomes, mitigate risk and reduce costs. A competency evaluation is required at least annually for each Nursing Staff member who completes the RAI-MDS 2.0 assessment. This test was formally known as the AIS platform. The Relias Assessment measures and evaluates competency for new and experienced assessors. In order to maintain proficiency, an assessor must complete a minimum of 10 RAI MDS assessments per year. We are pleased to share that 100% of our nursing staff have completed their learning in November 2021.

## Percentage of Residents who fell



Year	ON	IOOF	
2018	15.8	12.9	
2019	16.4	17.2	
2020	16.6	14.5	
2021	16.4	19.5	

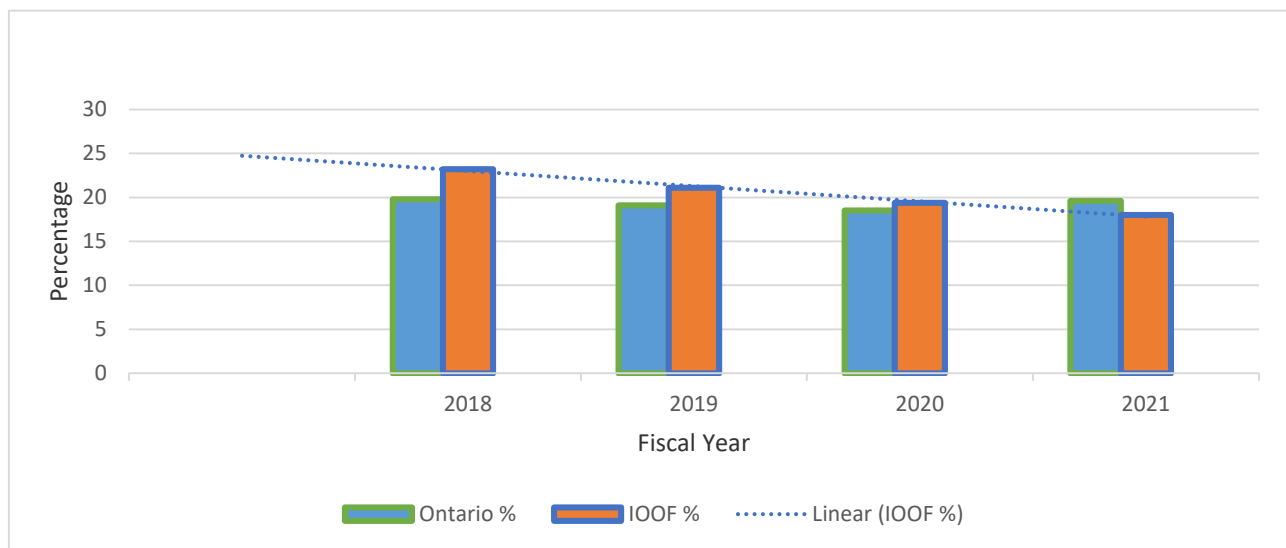
This indicator shows the percentage of residents in the home who fell during a 30-day period. The lower the number the better.

The home continues to keep this indicator as a goal for each year as we implement new strategies and interventions with the physiotherapy, restorative and nursing teams. The home continues to use extra

funding provided by the Ministry of Health and Long Term Care for fall prevention in the home. The home was able to purchase new high low beds and more fall prevention mats for the residents in 2021. Many of the residents we are admitting are very high risk for falls upon admission to the home and continue to have falls once admitted.



## Percentage of Residents not living with psychosis who were given antipsychotic medications



Year	ON	IOOF	
2018	19.8	23.2	
2019	19.1	21.1	
2020	18.5	19.4	
2021	19.6	18	

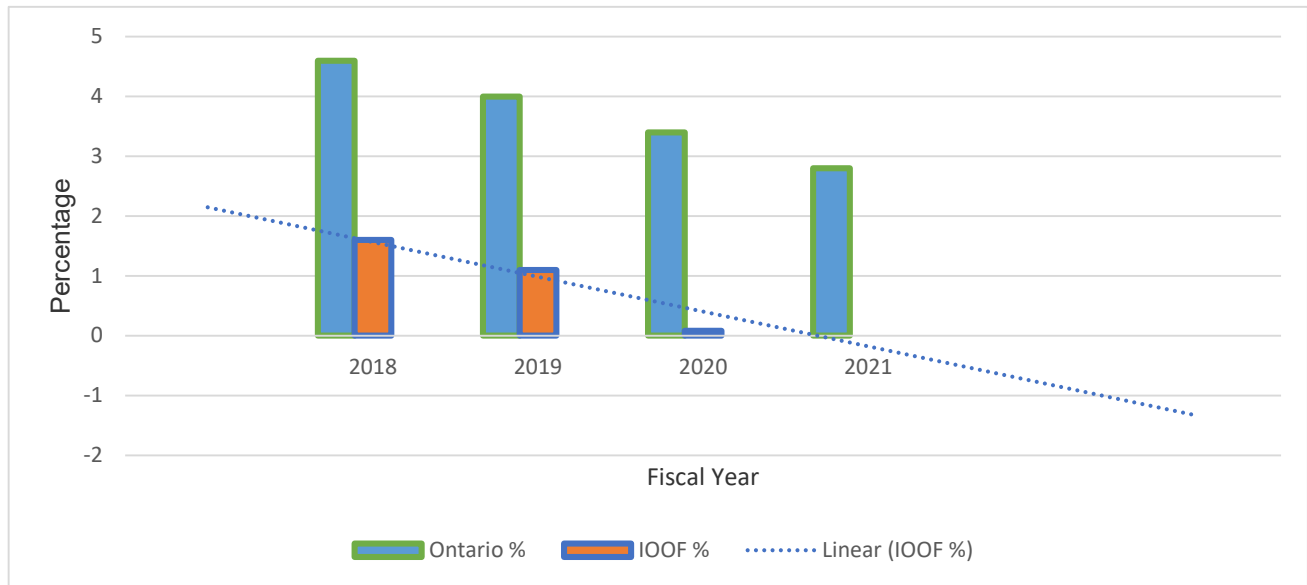
This indicator shows the percentage of long-term care home residents in Ontario and in the home who are given antipsychotic medications without a diagnosis of psychosis. A lower percentage is better. The home has worked on this indicator throughout 2021 and has been able to reduce the use of this medication again this year. The medical team at the

home work closely with the pharmacist to review the use of antipsychotic medications and at times an antipsychotic is used to improve a resident's quality of life. There has been a significant reduction of this medication in the home.

The Provincial Bench Mark is 19%



## Residents who were physically restrained on a daily basis



Year	ON	IOOF	
2018	4.6	1.6	
2019	4	1.1	
2020	3.4	0.08	
2021	2.8	0	

This indicator shows the percentage of long term-care home residents in Ontario and in the home who were physically restrained. The lower percentage is better. The goal for the home was to continue to have no restraints in 2021 and the team achieved the goal – there were no restraints in the home for the year. The Ministry of Health and Long Term Care has encouraged homes to

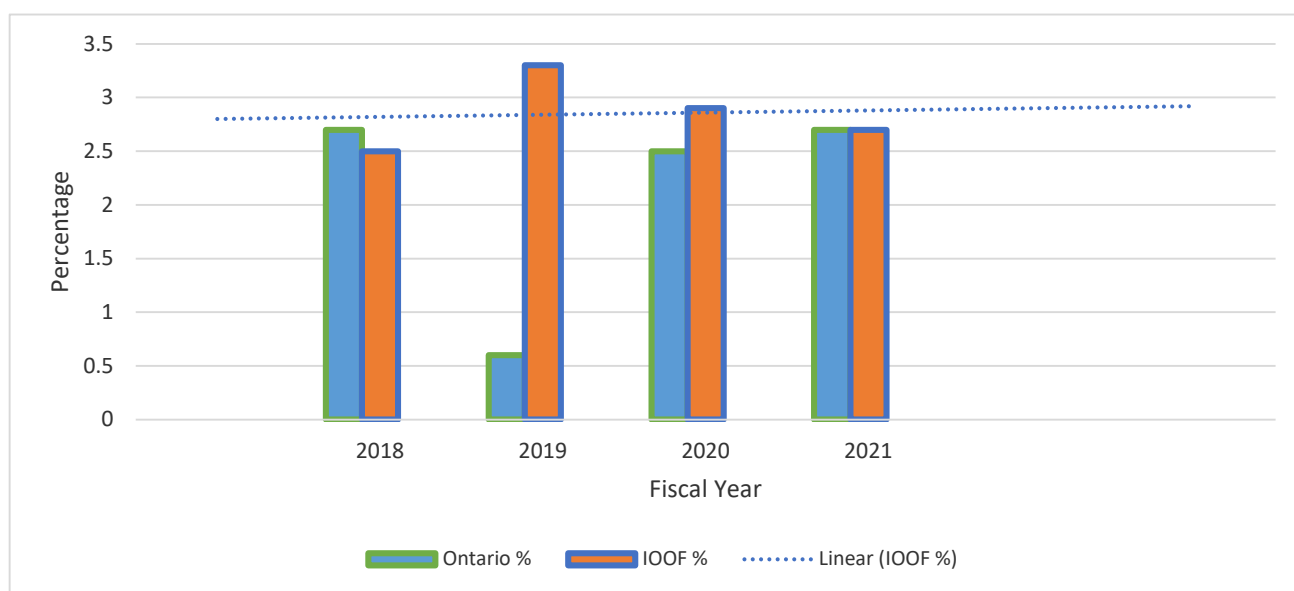
stop using restraints for the past few year as restraints often cause more responsive behaviors and also more injuries from falls

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The provincial benchmark is 3%



## Percentage of Residents who developed new or worsened pressure injuries



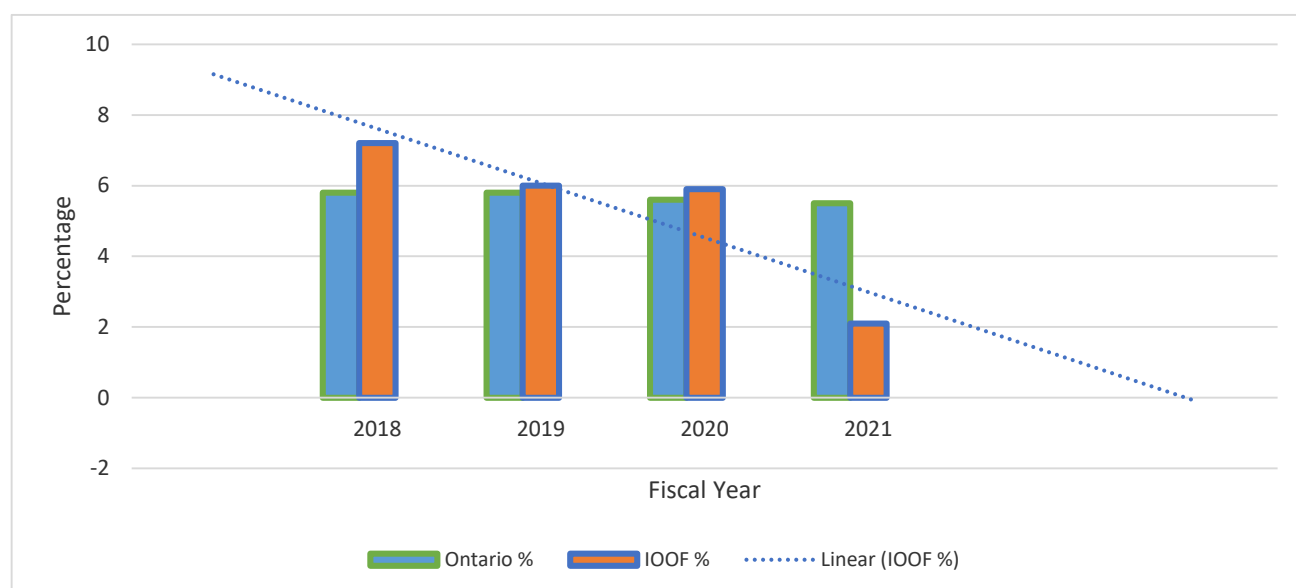
Year	ON	IOOF	
2018	2.7	2.5	
2019	0.6	3.3	
2020	2.5	2.9	
2021	2.7	2.7	

This indicator shows the percentage of long term-care home residents in Ontario and the home who had a new pressure injury or a worsening pressure injury since their previous assessment by a health care professional. The home has seen a slight decrease of wounds in 2021. The home has an interdisciplinary team that work together to promote skin integrity, prevent the development of

wounds and pressure ulcers and provide effective skin and wound care intervention. The home continues to see an increase in hospital acquired wounds when our residents return from a hospital stay.

The provincial benchmark is 1%

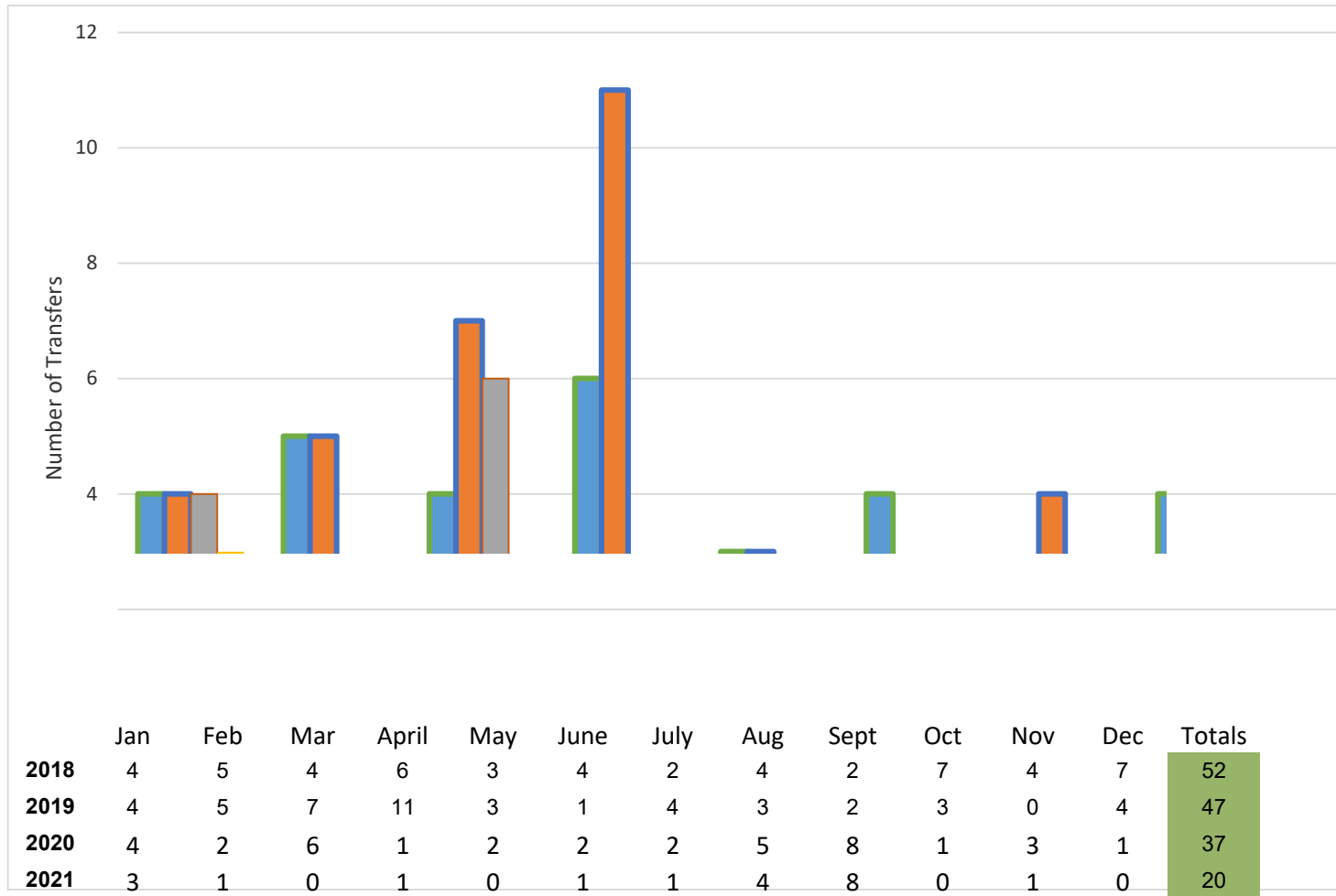
## Residents Experiencing Pain



Year	ON	IOOF	
2018	5.8	7.2	
2019	5.8	6	
2020	5.6	5.9	
2021	5.5	2.1	

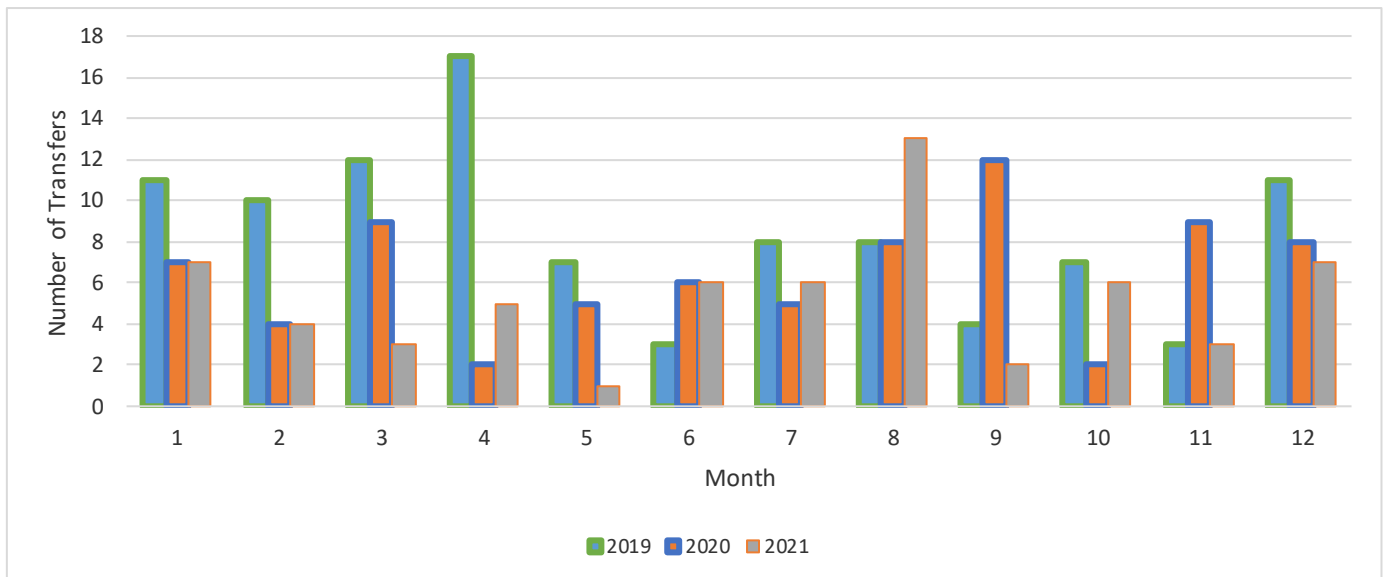
Percentage of long-term care home residents who experienced moderate pain daily, or any severe pain, during the seven days before being assessed by a health care professional. A lower percentage is better.

## Emergency Visits without Admission



The Physicians, Nurse Practitioners and Nursing Team review resident needs with the aim to prevent unnecessary hospital transfer by closely monitoring the changes with our residents and putting measures in place so that they can stay in the home. We continue to decrease emergency room visits each year.

## Hospital Transfers with Admissions – Long Term Care

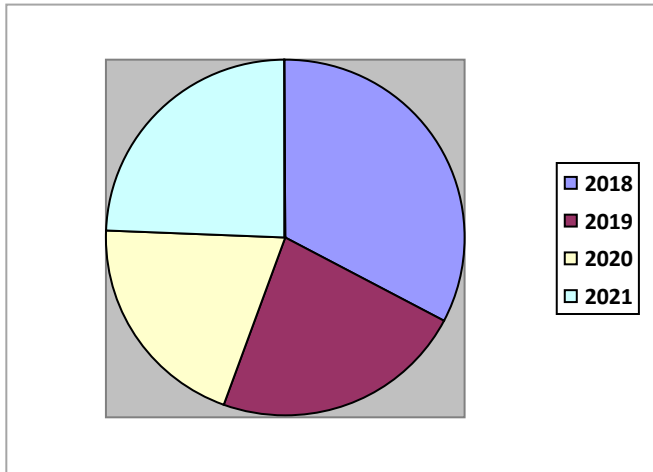


	Jan	Feb	MR	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals
2019	11	10	12	17	7	3	8	8	4	7	3	11	101
2020	7	4	9	2	5	6	5	8	12	2	9	8	77
2021	7	4	3	5	1	6	6	13	2	6	3	7	63

The Home' has concentrated on reducing potentially avoidable emergency department visits result in admissions. There has been a steady decline since 2018.

## Critical Incident Reports

There was a total of 29 Critical Incidents reported to the Ministry of Health and Long-Term Care for 2021. This indicator is up from the previous year due to more responsive behaviors causing resident to resident altercations and more falls with significant change in condition.



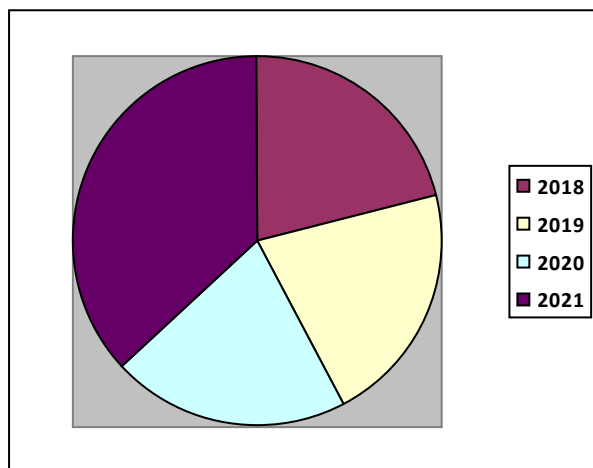
Further education and training on Responsive Behaviours for all staff

Continuing with the quality initiative falls prevention program

Ongoing CIS education for all staff including education and training on Abuse and Neglect with review of the decision trees developed and provided by the MOHLTC.

Year	2018	2019	2020	2021
	39	27	24	29

## Outbreak Management: Number of Outbreaks in the Year



In 2021, the home experienced 7 outbreaks that were reportable to both the Ministry of Health and Long Term Care and Public Health. The home had one outbreak with Rhinovirus identified which affected 5 residents. There were 7 outbreaks which put the home in enhanced surveillance on various home areas as a staff member had tested positive with COVID-19. In these 7 outbreaks no residents were affected.

### Non COVID Outbreaks

### COVID Outbreaks

Year	2018	2019	2020	2021
	4	4	4	7





During 2021, the Infection Prevention and Control Practices at the IOOF Seniors Homes Inc became a focus for everyone working and visiting in the LTC home. The Ministry of Long-Term Care (MOLTC) directives provided us with so many more practices to implement and follow. Everyone who enters the home now has to review hand hygiene and donning and doffing of PPE on a regular basis. They also must show proof of a negative COVID swab or be swabbed at the home before visiting their loved one. All staff have been educated on IPAC practices as well and many more procedures are being followed with more enforcement than previous years. Staff have also been swabbing from twice a week to daily before providing

direct care to any resident. This has put a strain on our Registered Staff as we needed to set up daily swabbing clinics.

The Pandemic has taught us many lessons on how to better protect the residents in the home. Masks and shields are worn by all staff whenever they are close to any residents or other staff members. The team at the home is very diligent in these practices. This year the home had many staff test positive for the COVID-19 virus however the home has been able to prevent this virus from infecting the residents, until the end of December. At times we were not able to have visitors in the home and this greatly impacted the well-being of all of the residents. Virtual visits, phones calls and outside visits on the patio became part of the residents' daily routines.

During 2021, the team continued to participate in frequent assessments by the Local Health Integration Network, Royal Victoria Hospital IPAC team and Public Health. Overall the team has done very well during the assessments and continues to review the items that are assessed to ensure adherence to all the interventions. The home has a designated infection prevention and control nurse and a Pandemic Team who meet monthly or more frequently depending on the happenings in the home. During 2021 infection control has been the challenge for the team. The home has also been very well stocked for pandemic supplies and managed to procure all necessary supplies including N95 masks which were required for the outbreak that was experienced at the end of December.

Another challenge the home faced throughout 2021 was the Ministry of Health's Directive to vaccinate all residents for COVID-19. In the year of 2021 the Registered Staff team was able to vaccinate all residents, except two who refused, with three vaccines. We continue to ensure that residents have all of these vaccines to help protect everyone in the home.

During 2021 we also faced staffing challenges due to the directive for all staff to be double vaccinated. We unfortunately lost some staff due to this directive.

The Directive from the Ministry of Health has also added that designated essential caregivers, students and contracted services also provide the home with their proof of vaccination. Our screening staff ensure that any one entering the home has attested to no symptoms and also get swabbed and show proof of vaccination.



## Influenza Vaccinations

RESIDENTS	Number In Home	Percentage 2021	Percentage 2020	Percentage 2019	Percentage 2018
LTC Residents Immunized	162	97%	97%	98%	97%
HP Residents Immunized	93	96%	93%	83%	89%
Manor Residents Immunized	0		64%	80%	73%
LTC Staff (eligible)	340	*73%	97%	88%	90%
LTC Staff medically exempt					

The number of staff receiving influenza vaccinations was relatively low even after an intense education to improve the numbers. It would appear that there was vaccine fatigue as it relates to the flu vaccine.



## LTC Home Nutrition & Food Services

### Quality Improvement Statistics

Quality Indicator	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Average
# of Annual RAI assessments	8	8	17	8	0	0	22	16	13	5	13	8	1.9
# of RAI assessments	38	39	33	41	50	49	27	42	42	51	35	43	42
# of Residents receiving Supplements	49	50	49	56	53	52	52	52	52	52	52	42	51
# of New Admissions requiring assessments	1	2	6	6	4	11	6	7	6	6	5	4	6
# of Residents receiving Therapeutic Diets	45	41	44	44	42	42	48	46	47	46	44	42	44
# of Residents receiving Thickened Fluids	27	24	25	27	26	26	28	24	24	21	21	19	24
# of Residents receiving Texture Modified Foods	85	80	82	80	79	80	76	73	73	69	65	63	75
# of Residents at High Nutritional Risk	73	73	73	73	75	75	81	81	76	79	81	81	77
# of Residents at Low/Moderate Nutritional Risk	79	80	80	79	76	76	76	76	77	75	75	75	77
# of Visits by Speech Language Pathologists	4	0	7	1	0	4	4	7	2	7	2	0	3
# of Referrals to Registered Dietitian related to unplanned weight loss.	8	12	7	9	5	5	7	7	10	6	9	8	8*

<b># of Referrals to Registered Dietitian related to unplanned weight gain.</b>	5	3	3	1	4	4	6	4	3	6	3	4	<b>4**</b>
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8\*       Referrals received not actual number of residents experiencing wt. loss  
4\*\*      Referrals received not actual number of residents experiencing wt. gain

## Residents Requiring Assistance with Meals:

The home has seen an increase in the number of Residents requiring assistance at meal and snack times in 2021.

Factors:

- Highly complex Residents being admitted in the Home with risk of compromised nutritional intake.
- Increase in acuity levels of Residents overall

	<b>Total Care</b>	<b>Constant Assist and/or Encouragement</b>	<b>Intermittent Assist and/or Encouragement</b>	<b>Supervision, Assistance and/or Set Up</b>	<b>Self</b>	<b>Tube Feed</b>	<b>Total</b>
<b>Allandale Village</b>	6	6	1	29			<b>42</b>
<b>Simcoe Lodge</b>	6	5	1	9			<b>21</b>
<b>Baldwin Lane</b>	7	7	3	15			<b>32</b>
<b>Georgian Way</b>	10	2	5	14			<b>31</b>
<b>Kempfenfelt Court</b>	7	1	7	14			<b>29</b>
<b>Total 2021</b>	<b>36</b>	<b>21</b>	<b>17</b>	<b>81</b>			<b>155</b>
<b>Total 2020</b>	<b>27</b>	<b>26</b>	<b>26</b>	<b>72</b>		<b>1</b>	<b>152</b>





## Corporate Risk Management & Projects 2021

2021	Days	Evenings	Nights
<b>Number of LTC Home Fire Drills</b>	12	12	12
<b>Number of Heritage Place Fire Drills</b>	2		
<b>Number of Manor Fire Drills</b>	2		
<b>Number of Terraces Fire Drills</b>	2		

- ✚ Number of Occ. Health & Safety Meetings held: 6
- ✚ Number of CQI meetings held: 10
- ✚ Number of Pandemic Planning Committee Meetings held: 19
- ✚ Number of Workplace Safety inspections: 36 (12 each per building Home, Terraces & Heritage Place/Manor)

ANNUAL INSPECTIONS	Total	Manor	HOME	Heritage Place	Terraces
<b>Workplace Safety - IOOF</b>	36	N/A	12	12	12
<b>Fire Safety – Evergreen Fire &amp; Safety</b>	4	1	1	1	1
<b>Elevators – Schindler / Otis / Elevator1</b>	132	12	48	24	48
<b>Pest Control – Abell Pest Control</b>	48	12	12	12	12
<b>Roof Anchors – Pro-Bell</b>	4	1	1	1	1
<b>Backflow Protection – Dalton Plumbing</b>	4	1	1	1	1
<b>Emergency Generators – Sommers</b>	6	N/A	4	2	1
<b>HVAC Systems – Barrie Mechanical</b>	14	4	4	4	2
<b>Water Treatment – CSP Water</b>	36	N/A	12	12	12

### Lift Inspections

Manufacture's recommended daily inspections and monthly tests were conducted. All found and encountered problems are corrected by the maintenance department or service providers.

Motion Specialties inspected (including load testing) all lifts on October 20, 2021.

### Sling Integrity Inspections

Sling inspections are done prior to each use as well as through a quarterly audit by the PSW Lead in accordance with the Home's policy. Slings are inspected for damage to the body of the sling and for the integrity of the sling attachment loops and results are recorded for each sling. Any sling failing the inspection are removed from service and replaced with a new sling. Reports are kept in the nursing department

### Bed Entrapment Audit

Annual bed entrapment audits were completed September 1, 2021 by Joerns and internal maintenance staff. All beds and features including locations are documented and tracked when changes are made. Maintenance staff do entrapment testing on a bed whenever a new admission is made to the home.

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## Maintenance Care Software



The following are the tasks that were inputted in the Maintenance Care system during 2021. These tasks were assigned to the maintenance and building services staff:

Heritage Place/Manor:	3709
LTC Home:	4696
RHV Mapleview:	415

## HVAC - LTC

- ✚ Four old Roof Top Units (RTU) were replaced. The old RTUs were unable to perform at the levels required based on new Regulatory standards and increasingly warming summer temperatures. The new units are energy efficient and provide heating and cooling in the following areas:
  - Simcoe, Allendale and Elston Hallways
  - Main dining room
  - Auditorium
  - Main entrance and office areas.
- ✚ Better extraction via resident bathroom fans has resulted from these RTU replacements.
- ✚ Portable window / room Air Conditioners were installed in all resident rooms that did not have them. These units were installed in Allendale, Simcoe and Elston.
- ✚ Higher quality and denser filters (MERV 8 – 13) in all HVAC units are being used.

## Heritage Place

- ✚ Two of the three RTUs were replaced. The RTUs provide heating/AC to the resident hallways.

## Emergency Generators

- ✚ After inspections, upgrades were made to the fuel delivery systems (diesel fuel tanks) and exhaust systems to two of three emergency generators. The third one was decommissioned after the load was transferred to the large LTC emergency generator.

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## Domestic Hot Water Tanks

- ✚ Three tanks at LTC and one tank at HP were inspected resulting in the anode rods and entrance lids being replaced.

## Victaulic Valves

- ✚ In order to bypass areas of the water systems without impacting all, 12 major valves were replaced in the North Tower system.

## Internal Cameras (CCTV)

- ✚ Cameras were installed to cover all exterior doors for security and for resident safety purposes. All entrances/exits can be reviewed.

## LTC Painting

- ✚ The walls of the hallways and serveries on Georgian and Baldwin floors were patched and painted.

## Terraces

- ✚ The roof on 94 Dean Street was replaced.
- ✚ The two old RTUs on 94 Dean Street were replaced. The units provide heating and cooling services to all of the common areas.
- ✚ A new 300KW diesel Emergency Generator was installed and is able to service all common areas emergency lights and elevator service needs in all three buildings on Dean Street.
- ✚ Seven (7) dead Ash trees were replaced with new Maple Trees.
- ✚ The main fire panel at 92 Dean was upgraded.



## Key Occupational Health & Safety Projects in 2021

- ✚ Mask Fit Compatibility Testing
- ✚ Monthly Mask Fit Testing at Corporate Orientation
- ✚ Pandemic Planning Committee – review directives and implementation plan, screening tool, organizational risk assessment, HR implications and staff contingency plans, Housing measures, IPAC measures, PPE procurement and burn rate, communications, and employee stress management
- ✚ Pandemic Risk Assessment
- ✚ Infection, Prevention and Control (IPAC) assessment
- ✚ Violence and Harassment Prevention Program
- ✚ Environmental Risk Assessment
- ✚ Injury trend analysis
- ✚ Joint Occupational Health & Safety Committee Full Membership

### Rebates:

✚ Dunk and Associates      NONE in 2021

Number of unresolved Occ. H & Safety issues: 0 unresolved; ongoing progress is continuing in all of the above areas.








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## **HOUSING**




### **The Manor: 20 Units**

All Manor Residents have secured alternate Housing and have been relocated. A total of 5 Manor Residents moved into the Barrie Community. The remaining 17 Residents were relocated at Heritage Place.

### **Heritage Place: 80 units – 94 Residents**

-  Apartment Turnovers: 17
-  Transition to LTC at IOOF : 4
-  Transition to other LTC Homes: 8
-  Deaths: 5
-  Transfers to Hospice: 0
-  Account Standings: No Outstanding Accounts
-  Insurance Verification: Complete

### **Heritage Place Resident Satisfaction Surveys**





-  77 Distributed
-  53 Returned
-  69% Response Rate

### **Key areas of improvement noted in Heritage Place Resident Satisfaction Surveys**




-  Nothing significant noted in the Heritage Place survey.

### **Terraces at Heritage Square: 161 suites**


#### **Re-sales in 2021:**

-  90 Dean Avenue: 4 Suites
-  94 Dean Avenue: 4 Suites
-  Account Standings: All in good standing
-  Insurance Verification: Complete

### **Terraces Resident Satisfaction Survey:**

-  159 Distributed
-  104 Returned
-  65% Response Rate

### **Key areas of improvement noted in the Terraces Resident Satisfaction Survey:**

-  Nothing significant noted in the Terraces' surveys.

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## Pandemic Response

Ongoing efforts continued throughout 2021 in all of the IOOF Housing Buildings to implement and maintain Public Health Infection Prevention and Control Policies to keep our Residents, Visitors and Staff safe.

- ✚ Enhanced Cleaning and Sanitizing in all Buildings.
- ✚ Implemented Visiting Restriction and Guidelines.
- ✚ Increased Personal Protective Equipment Protocols for Staff and Enforced Face Covering for Residents when out of their apartments in all Buildings.
- ✚ Ongoing testing and screening of Staff that work in all Buildings.
- ✚ Ongoing testing and screening of High Risk Residents residing at Heritage Place that frequently go out into the Community.
- ✚ Maintaining Social Distancing and Discouraged Congregating in Common Areas in all Buildings.
- ✚ On Site Immunization Clinics were held by the North Simcoe Muskoka Public Health Unit at Heritage Place so that the Residents could receive their 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> dose of the Pfizer –BioNTech Covid-19 Vaccines.
- ✚ Heritage Place received a One Time funding Grant from the LHIN. \$67,418 was received to support capacity and one time expenditures related to COVID -19. An additional \$19,820 was received from The United Way to set up an alternate Dining Room space to ensure that a safe distance could be maintained during meal service.

### COVID Vaccinations- Heritage Place ONLY

- ✚ 91 Residents have received all 3 doses of the Pfizer vaccine.
- ✚ 1 resident only doses 1 and 2
- ✚ 2 Resident only dose 1