

	Change SBAR to include discussing change with resident if CPS score > than 3	SBAR Template /process	Director of Care	SBAR - Reg. nurse / Medical Practitioner speaks with residents about changes to care plan/medications	SBAR Daily Audits / Follow up Documentation involves resident decision making	Oct 2025 – May 2026	Daily Documentation Review by Nurse Leadership/RNs
The assistance I receive for bathing/ showering (variance of -6 from 2024)	Seek further feedback from residents on particulars for assistance needed, educate team members, ensure quarterly check-ins with Resident Council occur to maintain satisfaction	RSS Results Team Exchange	Leadership	Discussion about residents receiving the support they need for bathing at TE	Resident Satisfaction Survey increase of 6-8 points	Annual RSS Results	Annually
		PSW meetings	Director of Care	Standing agenda at PSW meetings	Team Meeting Minutes	Oct 2025 – May 2026	Monthly
		Resident Council Meetings	Administrator	Receive specific feedback from residents	Resident Council Meeting Minutes	Quarterly	Quarterly
		RAI Quarterly Assessments	RAI - Team / Manager of Quality	Quarterly assessments review bathing/ showering routine and satisfaction level	Quarterly assessment confirms satisfaction level or if change required	Oct 2025 – May 2026	
My privacy is respected by team members (variance of -8 from 2024)	Increase in resident satisfaction related to privacy with team members AND co-residents Communicate RSS results to all team members	RSS Results	Nurse Leadership	Residents' privacy is respected by team and co-residents	Increase in satisfaction survey results by 8-10 points	Annually	Annually
		Team Exchange / Dept. Meetings	Leadership Team	Review of Satisfaction survey results at Team Exchange	TE Form Complaints Log	Sept - Oct 2025	Monthly

<p>My privacy is respected by fellow residents (variance of -8 from 2024)</p>	<p>Education on Resident Rights and brainstorm ways to support privacy</p>	<p>Annual Education</p>	<p>Staff Support Nurse</p>	<p>and Dept. meetings</p> <p>Privacy and Resident Rights reviewed with all team members</p>	<p>Annual education/ Attendance</p>	<p>Oct 2025 – Nov 2026</p>	<p>Annually</p>
	<p>Increase awareness of residents exploring co-resident rooms / Action plan in place</p>	<p>Quality meetings</p>	<p>Manager of Quality</p>	<p>Review of education and feedback</p>	<p>CQI meeting minutes</p>	<p>Quarterly</p>	<p>Quarterly</p>
		<p>Responsive Behaviour Rounds</p>	<p>Nurse Leadership</p>	<p>Case scenarios about privacy (resident to resident) presented at Behaviour Rounds</p>	<p>Behaviour Rounds Notes in PCC</p>	<p>Sept 2025 – May 2026</p>	<p>Bi-Weekly</p>
	<p>Increase resident engagement in neighbourhoods to decrease residents entering co-resident rooms</p>	<p>Activity Bins / Engagement Areas</p>	<p>All Team Members</p>	<p>Use Activity Bins to engage residents with purposeful engagement</p> <p>Accessibility of activity bins midway through neighbourhood with engagement bins</p>	<p>RSS Annual Survey results</p> <p># of Self-Directed Activity - Activity Pro</p>	<p>Nov 2025 – Feb 2026</p> <p>Nov 2025 – Jan 2026</p>	<p>Monthly</p> <p>Monthly</p>
<p>When requested, my care services are provided in a timely manner at night (positive variance of five points, but</p>	<p>Review results with all team members, review call bell audits with night team monthly, re-evaluate staffing levels on nights and ensure job routines on nights are efficient</p>	<p>RSS Results</p> <p>Team Exchange</p>	<p>Nurse Leadership</p> <p>Leadership Team</p>	<p>Care services provided in a timely manner on nights</p> <p>Review of Satisfaction survey results</p>	<p>Increase in Satisfaction Survey results by five points</p> <p>Resident Satisfaction Survey</p>	<p>Sept - Oct 2025</p> <p>Jan – Feb 2026</p>	<p>Monthly</p> <p>Quarterly</p>

<p>increase % in poor category)</p>		<p>Staffing levels</p> <p>Job Routines</p> <p>Call Bell Wait Times shared with Night Team</p>	<p>Nurse Leadership/ Administrator</p> <p>Nurse Leadership</p> <p>ADOCs</p>	<p>with team members</p> <p>Increase PSW hours on nights</p> <p>Review job routines to ensure effectiveness/ safety</p> <p>Residents receive care within average time of 2.5 minutes</p>	<p>Level of Care Staffing Review</p> <p>Team meeting minutes Job routines</p> <p>Bi-Weekly Call Bell Audits / Action Plans and # of Complaints in Log</p>	<p>June - July 2026</p> <p>June 2025</p> <p>Oct 2025 – May 2026</p>	<p>Twice Annually</p> <p>Re-evaluate float PSW in September 2025</p> <p>Bi-weekly</p>
<p>FOOD SERVICES The food quality is (variance of -3 from 2024)</p>	<p>Monitor complaint log and follow up with concerns within 24 hours</p> <p>Adjust Daily Cook Audit to invite residents to fill out comment cards rather than give verbal report to cook</p>	<p>RSS Results</p> <p>Complaint Log Food Committee Meeting Minutes</p> <p>Monthly Food Committee Standing Agenda</p>	<p>FNM Leadership</p> <p>Administrator FNM</p> <p>FNM / Cooks</p>	<p>Increase satisfaction related to food quality</p> <p>Decrease # of complaints about food quarterly</p> <p>Receive honest feedback about meals on comment cards</p>	<p>Increase in Satisfaction Survey results by five points</p> <p># of Complaints about food in log</p> <p># of Comment Card Responses / Data</p>	<p>Nov 2025 – May 2026</p> <p>Sept 2025 – May 2026</p> <p>Oct 2025 – May 2026</p>	<p>Annually</p> <p>Monthly</p> <p>Review Weekly</p>
<p>The food temperature is (variance of -1 from 2024)</p>	<p>Increase monitoring and auditing of food temperatures. Ensure complaints are followed up</p>	<p>RSS Results</p>	<p>FNM/AFNM</p>	<p>Increase satisfaction related to food temperatures</p>	<p>Increase in Satisfaction Survey results by five points</p>	<p>Annually</p>	<p>Annually</p>

		Food Committee Standing Agenda	FNM/AFNM/DOC	Residents happy with timeliness of meal service in Food committee meeting	results on Health Connex Food Committee Meeting Minutes	Oct 2025 – May 2026	Monthly
		Recreation Supplies	Recreation Supervisor	Recreation Programs in dining rooms before meals	Self-Directed Activity - Activity Pro	Jan 2026	Mar 2026
		White boards in dining room/Book with discussion points/jokes	Recreation Supervisor	Conversation of the Day Board to spark conversation	Neighbourhood Audit identifies discussion points on white boards	Feb 2026	Mar 2026
		Provide food options for early risers and residents that sleep in	FNM/AFNM	Continental Breakfast options available for early risers / late breakfasts	# of residents who utilize continental breakfast options / care planned	Jan 2026	Mar 2026
		Countdown Clock	Recreation Supervisor	Countdown clock to mealtime provided in each dining room to inform residents when meal begins	RSS results	Jan 2026	Mar 2026
	My rating of the dining room atmosphere being comfortable and meal service enjoyable	Resident Satisfaction Survey	Food Services Leadership	Increase satisfaction scores	Increase Satisfaction Survey results by 10 points	Annually	Annual
		Food Committee		Residents report dining room	Food Committee	Jan 2026	Mar 2026

		Meeting standing agenda	Food Services Leadership	atmosphere to be more comfortable and enjoyable	meeting minutes		
		Meal Service Audit	Food Services Leadership	Audits show an increase in satisfaction	Audit on Health Connex shows increase in satisfaction rates / comments by residents	Nov 2025	Monthly
		Engagement / Activity Bins	Recreation Supervisor / FSWs	Residents are observed engaged in purposeful activity in the dining room, engaging in discussion with tablemates	Audit identifies residents engaged in activity bins / conversation with tablemates	Nov 2025	Monthly
		Behavioural management rounds	DOC/FNM	Explore supports in Behaviour Rounds for residents who have verbal behaviours in the dining room.	# of residents identified with verbal behaviours in dining room	Oct 2025	Monthly
ADMINISTRATION My familiarity of who is a manager and what they oversee	Increase interaction with residents and families through various initiatives in the home	Resident Satisfaction Survey	Leadership Team	Residents and Family / Residents understand who their Leadership team is and which department they oversee	Increase satisfaction scores by 15 points	May 2026	Annually
		Team Photos / Connections Newsletter	Administrator	Leadership is easily identified in the home	Photos of Leadership Team and their designation put in newsletter	Nov 2025	Annually

		Census	Transitions Team / Leadership Team	Leadership team introduces themselves to new residents and family upon first few days of moving in	Move-in week/Welcome New Families meetings	Jan 2025	Quarterly
		Resident Council Agenda	Leadership Team	Leadership attend Resident council meetings to discuss dept. concerns, improve knowledge on dept. responsibilities	Resident council meeting minutes	Sept 2025	Quarterly
		Name Tags	Leadership Team	Review with SLT titles to go on name tags	Leadership to have name tags with job role on it	Nov 2025	As needed
RECREATION SERVICES The support I receive to practice my Spiritual care needs	Increase visits with faith-based communities of all denominations. Seek clarification on from residents on what programs will meet their spiritual	RSS Results	Recreation Supervisor	Increase in satisfaction scores by five points	RSS Results	Annually	Annually
			Transitions Team / Recreation Supervisor	Transitions team sends formal letter to identified church to inform residents who have moved in and would like to see the following services.	# of community churches actively visiting the home on a regular schedule	November 2025	As needed

Woodingford Lodge Tillsonburg – Resident Satisfaction Survey

RESIDENT SATISFACTION SURVEY QUALITY ACTION PLAN 2025-26

2024-2027 Strategic Planning Priority: **RESIDENT SATISFACTION SURVEY ACTION PLAN 2025-2026**

Deficiency Identified through: Auditing Process Indicator Tracking Risk Management Review
 Complaints/Concerns Department Review Satisfaction Surveys
 Resident Council Family Council Other Committee Strategic planning

NOTE; This action plan for 2025 has been based on a compilation of ‘good and excellent’ rating results due to a smaller sample that was received during the interview process.

Identifier	Action Plan	Resources	Person Responsible	Desired Outcome	Performance Indicator	Timeline	Evaluation/ Date
<i>List area of deficiency or non-compliance</i>	<i>Provide a summary of key actions</i>		<i>Who is responsible to ensure the action plan is completed</i>	<i>What will success look like? How will you know action plan is achieved?</i>	<i>Indicate how to measure that the result has been achieved</i>	<i>Date from start of action plan to when expected to achieve desired results</i>	<i>Date of review Name of Committee reviewed by Date reviewed by Quality Council Did the plan work? Further auditing required?</i>
RESIDENT CARE My ability to be involved in decisions that relate to my care and/or medications (variance of +3 % from 2024) 1 Resident rated this as fair	Provide feedback on RSS results and seek feedback from team on how to improve	RSS Results Education	Support Staff Nurse	Residents are involved in decisions related to their care (care conferences, medication changes)	Resident Satisfaction Survey increase of 6-8 points	Sept-Oct 2025	Quarterly
	Audit PCC documentation to ensure resident feedback included	Reg. Team and PSW meetings	ADMIN Director of Care	Audit PCC notes on Medication and CP Changes involve resident input/feedback	# of Education sessions on decision-making offered	December 2025	Quarterly
	Change SBAR to include discussing change with residents if CPS score 3 or less	PCC Reports Documentation Audits	Director of Care	SBAR - Reg. nurse / Medical Practitioner speaks with residents about changes in plan of care/medication	Documentation Audits (ADD # of DOC AUDITS REQUIRED AS PER POLICY	December 2025	Monthly
		SBAR Template/process	Director of Care		SBAR Daily Audits / Follow up Documentation	December 2025	Daily Documentation Reviewed by ADMIN/DOC

Identifier <i>List area of deficiency or non-compliance</i>	Action Plan <i>Provide a summary of key actions</i>	Resources	Person Responsible <i>Who is responsible to ensure the action plan is completed</i>	Desired Outcome <i>What will success look like? How will you know action plan is achieved?</i>	Performance Indicator <i>Indicate how to measure that the result has been achieved</i>	Timeline <i>Date from start of action plan to when expected to achieve desired results</i>	Evaluation/ Date <i>Date of review Name of Committee reviewed by Date reviewed by Quality Council Did the plan work? Further auditing required?</i>
					involves resident decision making		
The assistance I receive for bathing/showering (variance of +3% from 2024) 1 Resident rated this indicator as fair	Seeking further feedback from residents on particulars for assistance needed, educate team members, ensure quarterly check-ins with residents occur to maintain care plan	RSS Results Team Exchange PSW meetings Resident Council Meetings RAI Quarterly Assessments	ADMIN/DOC ADMIN/DOC Administrator RAI - Team / Manager of Quality	Discussion about residents receiving the support they need for bathing at TE Standing agenda at PSW meetings Receive specific feedback from residents Quarterly assessments review bathing/showering routine and satisfaction level	Resident Satisfaction Survey increase of 6-8 points Team Meeting Minutes Resident Council Meeting Minutes Quarterly assessment confirms satisfaction level or if change required	Annual RSS Results December 2025 Quarterly October 2025	Annually Quarterly Quarterly
Courteousness and helpfulness of the PSW staff (variance of -1 %from 2024)	Provide feedback of RSS to PSW team members. Seek feedback from Resident's on incidents	TE review Education Resident council meeting reviews	DOC /ADMIN Education lead Rec Manager		RSS increase by 2 points in 2026 All results to be good or excellent	Annual RSS Results	

Identifier <i>List area of deficiency or non-compliance</i>	Action Plan <i>Provide a summary of key actions</i>	Resources	Person Responsible <i>Who is responsible to ensure the action plan is completed</i>	Desired Outcome <i>What will success look like? How will you know action plan is achieved?</i>	Performance Indicator <i>Indicate how to measure that the result has been achieved</i>	Timeline <i>Date from start of action plan to when expected to achieve desired results</i>	Evaluation/ Date <i>Date of review Name of Committee reviewed by Date reviewed by Quality Council Did the plan work? Further auditing required?</i>
		Standing item at monthly PSW meetings				Monthly	
Courteousness of and helpfulness of RTMS (variance of -1 %from 2024)	Provide feedback of RSS to PSW team members. Seek feedback from Resident's on incidents	TE Review Education Resident council Review Standing item at monthly RTM meetings	ADMIN/DOC Education coordinator Rec Manager		RSS survey results increase by 2 points in 2026 All results to be good or excellent	Annual RSS Results Monthly	
Medical Practitioners are available and ensure my needs are addressed (-1% variance from 2024)	Seek further feedback from Residents related to identifying deficits in care.		ADMIN/DOC		RSS survey results increase by 2-3 points With all results to be good or excellent	Annual RSS Results	
HOUSEKEEPING AND BUILDING SERVICES Overall laundry service is (+5% from 2024)	Review overall results for this department with contracted agency (TDMH) Monitor all stained linens as received from contracted agency Review process from laundering (chemicals) for personal items laundered on site. Consider process change in 2025 for overall laundering services.	Laundry audits	DOC/ Environment Manager		RSS survey results increase in 5 points with shift of results to be greater in the excellent rating Evaluate audits monthly for ongoing concerns and improvement	Annual RSS Results Monthly	
FOOD SERVICES The food choices are	Monitor complaint log and follow up with concerns within 24 hours	RSS Results	FNM Leadership	Increase satisfaction related to food choices	Increase in Satisfaction Survey results by 15points	Annually	Annually

Identifier <i>List area of deficiency or non-compliance</i>	Action Plan <i>Provide a summary of key actions</i>	Resources	Person Responsible <i>Who is responsible to ensure the action plan is completed</i>	Desired Outcome <i>What will success look like? How will you know action plan is achieved?</i>	Performance Indicator <i>Indicate how to measure that the result has been achieved</i>	Timeline <i>Date from start of action plan to when expected to achieve desired results</i>	Evaluation/ Date <i>Date of review Name of Committee reviewed by Date reviewed by Quality Council Did the plan work? Further auditing required?</i>
(variance of +2% from 2024) with ratings of 1 poor and 2 fair Food quality is (+1% from 2024) 2 poor	Improve accessibility and response rate from food comment cards Monitor complaint log and follow up with concerns within 24 hours Improve accessibility and response rate from food comment cards	Food Committee Meeting Minutes Monthly Food Committee Standing Agenda	Administrator FNM FNM / Cooks	Decrease # of complaints about food quarterly Receive honest feedback about meals on comment cards	# of Complaints about food in Log # of Comment Card Responses / Data RSS is going forward to move poor ratings to good or excellent	September 2025 October 2025	Monthly Review Weekly
The food temperature is (variance of -5% from 2024) ratings 1 poor and 6 fair	Increase monitoring and auditing of food temperatures. Ensure complaints are followed up within 24 hours and action plans are in place and re-evaluated regularly.	RSS Results Temperature Log Food Committee Standing Agenda	FNM/AFNM FNM/AFNM FNM/AFNM	Increase satisfaction related to food temperatures Temperatures are within range in accordance with food safety protocols Residents are happy with the temperature of food served	Increase in Satisfaction Survey results by 5 points. Results of poor or fair to move to good and excellent. Temperature Log Audits on Health Connex Food Committee Meeting Minutes	Annually October 2025 (Health Connex Audits used)	Annually Weekly Monthly

Identifier <i>List area of deficiency or non-compliance</i>	Action Plan <i>Provide a summary of key actions</i>	Resources	Person Responsible <i>Who is responsible to ensure the action plan is completed</i>	Desired Outcome <i>What will success look like? How will you know action plan is achieved?</i>	Performance Indicator <i>Indicate how to measure that the result has been achieved</i>	Timeline <i>Date from start of action plan to when expected to achieve desired results</i>	Evaluation/ Date <i>Date of review Name of Committee reviewed by Date reviewed by Quality Council Did the plan work? Further auditing required?</i>
Ratings 1 fair, 8 good, 1 excellent	support initiatives, Mother goose sessions.		members within in the home.				
ADMINISTRATION Courteousness and helpfulness of the front office staff in addressing general inquiries (+2% from 2024) 18% of surveys rated this indicator as excellent	Education for front office staff related to communication and managing inquiries consistently between sites.	Resident council meetings	Education lead ADMIN/DOC	Residents express that all inquiries are responded timely and with a positive approach.	RSS results as well as feedback as received. This indicator to improve in the excellent rating by 5 points in 2026	Quarterly	Quarterly
Availability of Management staff to listen to your needs and concerns (-3% from 2024) ratings 1 fair, 6 good	Survey the Residents related to areas of deficit of supports. Review complaint log for trends. Ensure that manager is present in the neighborhoods with feedback being sought out.	Admin monthly scheduled posting Education and postings related to alternate contacts when manager not in the home. Review with Residents at annual care conferences the availability of the manager and how to contact the manager when not in the home.	ADMIN	Residents express an increase in satisfaction related to management presence.	This indicator improves in the excellent rating in upcoming surveys	Quarterly	Quarterly

Identifier <i>List area of deficiency or non-compliance</i>	Action Plan <i>Provide a summary of key actions</i>	Resources	Person Responsible <i>Who is responsible to ensure the action plan is completed</i>	Desired Outcome <i>What will success look like? How will you know action plan is achieved?</i>	Performance Indicator <i>Indicate how to measure that the result has been achieved</i>	Timeline <i>Date from start of action plan to when expected to achieve desired results</i>	Evaluation/ Date <i>Date of review Name of Committee reviewed by Date reviewed by Quality Council Did the plan work? Further auditing required?</i>
		Name Tags (with revisions)	Administrator	Review with SLT titles to go on name tags	Leadership to have name tags with job role on it	October 2025	Annually
GLOBAL SATISFACTION The comfort I feel in expressing my opinion without fear of consequences (-2 from 2024) ratings 1 fair, 11 good	Educate team members on active listening and communication during times of Residents concerns. DOC/ADMIN to follow up on all reports of concerns from Residents and or family members	Concern/complaint reports/logs	Education coordinator DOC /ADMIN	This indicator to increase the excellent rating by 5 points in the next RSS			

Woodingford Lodge Ingersoll – Resident Satisfaction Survey

QUALITY ACTION PLAN

Department/Service and Date: **Ingersoll Resident Satisfaction Survey WFL September 2026**

Deficiency Identified through: Auditing Process Indicator Tracking Risk Management Review
 Complaints/Concerns Department Review Satisfaction Surveys
 Resident Council Family Council Other committee

Identifier <i>List area of deficiency or non-compliance</i>	Action Plan <i>Provide a summary of key actions</i>	Resources	Person Responsible <i>Who is responsible to ensure the action plan is completed</i>	Desired Outcome <i>What will success look like? How will you know action plan is achieved?</i>	Performance Indicator <i>Indicate how to measure that the result has been achieved</i>	Timeline <i>Date from start of action plan to when expected to achieve desired results</i>	Evaluation/ Date <i>Date of review Name of Committee reviewed by Date reviewed by Quality Council Did the plan work? Further auditing required?</i>
RESIDENT CARE My ability to be involved in decisions that relate to my care and/or medications	Provide feedback on Resident Satisfaction Survey results and seek feedback from team on how to improve Audit PCC documentation to ensure resident feedback included Change SBAR to include discussing change with resident if CPS score > than 3	RSS Results Education Reg. Team and PSW meetings PCC Reports Documentation Audits. SBAR Template/process	Director of Care Director of Care Director of Care	Residents are involved in decisions related to their care (care conferences, medication changes) Audit PCC notes on Medication and CP Changes involve resident input/feedback SBAR - Reg. nurse / Medical Practitioner speaks with resident about	Resident Satisfaction Survey increase of 6-8 points Education sessions on decision-making offered SBAR Daily Audits / Follow up Documentation involves resident decision making	Oct 2025 October 2025 October 2025	Quarterly Quarterly Monthly Daily Documentation Review by DOC

<p>The assistance I receive for bathing/showering</p>	<p>Seek further feedback from residents on particulars for assistance needed, educate team members, ensure quarterly check-ins with residents occur to maintain care plan.</p>	<p>Resident Satisfaction Service Results Team Exchange</p> <p>PSW meetings</p> <p>Resident Council Meetings</p> <p>RAI Quarterly Assessments</p>	<p>Leadership</p> <p>Director of Care</p> <p>RAI - Team</p>	<p>Discussion about residents receiving the support they need for bathing at Team Exchange</p> <p>Standing agenda at PSW meetings</p> <p>Receive specific feedback from residents</p> <p>Quarterly assessments review bathing/showering routine and satisfaction level</p>	<p>Resident Satisfaction Survey increase of 5% points</p> <p>Team Meeting Minutes</p> <p>Resident Council Meeting Minutes</p> <p>Quarterly assessment confirms satisfaction level or if change required</p>	<p>Annual RSS Results</p> <p>November 2025</p> <p>Quarterly</p> <p>December 2025</p>	<p>Annually</p> <p>Quarterly</p> <p>Quarterly</p>
<p>My privacy is respected by fellow residents</p>	<p>Increase awareness of residents exploring co-resident rooms / Action plan in place</p> <p>Increase resident engagement in neighbourhoods to decrease residents entering co-resident rooms.</p>	<p>Responsive Behaviour Rounds</p> <p>Activity Bins / Engagement Areas</p>	<p>DOC</p> <p>All Team Members</p>	<p>Case scenarios about privacy residents presented at Behaviour Rounds</p> <p>Use Activity Bins to engage residents with purposeful engagement</p> <p>Accessibility of activity bins in lounges in the neighbourhoods</p>	<p>Behaviour Rounds Notes in PCC</p> <p>RSS Annual Survey results</p>	<p>November 2025</p> <p>November 2025</p> <p>November 2025</p>	<p>Bi-Weekly</p> <p>Monthly</p> <p>Monthly</p>

<p>FOOD SERVICES:</p> <p>The food temperature is...</p>	<p>Increase monitoring and auditing of food temperatures. Ensure complaints are followed up within 24 hours and action plans are in place and re-evaluated regularly.</p>	<p>RSS Results</p> <p>Temperature Log</p> <p>Food Committee Standing Agenda</p>	<p>FNM/AFNM</p> <p>FNM/AFNM</p> <p>FNM/AFNM</p>	<p>Increase satisfaction related to food temperatures</p> <p>Temperatures are within range in accordance with food safety protocols</p> <p>Residents are happy with the temperature of food served</p>	<p>Increase in Satisfaction Survey results by 5 points</p> <p>Temperature Log Audits on Health Connex</p> <p>Food Committee Meeting Minutes</p>	<p>Annually</p> <p>October 2025 (Health Connex Audits used)</p>	<p>Annually</p> <p>Weekly</p> <p>Monthly</p>
<p>Courteousness and helpfulness of the dining server is:</p>	<p>Seek feedback from Resident Council.</p> <p>Provide feedback of RSS to housekeeping/laundry team.</p>	<p>Resident Council Meeting</p>	<p>DOC /Admin</p> <p>Supervisor of Nutritional Service</p>	<p>Improved satisfaction.</p> <p>Positive feedback from RC.</p>	<p>RSS increase by 5% in 2026 All results to be good or excellent</p>	<p>October 2025</p> <p>January 2026</p>	<p>Annually</p> <p>Quarterly</p>
<p>RECREATION SERVICES</p> <p>The support I receive to practice my Spiritual care needs</p>	<p>Increase visits with faith-based communities of all denominations. Seek clarification on from residents on what programs will meet their spiritual</p>	<p>RSS Results</p>	<p>Recreation Team Members</p> <p>Transitions Team</p>	<p>Increase in satisfaction scores by 5 points</p> <p>Transitions team sends formal letters to identify churches to inform residents who have moved in and would like to see the following services.</p>	<p>RSS Results</p>	<p>Annually</p> <p>December 2025</p>	<p>Annually</p> <p>As needed</p>

Satisfaction with evening and weekend programs	Recreation team to review the quality and variety of evening and weekend programs to ensure they are meeting the interests of the current residents.	Recreation Assessment		Increased satisfaction with evening and weekend programs.	5% increase on the 2026 Resident Satisfaction Survey	Monthly	Quarterly Recreation Meetings - review participation levels, refresh programming, ensure needs assessment is completed with new and changing residents
	Supervisor to review/audit Activity PRO attendance records for current evening and weekend programs.	Activity Pro / Calendars	Recreation Team		Activity Pro engagement/attendance levels Recreation Audits	Monthly	
	Discuss satisfaction survey at Resident Council. Receive calendar feedback	Calendars Feedback from RC	Recreation Supervisor	Positive feedback from RC.	Activity Pro / RC meeting minutes	October 2025	
HOUSE-KEEPING AND LAUNDRY SERVICES: Courteousness and helpfulness of the Housekeeping/ Laundry team is:	Seek feedback from Resident Council. Provide feedback of RSS to housekeeping/laundry team. Have all housekeeping staff take part in Customer service and resident centered care training	Resident Council Meeting Team Exchange	DOC/ Admin DOC/Admin	Increase in satisfaction. Positive feedback from RC.	Increase satisfaction by 5%	October 2025 November and December 2025	Annually Quarterly Annually