



Care Services Committee

AGENDA

April 20, 2023 @ 4:00pm

Join Zoom Meeting

<https://us02web.zoom.us/j/84958586547>

Meeting ID: 849 5858 6547

Item	Description	
1	Call to Order	Marjorie Belzile
2	Approval of Previous Minutes January 19, 2023*	Marjorie Belzile
3	Declarations of Conflict of Interest	Marjorie Belzile
4	Business Arising	
5	Care Services Report for Q4 (Jan 1 – Mar 30, 2023)* <ol style="list-style-type: none"> 1. Clinical Care & Quality 2. Key Performance Indicators 3. Progress on Operational Goals 	Jamie Roy
6	Family Advocacy Group Report*	Geri Geldart
7	New Business <ol style="list-style-type: none"> 1. Quality of Life Survey* 2. New Admissions Process 	Jamie Roy Marjorie Belzile
8.	Date of Next Meeting TBD	

*denotes attachment



**Minutes of meeting
Care Services Committee
On January 19, 2023**

Present: Marjorie Belzile (Chair), Lyne St-Pierre-Ellis, Marilyn Born, (VC), Gary Beattie, Doug Holt, Kelly Clark, Geri Geldart (ex-officio)
Regrets: Andrea Seymour, Bonny Hoyt-Hallett
Staff: Jamie Roy

1. Call to Order & Introductions

Ms. Belzile called the meeting to order at 4:06pm. The committee welcomed new member Kelly Clark. Kelly brings expertise in communications, patient care and volunteer board experience.

2. Approval of Previous Minutes – November 12, 2022

Correction made to show that Andrea Seymour was present at the November meeting.

Motion:

It was moved by Gary Beattie, seconded by Lyne St-Pierre-Ellis that the minutes of November 10, 2022 be approved as amended.

Motion carried.

3. Declarations of Conflict of Interest

Ms. Belzile asked the members present if there was a need to register a conflict of interest. None expressed.

4. Business Arising from the Minutes

4.1 Terms of Reference

The Terms of Reference, as approved by the Board of Directors November meeting, were shared for information.

4.2 Nursing Home Without Walls

G. Geldart shared the YCC proposal for information which was submitted in December 2022. YCC has proposed a small expansion to our Adult Day Program to include a Community Bathing program for residents of the Fredericton area who can no longer bathe safely at home. No response has been received yet from the Department of Social Development.

4.3 Nursing Home License 2023 – Modified

G. Geldart advised that YCC has received its 2023 operating license. The license is modified given that we were unable to resolve the staffing level infraction. We will continue to work with our liaison officer as our staffing levels improve. There is the potential to have the modification lifted if/when we are able to meet the staffing level standard.

5. Care Services Report for Q3 (Oct 1 – Dec 31, 2022)

Jamie Roy, VP of Clinical Care and Quality Services presented the report for Q3. The report was included in the meeting package. Important highlights from her report include:

- **Infectious Diseases** - This quarter was challenging given the significant degree of viral illnesses in the community. The facility experienced outbreaks of COVID-19, Influenza A, RSV and a gastrointestinal illness. As a result, the scope of pre-holiday events was limited, with a goal to have the facility fully open for visitation during the holidays. This goal was achieved and visitors were welcomed on all units. There have been no further outbreaks since early December. A total of 208 residents are considered fully vaccinated.
- **Key performance indicators** – presented and reviewed by the committee. J. Roy highlighted the improvement noted in the KPIs for “newly occurring” and “worsened pressure ulcers”. This practice area was the focus of review and education during Q3, with a particular focus on skin assessment to improve accuracy in the identification of pressure ulcers. This will continue to be an area of focus as we work to improve the quality of care, as well as the quality of documentation. Areas of focus for Quarter 4 will include restraint use, depression, as well as falls and infection tracking.
- **Therapeutic Recreation & Volunteers** - 458 activities have taken place in quarter 3, exceeding our target. Most activity types have resumed including Pet Therapy. There were 8 new volunteers onboarded. Two Activity Coordinators have completed their Tai Chi Pilot Course and successfully offered their first class in December.
- **Resident Council** - Continues to be active. Hosted their annual Christmas gathering. Raised \$750 through their 50/50 draw.
- **Adult Day Program** - The program is currently operating 3 days per week with 12 registered participants. With a waiting list developing, there is a need to increase the program to five days per week. Staff recruitment is the only barrier to expanding this service.
- **Hawkins House** - Care needs appear to be increasing for Hawkins House residents, with 31 tenants receiving care services in addition to the normal services. Staffing routines are being adjusted to accommodate this increased need. The team are working to increase the number of activities which are provided for residents of Hawkins House. There is particular interest in more musical activities.
- **Operational Goals** - All goals are on track with the exception of the Adult Day Program (not yet at full capacity) and Recreational Activities (not yet able to start Hymn Sing or Art Therapy).

6. Family Advocacy Group Report

Greg Doucet is no longer the leader for the Family Advocacy Group due to the death of his family member. The group has not met since October, but a meeting is scheduled for February 1st. G. Geldart and S. Seymour will facilitate the group until new leadership is identified.

7. New Business

7.1 Quality Framework

Geri Geldart presented the Quality Framework for York Care Centre. This is a new document which has been developed by the Senior Leadership Team. The framework is based on the organizations Mission, Vision and Values. The document outlines the objectives and the domains of quality which will be our focus. An annual plan has been proposed. The framework will be presented to staff in quarter 4.

7.2 Advanced Caregiver Program

Jamie Roy provided an overview of the Advanced Caregiver Program. The program was launched in December, providing caregivers with training for activities which can assist their loved-one and reduce the workload for staff (assisting with using the mechanical lift, portering residents to events, making an unoccupied bed, etc.). This program is a small-scale test. Content was developed based on feedback from staff and caregivers. YCC was approved for funding from Healthcare Excellence Canada to test the concept using their Model for Quality Improvement. The goal is to develop a program which provides benefit for residents, families and staff. CIRA is providing the expertise in study design and data collection / analysis.

7.3 Prioritization of ALC admissions to Nursing Homes

G. Geldart shared a memo from the Department of Social Development which advises of a change in the Regulations under the Nursing Home Act which now allows the Minister of Social Development to prioritize persons waiting in hospital (alternate level of care) for admission to nursing home. The impact on the waitlist process was described. The potential benefits and negative impacts were discussed.

7.4 Free Wi-Fi

G. Geldart provided an update on the request made by this committee to consider introducing free wifi throughout the facility. The YCC internal network requires upgrading to handle increased wifi use. Quotes are being assessed. The impact on future costs and revenue for resident cable and telephone services requires analysis. Once the net impact has been determined, budget consideration will be required.

8. Date of next meeting

The next meeting will take place on April 20th, 2023.

Adjournment: The meeting was adjourned at 5:58 pm. on a motion by G. Beattie

Marjorie Belzile, Chair

Geri Geldart, CEO



REPORT TO THE CARE SERVICES COMMITTEE

January 1st – March 31st, 2023
Quarter 4 Activity

The purpose of this report is to apprise the Board's Care Services Committee of key activities within each quarter of the fiscal year, including an update on key performance indicators and the strategic care pillar. Accordingly, the Committee receives four reports per year with content from the following senior leaders.

Senior Leader
Jamie Roy, Vice President, Care Services & Quality

Key Areas of Reporting
Clinical Care & Quality,
Therapeutic Recreation
& Volunteers,
Residents Council
Adult Day Program
Hawkins House
Operational Goals

1. Clinical Care & Quality

As the fiscal year comes to an end, we can certainly reflect on how far we have come in regards to living with covid. Last April, we had outbreaks on all units and staffing was the most challenging it had ever been. We learned that perseverance, support, understanding and a sense of community really helped to get through the most difficult times. We have since started to rebuild our activity and volunteer programs, re-opened the Adult Day program, and have sought new ways to recruit staff. We are looking beyond covid to determine what can be possible to improve the quality of life for our residents by participating in federal and provincial projects. Although we still have improvements to make and hurdles to overcome, we are getting back on track to continue our vision of striving for excellence in long term care.

Here are some important highlights from Quarter 4:

- We had one covid outbreak on Tower 3 in February and March, with a total of 22 residents becoming infected with the virus and 0 deaths due to covid.
- We have a total of 112 residents who are considered “fully vaccinated” against covid. Social Development sent out a memo at the end of March indicating that residents should be offered another covid booster prior to the end of June.
- There was a total of 26 admissions and 28 discharges in long term care. There was a total of 4 move ins and 2 move outs in Hawkins House and 1 move in in our independent apartments.
- Dr Beal announced his retirement but he is planning to stay on with us until the end of 2023. Our Medical Advisor, Dr Irrinki, is currently looking for a replacement.
- We held an in-house Resident Attendant program and graduated and hired 5 new employees from the program.
- We were able to purchase some new equipment for residents and staff to enhance care. Some examples are the purchase of 30 new beds, a tablet for each unit (specifically wound care), broda chairs, slings, new suction machines, medication fridges, air mattresses, two manual sit to stand lifts, pressure relieving hand and foot splints, ROHO cushions, a wheelchair scale, and turning aids.
- Attendance Support Program – we have met with approx. 46 staff members in Quarter 4.
- We are participating in a quality improvement initiative with Healthcare Excellence Canada, which provided us with funding to enhance our Advanced Caregiver course.
- We are participating in a Health Seniors Pilot project with NBANH in which we are looking at our quality indicators through the LTCF assessments, as a province. The goal is to better understand the quality indicators, how to code properly and make improvements on the indicators over time. We will be collaborating with other RAI Coordinators throughout the province, NBANH, CIHI and InterRAI.
- There is a new standard from Social Development that all care staff now have to have Basic Life Support training (CPR). We are well under way with the training. Staff will need to be recertified on an annual basis.

- The new electronic Nursing Home Waitlist has started. Rose is just beginning to use the system. The Admission Committee team has all taken the training to use the system.
- Rose offered a Gentle Persuasive Approach (GPA) course in March with another one being offered in April. A total of 15 staff attended.
- Activity coordinators have partnered with Neill Hall - Shannex, Social Work Action students from David Coon's office and Home Depot to do an Intergenerational Mailbox Pilot Project. This partnership will take off in April 2023 which will involve local schools, and volunteer community members sending mail to our residents.
- Went on a recruitment mission to Manila and Cebu, Philippines, in partnership with the Department of Health, Opportunities NB, Staffhouse recruitment agency and 7 other nursing homes in the province. We were successful in recruiting 12 employees that have signed contracts to come to YCC to work as a Resident Attendant. They are in the process of obtaining their English proficiency testing as well as competency testing for the LPN/RN stream so that they can apply for a work visa. It will be at least six months before any of them arrive to Canada.

Key Performance Indicators

	Q1 22/23		Q2 22/23		Q3 22/23		Q4 22/23	
	N	D	N	D	N	D	N	D
Falls within the last 30 days This indicator looks at how many residents fell in the last 30 days leading up to the date of their quarterly clinical assessment	40	196	48	208	37	198	34	181
	20%		23%		18%		18% (18%)	
Falls with Injury This indicator looks at how many injuries were sustained as a result of a fall							28	185
							15%	
Newly occurring pressure ulcer This indicator looks at the number of residents who have developed a new pressure ulcer	6	182	14	197	5	186	7	169
	3%		7%		2%		4% (4%)	
Worsened pressure ulcer This indicator looks at the number of residents whose stage 2 to 4 pressure ulcer had worsened since the previous assessment	7	193	15	206	6	198	7	180
	3%		7%		3%		3% (4%)	
Restraint use This indicator looks at how many residents are in daily physical restraints. Restraints are sometimes used to manage behaviours or to prevent falls	24	194	31	206	39	197	33	181
	12%		15%		19%		18% (14%)	
Potentially inappropriate use of anti-psychotics This indicator looks at how many residents are taking antipsychotic drugs without a diagnosis of psychosis	28	119	28	135	21	129	8	106
	23%		20%		16%		7% (18%)	

Worsened depressive mood This indicator looks at the number of residents whose mood from symptoms of depression worsened	29	196	38	207	42	197	38	180
	14%		18%		21%		21% (23%)	
Experienced pain This indicator looks at the number of residents who express pain on a daily basis and/or describe as severe or excruciating	13	196	15	208	10	198	13	181
	6%		7%		5%		7% (10%)	
Experienced worsened pain This indicator looks at how many residents had worsened pain from prior assessment	31	189	28	204	22	197	22	180
	16%		13%		11%		12% (12%)	
Behavioral symptoms improved This indicator looks at how many residents have an overall decrease in behavioral symptoms from prior assessment	16	194	19	207	20	198	18	179
	8%		9%		10%		10% (2%)	
Behavioral symptoms worsened This indicator looks at how many residents have an overall increase in behavioral symptoms from prior assessment	18	193	19	207	24	198	19	180
	9%		9%		12%		10% (12%)	
Transfers to hospital The percent of residents transferred to hospital	5	196	9	214	12	213	9	214
	3%		4%		6%		4% (14%)	
Days in outbreak status The number of days total that each unit was in outbreak								
	178		52		44		32	
Covid Immunization The percent of residents who are 'fully vaccinated'	193	213	200	216	169	213	112	216
	91%		93%		79%		52%	

York Care Centre indicators are live on [Your Health System | CIHI](#). Please remember that there is a one-year lag in the results.

For Quarter 4, we continued to focus on the inappropriate use of antipsychotics. With the help of the physicians and identifying a gap in the way we code, we have been able to bring down our indicator by 9%.

We started tracking falls through Momentum, which was able to generate a report that showed falls with injury. We are now able to identify the number of falls in a quarter versus the number of people who fell and out of that number, how many resulted in an injury.

With the Healthy Seniors Pilot Project through NBANH, we are potentially going to see a significant increase in our restraint QI due to getting a clearer definition of a restraint. This is going to be an area of continued focus over the next quarter.

The Infection tracking report is still not giving us the data that we would like so we will continue to work on this over the next quarter.

2. Therapeutic Recreation/Spiritual Care & Volunteers

418 activities have taken place in Quarter 4.

We hosted a Sweetheart Valentine’s Day Event for the Couples of YCC, as well as the Luck of the Irish St Paddy’s Party.

We officially started in person spiritual care programs on the 1st and 3rd Wednesdays in the Friendship Centre.

We also welcomed a STU Intern for a 16-week placement, along with 1 COOP Student from Leo Hayes High School.

We onboarded 5 new volunteers, 4 for generalized unit activities and 1 for Hawkins House Bingo. 2 of the volunteers have since left, due to lifestyle changes.

Planning for our upcoming Mother’s Day and Father’s Day events are well under way. Mother’s Day Event will be hosted on May 11th an afternoon/Evening at the Symphony and the Father’s Day Event will be June 15th, a Car Show with special treats.

Resident Activities	Q1	Q2	Q3	Q4
Number of available resident activities This indicator looks at the number of activities made available compared to the goal of 450 for the quarter	78%	92%	108%	93%
Residents participating in activities This indicator looks at the number of residents participating in scheduled activities	96%	94%	95%	98%

3. Resident Council

Resident Council had successfully met in person since the new year.

They did a Valentine’s Day Fundraiser, and raffled off a Date Night Basket. They are now preparing for their large fundraiser, for Mother’s Day and Father’s Day. Resident Council received a donation of a Quilt and bird feeder, and purchased a wood cooler and two gift cards to make up the raffles, ticket sales will commence mid April.

Through their fundraising, the resident council had selected a goal to be able to offer debit services. They have successfully purchased a debit machine (Square terminal) and will be officially offering this service at the next fundraiser.

Members: Tracey Mitchell (President), Ellen Saunders-Aube (Vice Pres), Suzette Facini, Linda Bird, Gloria Murray, Natalie Henderson, Laurie Crockett., Jean Colwell, Karen Steeves, and Ingrid Ginson. Pastor Norm (Chair), Allyson Hickey (Secretary), Emily Wright (Staff Liaison)

4. Adult Day Program

We currently are operating 3 days per week (Monday, Wednesday & Friday); all 3 days are full with 12 clients per day.

We had 16 clients registered with 5 clients being discharged (due to extreme behaviour/aggressive, 1 admitted to LTC and 2 deceased)

We have successfully interviewed and offered to Heather MacCara as our new Activity Aide. She is planning to start Monday April 17th, with the goal of opening full time May 1st.

8 clients come 3 days per week

3 clients come 1 day per week

1 client comes 2 days per week

Currently have 2 clients on wait list for ADP Services, 8 clients would like 5 days per week, 3 clients would like 3 days per week, so once we open to full time we will be at capacity with our current registered & wait list.

5. Hawkins House

- We continue to encourage the tenants to become engaged in the activities being offered, or implemented for self direction. We have heard feedback both positive and negative surrounding the offerings.
- The tenants have asked for sign up sheets for card afternoons, which has had some positive uptake.
- We are seeing more and more tenants from 120 participating in the activities since providing the apartment building the monthly Hawkins Calendar.
- We have onboarded 1 new staff who will be primarily working on the weekends.
- We are currently hosting a CCNB student in the role of Supportive Care Assistant (Home Support Certification), Nhan is working 3 days per week in ADP and 2 days per week in Hawkins House.
- We are seeking staff to be hired as a HSW in our Adult Day Program who will also provide support to Hawkins for weekends.
- Cleaning up the staff room and giving it a fresh coat of paint with some new decorations, it was much needed and the staff are appreciative.

6. Progress on Operational Goals

All goals are complete with the exception of the bedside audits, 'All the Right Moves' training, and the Adult Day program which will be moved to the next operational plan for 2023-24. Rebuilding of the recreation and volunteer programs and improvements in dietary services will also carry over to the new fiscal year.

Note: Shaded Cell Indicates the Target Date for Completion

Care Pillar	Q1	Q2	Q3	Q4
Improvements in Dietary services to include meal quality, menu options, efficiency and reduce food waste.	Not started	Not started	On Track	Move to 2023/2024 Operational goals
To create and implement Bedside Audits to measure quality of care for residents.	Not started	On Track	Falling Behind	Move to 2023/2024 Operational goals
To establish a "Cautious Re-opening Plan" respectful of Public Health Guidelines which increases the number of in-person events and activities while managing outbreak risk and resident safety.	Complete			
Participate in NBCCSA product trial of "Vendlet" Resident Positioning technology.	On Track	On Track	On Track	Complete
Review Senior's Advocate report to determine if YCC policy changes are required.	On Track	Complete		
Re-open & rebuild Adult Day Program	On Track	Falling Behind	Falling Behind	Move to 2023/2024 Operational goals
Re-build the entertainment programs.	Not started	On Track	Complete	
Re-build the recreation programs.	On Track	On Track	Falling Behind	Move to 2023/2024 Operational goals
Review and enhance "All the Right Moves" training to care services personnel and establish an audit plan – dependent on availability of educational modules from NBCCSA.	Not started	Not started	Not started	Move to 2023/2024 Operational goals
Formalize role and activities within the SQLI framework/program	On Track	On Track	Complete	
Establish a marketing plan for the Adult Day Program to support recruitment target.	Complete			
Complete the Memory Lane project and hold recognition event.	On Track	On Track	Complete	
To review the registered volunteer list and re-build the program.	On Track	On Track	Complete	Move to 2023/2024 Operational goals
Restart the Junior Volunteer Program.	On Track	Complete		

Sincerely,

Jamie Roy
Vice President, Care Services & Quality



YORK
CARE CENTRE

CiRA
CENTRE FOR INNOVATION
AND RESEARCH IN AGING

YORK
DEVELOPMENTS
LIFESTYLE LIVING

To: Care Services Committee
From: Geri Geldart, President and CEO
Date: April 13, 2023
RE: Report from Family Advocacy Council

The Family Advocacy Council resumed monthly meetings beginning in February 2023.

February 1, 2023

- First meeting since October 2023.
- Discussion regarding leadership / facilitation. Opportunity for a new facilitator was discussed. CEO will facilitate the next few meetings. Members expressed interest in having senior leadership attend regularly to provide updates and answer questions.
- General update provided (COVID, activities, personnel changes).
- Introduced the strategic planning process. Several members of FAC provided written feedback.
- Guest - Stephanie Seymour provided overview of Recreation / Activity program.
- Questions / Concerns
 - Insufficient supplies of cutlery and linen products.
 - Families are not receiving a welcoming introduction to the facility.

March 1, 2023

- General updates provided (COVID, Philippines Recruitment, Activities).
- Michel Boyer, Director, Facilities and Infrastructure attended to provide information on linen and cutlery supplies.
- Tamsen Arnold, Director Care attended as guest to provide overview of her role and answer questions. Many questions for Tamsen.
- Discussed potential ideas for Foundation projects.

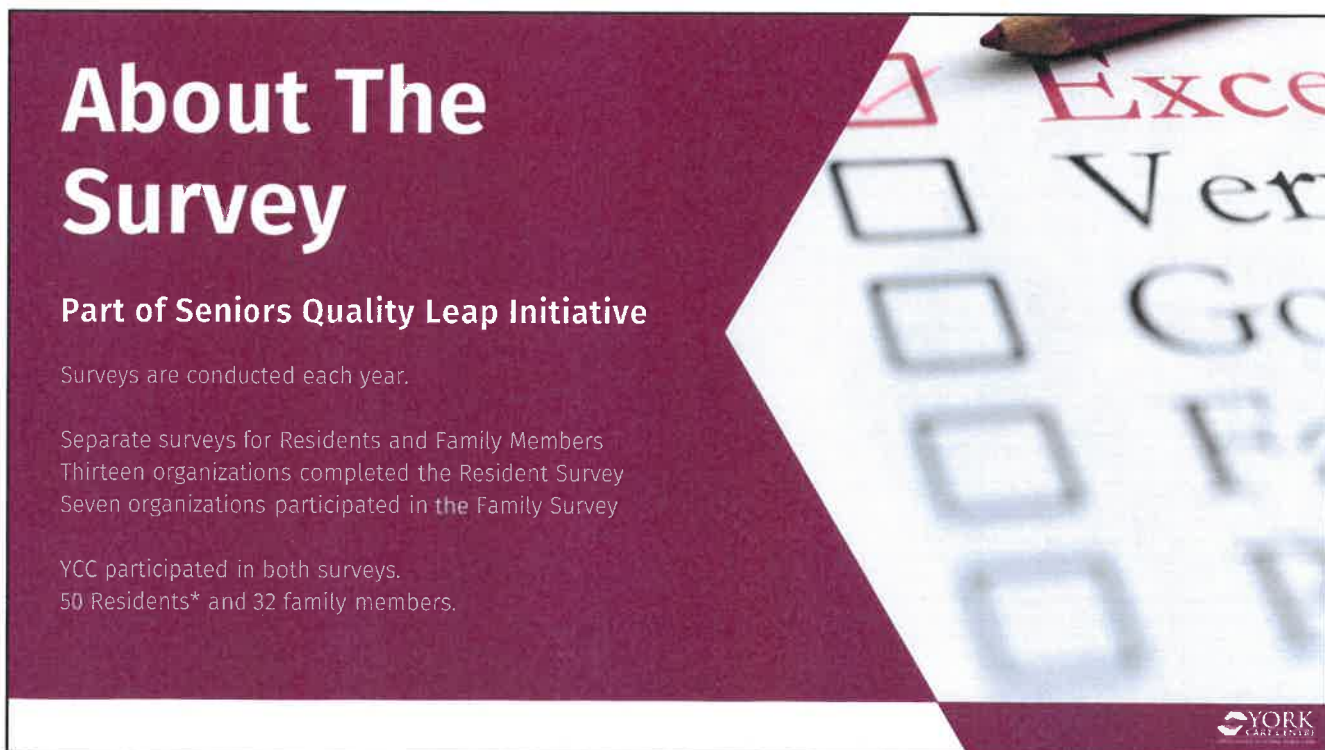
April 12, 2023

- General updates provided (Strategic Planning, Nursing Home Inspection, personnel changes, COVID immunizations, events).
- Lynne Morrison, Dietician attended as a guest to provide an overview of her role and answer questions. Shared plans for improving the dining experience (more variety, taste testing, food temperature, etc.). Family members were interested in knowing how they could make changes to dietary preferences.
- CEO provided an overview of the Quality of Life Survey Results.

We will continue to use this format until the family members express a desire to return to the previous format with a family member as facilitator. In the meantime, Tamsen and Stephanie plan to attend as many meetings as possible to stay aware of issues / questions and to provide timely answers to questions/concerns. Once our new Marketing and Communications Coordinator has settled into his role, he will provide updates from Family Advocacy to our family email list, ensuring that all families have access to the information.



1



2



Staff Responsiveness

Includes questions dealing with whether resident needs are met.

- can get help
- get services I need
- treated with respect
- staff respect likes / dislikes
- staff pay attention
- care helps me live life
- staff respond quickly
- can get health services

3



Staff Responsiveness

Overall Residents score of 71%

**We ranked 4th out of 13.
A bit lower than average.**

- Greatest strength
 - I am treated with respect by the staff - 92%.
 - Family result - 100%
- Greatest concern
 - not able to get help right away when needed - 62%.
 - Family result - 67%

4

Personal Control

Includes questions dealing with personal control

- I can be alone when I wish
- I can easily go outdoors if I want
- I can go where I want on the spur of the moment
- I decide how to spend my time.
- I can have a bath or shower as often as I wish
- I control who comes in my room
- I decide when to go to bed.
- I decide which clothes to wear.
- I decide when to go to bed.



5

Personal Control

Overall Residents score of 67%

We ranked 5th out of 13.

Lower than average.

Lower than in previous surveys.

Most organizations saw lower scores.

- **Greatest strength**
 - I can be alone when I wish - 80% - *Family result 89%*
 - I decide how to spend my time - 80%
 - I decide when to go to bed - 82%
- **Greatest concern**
 - I can have a bath or shower as often as I wish - 49%
 - I can go where I want on the spur of the moment - 50%



6



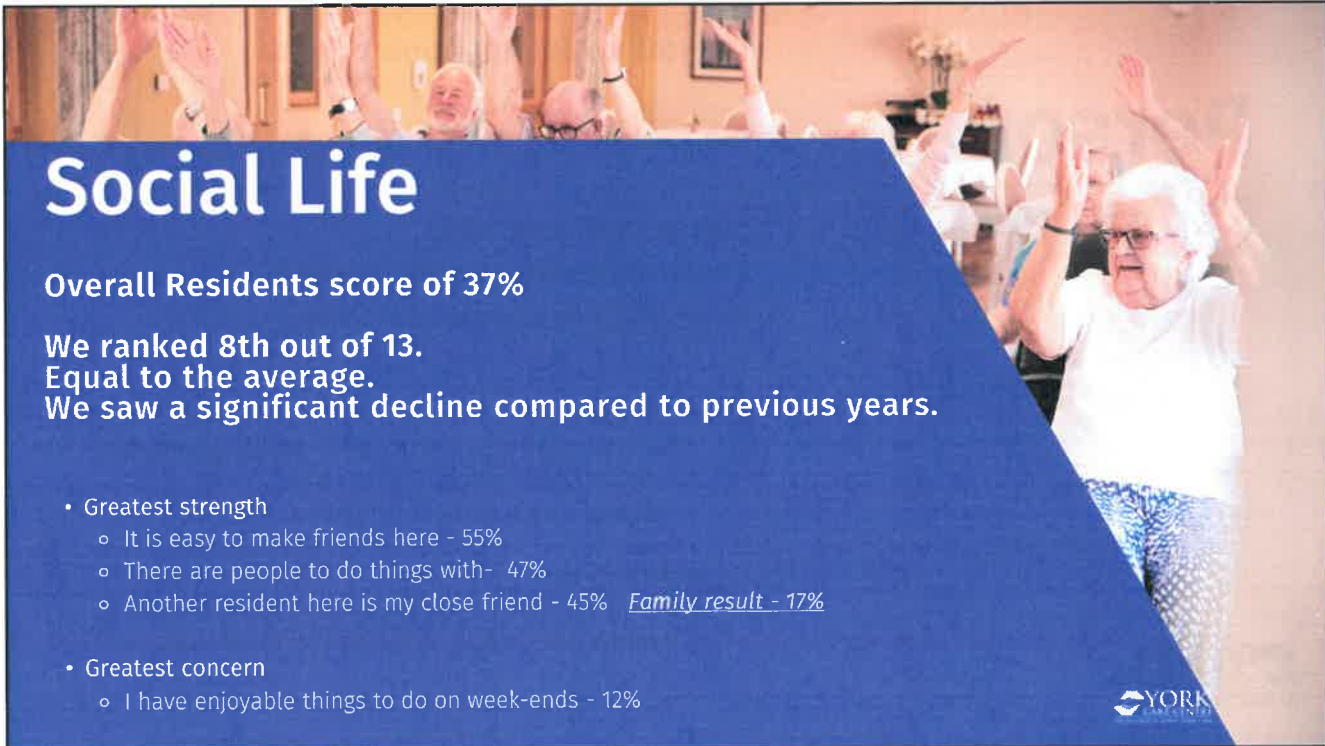
Social Life

Questions dealing with an engaged & meaningful life

- I have opportunities to participate in religious activities that have meaning to me.
- People ask for my help or advice.
- I have enjoyable things to do on week-ends.
- I participated in meaningful activities in the past week.
- I have opportunities to spend time with like minded residents.
- I have opportunities to explore new skills and interests.
- There are people to do things with.
- I have opportunities for affection or romance.
- Another resident here is my close friend.
- It is easy to make friends here.



7




Social Life

Overall Residents score of 37%

We ranked 8th out of 13.
Equal to the average.
We saw a significant decline compared to previous years.

- Greatest strength
 - It is easy to make friends here - 55%
 - There are people to do things with- 47%
 - Another resident here is my close friend - 45% *Family result - 17%*
- Greatest concern
 - I have enjoyable things to do on week-ends - 12%



8

The Food Scale



Includes 3 questions dealing with food

- I get my favourite foods here.
- I have enough variety in my meals.
- I enjoy meal times.

9

The Food Scale



Overall Residents score of 57%

We ranked 4th out of 13.

Lower than average.

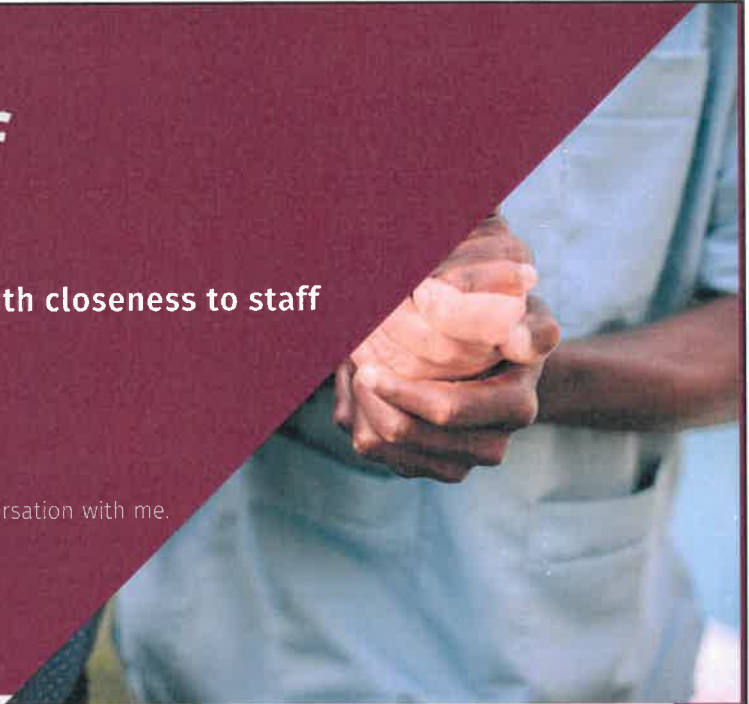
- **Greatest strength**
 - I enjoy meal times - 76%. Family result - 64%
- **Greatest concern**
 - I get my favourite foods here - 46%

10

Caring Staff

Includes 5 questions dealing with closeness to staff

- Staff act on my suggestions.
- I consider a staff member my friend.
- Staff ask how to meet my needs.
- Some of the staff know the story of my life.
- Staff take the time to have a friendly conversation with me.



11

Caring Staff

Overall Residents score of 52%

We ranked 4th out of 13.

Above average

Slight decline compared to previous years.

- Greatest strength
 - I consider a staff member my friend - 57%
 - Staff ask how to meet my needs - 53%
- Greatest concern
 - Staff act on my suggestions - 35%
 - Some staff know the story of my life - 33%



12

Summary of Results

Area of Focus	Overall Score	Rank of 13
Staff Responsiveness	71%	4th
Personal Control	67%	5th
Social Life	37%	8th
Food	57%	4th
Caring Staff	52%	4th

13

A few questions just asked of residents



I would recommend this site to others

73%

Ranked 7 out of 13



My privacy is respected when people care for me

84%

Ranked 5 out of 13



I decide when to get up.

82%

Ranked 1 out of 13

14

A few questions just asked of family



My family member is safe living here

97%
Ranked 1 out of 7



Clean and pleasant environment

92%
Ranked 3 out of 7



I trust the staff to take good care...

100%
Ranked 1 out of 13

15

A few questions just asked of family



Staff treat me with respect

100%
Ranked 1 out of 7



I can visit when I choose

97%
Ranked 2 out of 7



I participate in care decisions

86%
Ranked 4 out of 13

16

Summary

● Participation

- down a bit from previous surveys.
- survey is hard for some residents.

● Good to know

Family survey scores are strong. Often much better than other organizations.
We have caring and responsive staff.

● Where we need to improve

Improving social life
Improving meaningful activities.

