

HOME NAME : Mackenzie Place

People who participated in the evaluation of this report

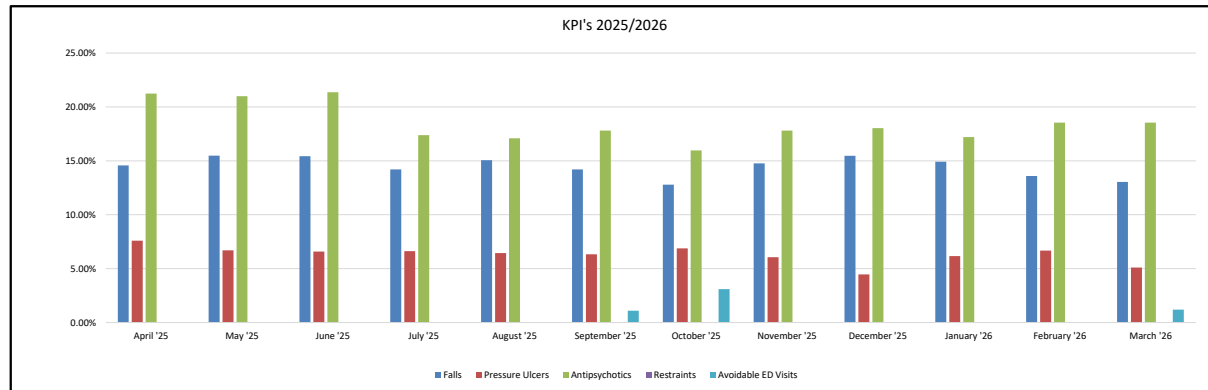
	Name and Designation	Date of Evaluation
Quality Improvement Lead	Kris Savage - ED	2-Jun-26
Director of Care	Janaki Kapoor - DOC	2-Jun-26
Executive Directive	Kris Savage - ED	2-Jun-26
Nutrition Manager	Naginna Charames - FSM	2-Jun-26
Programs Manager	Tara Singh - PM	2-Jun-26
Clinical Consultant	Jaelyn Goss	9-Jun-26
Resident Council Representative	Anna Luksa	5-Jun-26
Family Council Representative	N/A	N/A
Medical Director	Dr. Zafar	2-Jun-26
Other	Marina Manayev - ADOC/IPAC	2-Jun-26
Other	Don Howell - ESM	2-Jun-26
Other	Bo Pouv - RAI - C	2-Jun-26
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Summary of the Home's priority areas for quality improvement, objectives, policies, procedures and protocols from previous year (2025/2026): What actions were completed? Include dates and outcomes of actions.

Quality Improvement Objective	Policies, procedures and protocols used to achieve quality improvement	Outcomes of Actions, including dates
Increase satisfaction of quality of care from doctors.	<p>Prior to transition to new home licensee, a brochure was developed to explain the role of physicians in LTC. After transition the Home started to use Southbridge Resident and Family Handbook. Information was provided to all residents currently in the home and any newly admitted Residents to the Home.</p> <p>NP was implemented 3 days per week in June of 2025.</p>	Increased satisfaction from 58.80%, Oct 2024 to 83.86% Oct 2025
Increase resident input into recreation programs	<p>3 program evaluations were completed during Resident Council meetings. Information booklet was developed to describe each recreational program provided and distributed to all residents and newly admitted residents to the Home.</p> <p>Opportunity to share feedback on recreation calendars has increased to 2 times per month by adding a Calendar Review Meeting in addition to gathering feedback at Resident council monthly meetings.</p>	Increased satisfaction from 43.30%, Oct 2024 to 91.52 % in Oct 2025
Increase satisfaction of care from PSW by focussing on Person Centered Care Education Opportunities	<p>Monthly Person centered care education was provided by PRC including person centered care, mood disorders dependent personal disorders, sundowning, sexual expression, redirection an validation , wanting to leave but getting lost, holiday survival.</p> <p>Trained 9 additional staff in GPA in 2025.</p>	Increased satisfaction of quality of personal support staff from 58.8% in Oct 2024 to 83.75% in Oct 2025
Decrease % of residents who fell in the 30 days leading up to their assessment	<p>Implemented the 4P's of rounding. Reviewed in July at general staff meeting, posted in the home and provided through email to staff. Also reviewed at each falls huddle.</p> <p>Increase awareness of fall hazards in resident environment. This initiative remains ongoing. Falls continue to be above target and will remain a focus for 2026/27.</p>	KPI's do not indicate improvement, KPI increased from 9.41%, April 2025 to 13.89%, April 2026
Decrease % of residents without psychosis who were given	Family education was provided for appropriate use of antipsychotics using	

antipsychotic medication in 7 days preceding their assessment	CEP resources, which was implemented April 30, 2025. New resources available through SB. NLOT provided education to Registered Staff. We continually work with external BSO support weekly to review residents on antipsychotics without a diagnosis. The Homes continues to provide GPA education to staff. 9 staff educated in 2026.	A slight improvement noted from 16.67% April 2025 to 16.39% April 2026.
Decrease % of residents who had pressure ulcers that worsened	A focus on turning and repositioning education is discussed monthly at Skin and Wound meetings. Auditing of bed and seating surfaces is completed on a regular basis. 10 new pressure relief mattress were purchased. Education on ROHO cushions was provided 2 times in 2025 and how proper inflation can reduce pressure injuries.	Improvement from 7.32% April 2025 to 5.92% April 2026 was achieved.

Key Performance Indicators												
KPI	April '25	May '25	June '25	July '25	August '25	September '25	October '25	November '25	December '25	January '26	February '26	March '26
Falls	14.57%	15.48%	15.43%	14.20%	15.06%	14.20%	12.79%	14.77%	15.47%	14.92%	13.59%	13.04%
Pressure Ulcers	7.60%	6.70%	6.58%	6.62%	6.45%	6.33%	6.88%	6.06%	4.47%	6.17%	6.67%	5.11%
Antipsychotics	21.24%	21.00%	21.37%	17.39%	17.09%	17.80%	15.97%	17.80%	18.03%	17.21%	18.55%	18.55%
Restraints	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Avoidable ED Visits	0.00%	0.00%	0.00%	0.00%	0.00%	1.10%	3.10%	0.00%	0.00%	0.00%	0.00%	1.20%



How Annual Quality Initiatives Are Selected	
<p>The continuous quality improvement initiative is aligned with our mission to provide quality care and services through innovation and excellence. The home has a Continuous Quality Improvement Committee comprised of interdisciplinary representatives that are the home's quality and safety culture champions. An analysis of quality indicator performance with provincial benchmarks for quality indicators is completed. Quality indicators below benchmarks and that hold high value on resident quality of life and safety are selected as a part of the annual quality initiative. Emergent issues internally are reviewed for trends and incorporated into initiative planning. The quality initiative is developed with the voice of our residents/families/POA's/SDM's through participation in our annual resident and family satisfaction survey and as members of our continuous quality improvement committee. The program on continuous quality improvement follows our policies based on evidence based best practice.</p>	
Summary of Resident and Family Satisfaction Survey for Previous Fiscal Year	
Date Resident/Family Survey Completed for 2024/25 year:	October 1 - 31, 2025

Results of the Survey (provide description of the results):	100% of Residents completed the survey and 59.46% of families completed the survey. 85.74% of Residents would recommend the Home and 90.97% of families would recommend the Home. The top 5 strengths of the Home according to residents was the recreation services, being able to express their opinion without fear of consequences, noise level at night, good choice of continence care products and having a private place to visit with visitors. The top 5 opportunities for improvement were treated with courtesy in the dining room (78.95%), quality maintenance of physical building and outdoor space (78.85%), quality of cleaning service (78.75%, having access to a hairdresser when needed (78.33%) and timing and schedule of spiritual services (76.79%).
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	Survey results and action plans were shared with Resident Council on January 8, 2026, Family Forum on February 25, 2026, at the general staff meeting February 26, 2026 and the quarterly Quality Meeting April 28, 2026. Results are also posted in entrance binder and in the Continuous Quality Binder at the quality board.

Client & Family Satisfaction	Resident Survey				Family Survey				Improvement Initiatives for 2026
	2026 Target	2025 (Actual)	2024 (Actual)	2023 (Actual)	2026 Target	2025 (Actual)	2024 (Actual)	2023 (Actual)	
Survey Participation	100.00%	100.00%	100.00%	100.00%	85.00%	59.46%	38.50%	38.50%	Ensure posters are posted in location Residents and Families will see them. Continue to use CPS score of 3 or below to determine residents capable of completing survey. Offer assistance to Residents and families to complete surveys. Send out weekly reminders until completion date. Set up IPAD station for families to use.
Would you recommend	90.00%	85.75%	76.50%	95.20%	95.00%	90.97%	86.70%	80.00%	Continue to provide monthly updates to Residents and Families on the homes achievements and special projects.
If I have a concern, I feel comfortable raising it with the staff and leadership	98.00%	97.50%	82.40%	95.50%	98.00%	94.74%	93.30%	86.70%	Strive to resolve issues in a timely manner. Educate staff on complaint and concern process and types of concerns received to prevent recurrence.

Summary of quality initiatives for 2026/27: Provide a summary of the initiatives for this year including current performance, target and change ideas.		
Initiative	Target/Change Idea	Current Performance
Decrease rate of potential avoidable ED visits	Target 28.8 #1 Support early recognition of residents at risk for ED visits, by providing preventive care and early treatment for common conditions leading potentially avoidable ED visits. #2 Implementation of clinical Pathways for UTI, shortness of breath and congestive heart failure. #3 DOC to review ED tracker, for the common reasons for transfer to ED - review in Nursing practice meetings, to develop strategies to prevent future ED visits. #4 Development of IV program in the home.	30% Date: Sept 30, 2025
Improve understanding of equity, diversity, inclusion and anti racism	Target 100% #1 To increase understanding of ADOA requirements. #2 To increase diversity training through Surge education or live events. #3 Creation of a culture board and events reflecting the resident and staff population in the home.	Collecting Baseline
Increase % of residents who respond positively to the statement "I can express my opinion without fear of consequences"	Target 98% #1 Engaging residents in meaningful conversations, that allow them to express their opinions. #2 Add resident right #29 to resident council agenda. #3 Incorporate resident Bill of Rights to the monthly staff general staff meetings to highlight resident rights with a focus on Resident Right # 29. #4 A copy of the resident bill of rights will be offered to residents/POA at the annual care conference for review.	97.5% Date: Oct 2025
Decrease rate of residents who fell in the last 30 days leading up to their assessment	Target 13.61% #1 To reduce the number of falls in the home and injury prevention - review of FRS, ensure appropriate medication prescribed for prevention of bone density loss. #2 Enhance the restorative care program in the home (provide education on how residents qualify for the program. #3 Create activity bins, for resident to assist with engagement to reduce	13.89% Date: Sept 30, 2025

Decrease the % of residents without psychosis who were given antipsychotic medication in 7 days preceding their assessment	Target 16.06% #1 During admission conference, review with families, reason for the prescribing of antipsychotic medication, interventions effective in management of responsive expressions (if admission from another LTC home, inquire if care plan can be sent for review, review of Behavioral assessment provided by Ontario Home at Health). #2 Gentle Persuasive approaches (GPA) training/education will offered, as well as GPA recharge training.	16.39% Date: Sept 30, 2025
Decrease residents whose pressure injury stage 2-4 worsened	Target 5.80 #1 Education of nursing staff on identification and treatment of pressure injuries. #2 Identification of resident at risk for alteration in skin. #3 Prompt identification and documentation of worsening pressure injuries through the skin and wound tracker.	5.92% Date: Sept 30, 3035
Top Opportunities for improvement from Residents; 1) I am treated with courtesy in the dining room 2) I am satisfied with the quality of maintenance of the physical building and outdoor spaces 3) I am satisfied with the quality of cleaning services throughout the home 4) I have access to a hairdresser when needed 5) I am satisfied with the timing and schedule of spiritual care services	Target to achieve 80% satisfaction for all using following change ideas; 1) Provide staff with customer service education geared to dining service and pleasurable dining. Increase management presence during meal service to monitor interactions. Highlight one aspect of pleasurable dining at monthly general staff meeting to increase awareness. 2) Gardening group to maintain gardens on the proper Investigate potential to have resident outdoor gazebo floor space enlarged. 3) Provide refresher training for housekeeping staff on cleaning protocols. Gather resident feedback on cleaning from 5 residents during management rounds. 4) Investigate the implementation of a monthly spa day to augment monthly hairdressing services. Approach hairdresser of possibility of providing 2 X per month service instead of monthly. 5) Initiate online group services by tapping into local churches offering online services. Investigate other sources of spiritual services such as schools of theology.	All satisfaction scores from Oct 2025 1) 78.95% 2) 78.85% 3) 78.75% 4) 78.33% 5) 76.79%
Top Opportunities for improvement from Families; 1) I am satisfied with the timing and schedule of spiritual care services 2) I am satisfied with the variety of spiritual care services 3) The resident has input into the spiritual care programs available 4) The Resident has input into the recreation programs available 5) I am satisfied with the quality of care from: Physiotherapist/Occupational therapist	Target to achieve 82% satisfaction for all using following change ideas; 1) Initiate online group services by tapping into local churches offering online services. Investigate other sources of spiritual services such as schools of theology. 2) Initiate online group services by tapping into local churches offering online services. Investigate other sources of spiritual services such as schools of theology. 3) Provide education to families on the process of developing recreation calendars and how resident input is achieved in planning spiritual care programs. 4) Provide education to families on the process of developing recreation calendars and how resident input is achieved. 5) Schedule an informational presentation for families to attend with BiM our physiotherapy provider to provide information on the physiotherapy program. Develop a feature board during national physiotherapy week to highlight the physiotherapy services in the Home.	All satisfaction scores from Oct 2025 1) 81.87% 2) 80.33% 3) 81.43% 4) 81.43% 5) 80.88%

Process for ensuring quality initiatives are met

Our quality improvement plan (QIP) is developed as a part of our annual planning cycle, with submission to Health Quality Ontario. The continuous quality team implements small change ideas using a Plan Do Study Act cycle to analyze for effectiveness. Quality indicator performance and progress towards initiatives are reviewed monthly and reported to the continuous quality committee quarterly.

Participants of Evaluation Name and Signatures:	Print out a completed copy - obtain signatures and file.	Date Signed:
Quality Improvement Lead	Kris Savage	2-Jun-26
Director of Care	Janaki Kapoor	2-Jun-26
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