

REPORT TO COUNTY COUNCIL

Long-Term Care Committee of Management Quarterly Report April 2026 (Q1)

To: Warden and Members of County Council

From: Director of Long-Term Care

RECOMMENDATION

1. That Oxford County Council receive the Committee of Management Updates from Woodingford Lodge as information as per the requirements under the *Fixing Long-Term Care Act (FLTCA), 2021, Section 135.*

REPORT HIGHLIGHTS

- Committee of Management Quarterly Reports provide County Council a detailed quarterly summary of key activities and Quality Metrics within Woodingford Lodge.
- Committee of Management Quarterly Reports can include the advocacy requests of the residents, families, and staff to ensure high-quality care and services are being communicated to County Council.
- Committee of Management is a requirement under the FLTCA and is responsible for ensuring compliance with the requirements of the Act.

IMPLEMENTATION POINTS

Quarterly Reports will be provided to the Committee of Management to ensure continued compliance requirements are fulfilled.

Financial Impact

No additional financial impact beyond the approved 2026 operating budget.

Communications

This Committee of Management report is being published as per the guidelines set out in the FLTCA and Ontario Regulation 246/22 and ensures continued awareness among the Residents and Family Members of Woodingford Lodge.

The Woodingford Lodge Progress Reports and Quality Improvement Plans for the Provincial fiscal year ending March 31, 2026, are found on the County’s website:




- [2025 Ingersoll Progress Report & Ingersoll Quality Improvement Plan Narrative](#)
- [2025 Tillsonburg Progress Report & Tillsonburg Quality Improvement Plan Narrative](#)
- [2025 Woodstock Progress Report & Woodstock Quality Improvement Plan Narrative](#)

2023-2026 STRATEGIC PLAN

Oxford County Council approved the [2023-2026 Strategic Plan](#) on September 13, 2023. The Plan outlines 39 goals across three strategic pillars that advance Council’s vision of “Working together for a healthy, vibrant, and sustainable future.” These pillars are: (1) *Promoting community vitality*, (2) *Enhancing environmental sustainability*, and (3) *Fostering progressive government*.

The recommendation in this report supports the following strategic goals.

Strategic Plan Pillars and Goals

PILLAR 1	PILLAR 2	PILLAR 3
		
Promoting community vitality	Enhancing environmental sustainability	Fostering progressive government
Goal 1.3 – Community health, safety and well-being		Goal 3.1 – Continuous improvement and results-driven solutions Goal 3.2 – Collaborate with our partners and communities

See: [Oxford County 2023-2026 Strategic Plan](#)

DISCUSSION

Background

All long-term care homes are required to report annually to the province and publicly share quality performance indicators in accordance with O. Reg. 246/22. In addition, the regulation mandates that each home establish a Continuous Quality Improvement Committee with cross-functional staff representation, as outlined under Section 135 of the FLTCA.

A key responsibility of this committee is to prepare an annual report outlining continuous quality improvement initiatives across the three homes and ensure the report is publicly available on the organization's website.

Comments

Operational Performance Overview

Operational performance across the three homes remains strong and aligned with provincial expectations, with a continued focus on access to care, system utilization, and resident complexity.

Occupancy levels have consistently exceeded the established target of 97%, with performance maintained above 99% across all four quarters on an annual basis. This reflects effective bed utilization, strong demand, and efficient admission processes across the organization.

Demand for long-term care services remains high, as evidenced by sustained wait lists at all three sites. Woodingford Lodge Woodstock continues to carry the largest wait list, followed by Ingersoll and Tillsonburg, with stable average wait times ranging from 125 to 175 days. This indicates ongoing system pressure and reinforces the need for continued coordination with regional partners to support timely access to care.

Emergency Department (ED) transfer rates vary across sites and quarters, with some periods exceeding the provincial average of 7.2%. While there are fluctuations, recent quarters show improvement at several sites, on an annual review demonstrating progress in reducing avoidable hospital transfers and strengthening in-home clinical management.

Resident demographics remain consistent, with an average age of approximately 82 years across the homes. Admission volumes fluctuate quarter to quarter, reflecting both system capacity and discharge flow from acute care. The average length of stay also varies, indicating changes in resident acuity and care needs over time.

The Case Mix Index (CMI) continues to trend upward, with values increasing from 1.501 to 1.55 over the reporting period. This reflects growing resident complexity and higher care needs, reinforcing the importance of appropriate staffing models, clinical support, and resource allocation to maintain quality of care.

Overall, the organization demonstrates strong operational performance, with high occupancy, sustained demand, and increasing resident acuity, while continuing to focus on reducing ED visits and improving system flow. Table 1 shows Woodingford Lodge Operational Data.

Table 1 – Woodingford Lodge Operational Data

			2025			2026			
Strategic Objectives	Measures	Home	Q2	Q3	Q4	Q1	Comments		
Operational	Wait List	Number of People on Wait List	Woodstock	502	466	476	484		
			Ingersoll	326	310	324	339		
			Tillsonburg	260	274	280	288		
		Average Days on the Wait List	Woodstock	155	155	155	155		
			Ingersoll	125	125	125	125		
			Tillsonburg	175	175	175	175		
	ER Visits	Residents transferred to ER	Woodstock	13.1%	13.8%	17.5%	13.8%	Provincial Average 7.2%	
			Ingersoll	5.9%	17.6%	14.7%	5.9%		
			Tillsonburg	14.7%	8.8%	2.9%	5.9%		
	Resident Stays	Length of Stay (years)	Average of 3 Sites	2.56	1.62	3.16	1.57		
Resident Demographics	Age of Resident	Average of 3 Sites	82.8	82.9	82.6	82.3			
Admissions	Admissions	Average of 3 Sites	23	14	30	29			
Occupancy	Occupancy	Average of 3 Sites	99.10%	99.55%	98.98%	99.06%	To Remain Above 97%		
Case Mix Index	Current CMI Values	Average of 3 Sites	1.501	1.526	1.556	1.55	CMI to Remain Above 1.000		

Source – Ontario Health atHome & Health Quality Ontario & Point Click Care

Regulatory Performance and Compliance

Compliance across the three homes continues to demonstrate strong adherence to legislative and regulatory requirements under the *Fixing Long-Term Care Act, 2021 (FLTCA)* and O. Reg. 246/22, as well as applicable standards from Public Health and the *Occupational Health and Safety Act (OHSA)*.

Ministry of Long-Term Care (MLTC) inspection activity occurred routinely across all sites, with Woodstock experiencing the highest number of inspections over the reporting period. Importantly, all homes achieved zero findings related to non-compliance, compliance orders, and Administrative Monetary Penalties (AMPs), reflecting a high level of regulatory adherence.

One written notification related to protocols in treating high blood sugar levels was issued at Woodstock in Q1 of 2026, that is currently being reviewed and addressed in the home.

Public Health kitchen inspections were conducted regularly across the homes, with minor violations identified at Woodstock and Ingersoll. Notably, all homes achieved zero violations, demonstrating improved food safety practices, effective corrective actions, and sustained monitoring aligned with public health standards.

Ministry of Labour inspections, conducted under the OHSA, included both routine and injury-based visits. While inspection activity varied by site, all homes maintained a record of zero orders issued, reflecting strong occupational health and safety practices and a commitment to maintaining a safe environment for staff and residents.

Overall, the organization continues to demonstrate a proactive and disciplined approach to compliance, with strong inspection outcomes, minimal findings, and effective corrective action processes. This performance reflects a culture of accountability and continuous improvement in alignment with legislative requirements and sector best practices. Woodingford Lodge inspection dates and findings are in Table 2 below:

Table 2 – Inspection Findings

				2025			2026		
Strategic Objectives		Measures	Home	Q2	Q3	Q4	Q1	Comments	
Compliance	MOLTC	Number of MOLTC Inspections	Woodstock	1	1	2	1	Number of times MOLTC came into the home to inspect	
			Ingersoll	0	0	1	0		
			Tillsonburg	1	0	1	0		
		Number of Remedied Non-Compliance	Woodstock	0	0	0	0	Goal of 0 Findings	
			Ingersoll	0	0	0	0		
			Tillsonburg	0	0	0	0		
		Number of Written Notifications	Woodstock	0	0	0	1	Goal of 0 Findings	
			Ingersoll	0	0	0	0		
			Tillsonburg	0	0	0	0		
		Number of Compliance Orders	Woodstock	0	0	0	0	Goal of 0 Findings	
			Ingersoll	0	0	0	0		
			Tillsonburg	0	0	0	0		
	Number of AMPS	Woodstock	0	0	0	0	Goal of 0 Findings		
		Ingersoll	0	0	0	0			
		Tillsonburg	0	0	0	0			
	Public Health	Number of Inspections	Woodstock	1	1	1	0	Routine Kitchen Inspections	
			Ingersoll	1	2	0	0		
			Tillsonburg	1	1	0	0		
Number of Violations		Woodstock	1	2	0	0	Goal of 0 Findings		
		Ingersoll	1	1	0	0			
		Tillsonburg	0	0	0	0			

Strategic Objectives	Measures	Home	2025			2026	Comments
			Q2	Q3	Q4	Q1	
Ministry of Labour	Number of Inspections	Woodstock	0	2	0	1	Routine & Injury Based
		Ingersoll	0	1	0	0	
		Tillsonburg	0	1	0	0	
	Number of Orders	Woodstock	0	0	0	0	Goal of 0 Findings
		Ingersoll	0	0	0	0	
		Tillsonburg	0	0	0	0	

Critical Incident & Mandatory Reporting to MOLTC

Under the *Fixing Long-Term Care Act, 2021*, long-term care homes are legally required to report certain incidents to MOLTC through the Critical Incident System (CIS). These include:

- **Mandatory Reports:** Incidents such as abuse, neglect, improper care, unlawful conduct, or misuse of resident funds must be reported immediately upon suspicion.
- **Critical Incidents:** Events like unexpected deaths, disease outbreaks, missing residents, or serious injuries must be reported within one business day, with a full investigation submitted within 10 days.

These reporting requirements ensure transparency, accountability, and timely intervention to protect resident safety and uphold care standards. In 2025/2026, Woodingford Lodge reported the following, in Table 3 below:

Table 3 – Woodingford Lodge Reports Submitted in 2025/2026

Type of Report of Submitted		Number Submitted			
		2025 Q2	2025 Q3	2025 Q4	2026 Q1
Abuse/Neglect	Resident to Resident	3	7	2	3
	Staff to Resident	2			2
	Visitor to Resident				1
Improper/Incompetent Treatment of a Resident Resulting in Harm or Risk of Harm			1	1	1
Misuse/Misappropriation of Residents Money					
Unlawful Conduct Resulting in Harm or Risk of Harm					
Misuse/Misappropriation of Funding Provided to a Licensee					
Unexpected Death or sudden death, including an accident or suicide					
Disease Outbreak		4	4	5	3
Incident that Causes an Injury Where Resident is Taken to Hospital & Results in a Significant Health Status Change	Fracture not Related to Fall				
	Fall with Injury	2	3	2	1
	Injury of Unknown Cause				

Type of Report of Submitted		Number Submitted			
		2025 Q2	2025 Q3	2025 Q4	2026 Q1
Medication Incident/Adverse Drug Reaction	Errors in Administering that Altered a Resident's Health Status				
	Adverse Reaction that Altered a Resident's Health Status				
An Emergency	Bomb Threat				
	Fire				
	Unplanned Evacuation				1
	Intake of Evacuees				
	Strike (Staff Shortage)				
	Pandemic				
	External Chemical Spill				
	External Air Quality				
	Severe Weather				
	Violent Outburst				
Environmental Hazard	Failure/Breakdown of Major Equipment				
	Failure/Breakdown of Major System				
	Loss of Essential Services				
	Flooding				
Missing Resident	Less Than/Equal to 3 Hours	1			
	Greater than 3 Hours		1		
	Returns with Injury		1		
Controlled Substance Missing/Unaccounted For		1			2
Contamination of Drinking Water Supply		1			
Use of Glucagon, Resulting in Transfer to Hospital				1	
Severe or Unresponsive Hypoglycemia, Resulting in Transfer to Hospital					
Written Complaint/Response Concerning Resident Care			2	2	
Written Complaint/Response Concerning Operation of LTC Home				1	

Summary of Critical Incident Reporting for 2026 Q1, as other incidents have been addressed in previous Committee of Management Reports:

- **Abuse Incidents:**
 - Staff to Resident Abuse – Two (2) incidents reported this quarter, one was determined to be unfounded and the second resulted in the termination of a team member, as neglect connected to social well-being was found during the investigation process.
 - Visitor to Resident Abuse – There was one (1) financial abuse incident determined by the home regarding payment of monthly expenses and not providing the required personal items the resident needed.

- **Improper Treatment of a Resident Resulting in Harm or Risk of Harm:**
 - There was one (1) report of improper care towards a resident, based on an incident with a call bell was found on the floor disconnected; however, after investigating this concern was unfounded, as resident stated that when she pulled on the alarm it fell and that no one removed it from her reach.
- **Missing controlled substances:**
 - Two (2) instances of missing controlled substances were identified and traced back to the pharmacy. These events prompted updates to Woodingford Lodge's medication management policies and additional staff training.
- **Unplanned evacuation:**
 - In February, a sprinkler system malfunction caused significant water damage. As a result, residents had to be temporarily evacuated from the affected area, and their dining room was relocated to the Worship Centre until restoration of the area was completed. One resident needed overnight stay in a room that was not theirs.

Infection Control and Resident Safety

Infection Prevention and Control (IPAC) performance across the three homes reflects a continued focus on minimizing health care-associated infections, reducing outbreak frequency, and strengthening outbreak management practices in alignment with the *Fixing Long-Term Care Act, 2021 (FLTCA)*, O. Reg. 246/22, and Public Health guidance.

The rate of health care-associated infections showed variability across the reporting period, with performance improving significantly in Q1 to 5.7%, below the internal target of 7.5%. Q4 exceeded this target, highlighting areas that were addressed through enhanced surveillance, staff education, and reinforced infection control practices.

Outbreak activity remained above the organizational goal of two or fewer per quarter, with a range of three to five outbreaks reported. While this reflects the ongoing risk of infectious illness in long-term care, a reduction in the number of outbreaks in Q1 indicates progress through earlier identification, improved cohorting practices, and strengthened outbreak response measures.

The average duration of outbreaks remained well below the target of 30 days across all quarters, demonstrating effective containment and management. Although 2026 Q1 saw an increase to 18.3 days in length, performance continues to reflect strong adherence to outbreak control protocols. Refer to Table 4 below:

Table 4 – IPAC Measures

				2025			2026		
		Strategic Objectives	Measures	Home	Q2	Q3	Q4	Q1	Comments
Infection	IPAC Compliance	Number of Health Care Associated Infections	All Sites	9.2%	8.3%	11.4%	5.7%	Internal Goal of below 7.5%	
		Number of Outbreaks	All Sites	4	4	5	3	Goal is 2 or less per quarter	
		Average Length	All Sites	16	11.8	9.8	18.3	Goal is to remain below 30 days	

As part of ongoing quality improvement, a new IPAC initiative will be implemented to strengthen admission and readmission screening processes. Carbapenemase-Producing Enterobacteriaceae (CPE) screening will be incorporated into both admission assessments and return-from-hospital protocols to support early identification of antimicrobial-resistant organisms (AROs). This proactive approach is intended to reduce transmission risk, enhance resident safety, and align with evolving IPAC best practices.

Overall, IPAC performance demonstrates meaningful progress in reducing infection rates and effectively managing outbreaks, with a continued focus on prevention, early detection, and system-wide consistency in infection control practices.

Resident & Family Experience and Quality Outcomes

Resident and family experience data reflects the organization’s ongoing commitment to resident-centered care, quality outcomes, and continuous improvement, in alignment with the *Fixing Long-Term Care Act, 2021 (FLTCA)*, including the Resident Bill of Rights, and provincial reporting requirements through CIHI quality indicators. The data in Table 5 shows experience and quality data for the past 4 quarters.

Table 5 – Experience and Quality Data

				2025			2026		
		Strategic Objectives	Measures	Home	Q2	Q3	Q4	Q1	Comments
Resident/Family		Percentage of ALL QI's Above Provincial Average	Average of 3 Sites	46.0%	56.0%	53.0%	N/A	Goal of 80% of On Target or Better Than Provincial Average	
		Residents Experiencing Moderate to Severe Pain	Average of 3 Sites	7.0%	4.9%	5.3%	N/A	Provincial Average is 5.3%	

			2025			2026	
Strategic Objectives	Measures	Home	Q2	Q3	Q4	Q1	Comments
Quality Indicators - (CIHI Numbers typically 1 Quarter behind)	Daily						
	Residents with Worsened Pain	Average of 3 Sites	11.2%	15.7%	18.5%	N/A	Provincial Average is 11.5%
	Residents Who Fell in the Home	Average of 3 Sites	27.2%	20.6%	18.4%	N/A	Provincial Average is 17.2%
	Residents Receiving Antipsychotic	Average of 3 Sites	14.8%	9.9%	8.0%	N/A	Provincial Average is 21.8%
	Residents with a Worsening Stage 2-4 Pressure Ulcer	Average of 3 Sites	4.8%	1.0%	1.1%	N/A	Provincial Average is 2.5%
	Residents with Worsened Mood from Symptoms of Depression	Average of 3 Sites	27.6%	23.0%	25.2%	N/A	Provincial Average is 18.1%
	Residents who Require a Restraint	Average of 3 Sites	1.8%	1.1%	0.9%	N/A	Provincial Average is 1.8%
Falls	Number of Residents that have fallen	Average of 3 Sites	175	229	230	198	Goal is to have lower numbers each quarter
	Number of Falls resulting in transfer to hospital	Average of 3 Sites	6	7	8	3	Goal is 0
Medication Incidents	Number of Medication Incidents in Home	Average of 3 Sites	49	57	43	N/A	Lower the better
	Number Involving High Alert Meds	Average of 3 Sites	34.7%	19.3%	32.6%	N/A	Goal is 25% or Lower
	Number of Incidents Causing Harm	Average of 3 Sites	0	0	3	N/A	Goal of 0 Harm Incidents (Includes Glucagon Use)
Resident Satisfaction Scores	Excellent Rating on "WFL is an exceptional	Average of 3 Sites	N/A	69%	N/A	N/A	128 Surveys Completed

			2025			2026		
Strategic Objectives	Measures	Home	Q2	Q3	Q4	Q1	Comments	
	place to live"							
Family Satisfaction Scores	Excellent Rating on "WFL is an exceptional place for your loved one to live"	Average of 3 Sites	N/A	81%	N/A	N/A	59 Surveys Completed	
Complaints	Number of Verbal Complaints Addressed in 24 hours	Total of 3 Sites	20	27	12	17	Residents & Families are encouraged to bring forward complaints and there is no limitation on the number that is received.	
	Number of Complaints Addressed Greater than 24 Hours	Total of 3 Sites	22	27	21	8		

Performance across key quality indicators demonstrates mixed results when compared to provincial benchmarks. Between 46% and 56% of indicators were above the provincial average, below the organizational goal of 80%, indicating continued opportunity to strengthen overall clinical performance. Positive trends were observed in several areas, including a reduction in residents experiencing daily moderate to severe pain and a sustained decrease in antipsychotic use, both performing at or better than provincial averages. Pressure ulcer rates also showed significant improvement and remained well below the provincial benchmark.

Opportunities for improvement remain in areas such as worsened pain, falls, and mood related to symptoms of depression, where performance exceeded provincial averages. Falls continue to be a key focus, with a downward trend observed in percentage rates, although total fall volumes remain variable. Encouragingly, falls resulting in hospital transfer decreased significantly in Q1, reflecting improved prevention and post-fall management strategies.

Medication safety remains a priority. While total medication incidents fluctuate, the organization has maintained a low number of incidents resulting in harm, with only three reported in Q4 and none in other quarters, each of these were related to the use of glucagon when a resident was hypoglycemic. Continued focus is required to reduce the proportion of incidents involving high-alert medications, with a target of 25% or lower.

To further reduce medication incidents, the home is strengthening its focus on prevention through enhanced education during new hire orientation. This includes reinforced training on safe medication administration practices, high-alert medications, and error prevention strategies, aligned with regulatory standards and best practices. By building competency and awareness early, the organization aims to promote consistency, reduce risk, and support a culture of safety and accountability across all registered staff.

Resident and family satisfaction results indicate strong overall perception of care and living environment, with 69% of residents and 81% of families giving an *excellent* rating of the home as an exceptional place to live. These results reflect positive engagement and care experiences, while also highlighting an opportunity to further elevate satisfaction levels.

The organization continues to promote a culture of openness and responsiveness to feedback. Complaint data demonstrates that concerns are actively brought forward by residents and families, with a strong proportion addressed within 24 hours. Notably, complaints exceeding 24 hours decreased significantly in Q1, indicating improved responsiveness and resolution processes.

For the upcoming year, the organization has identified key Quality Improvement Plan (QIP) priorities to enhance resident outcomes and overall experience across all three homes. At a system level, efforts will focus on reducing falls, improving pain management, strengthening palliative care delivery, and decreasing avoidable emergency department transfers. These priorities reflect both resident needs and provincial quality indicators, with an emphasis on safety, comfort, and quality of life.

In addition, each home has identified a targeted area of focus based on resident and family feedback. Woodstock will prioritize improving respect for resident privacy, including interactions between staff and co-residents. Ingersoll will focus on increasing resident involvement in care and medication-related decisions, reinforcing resident-centered care principles. Tillsonburg will work to enhance food quality, supporting both satisfaction and nutritional well-being.

These priorities will guide quality improvement efforts over the coming year, supported by ongoing monitoring and evaluation to ensure measurable progress and sustained impact for residents and families.

Overall, the data reflects a solid foundation of performance, while also identifying clear, targeted opportunities to further strengthen care delivery. Maintaining a focused approach to falls prevention, pain and mood management, medication safety, and timely responsiveness to feedback will be essential to advancing resident outcomes and enhancing the overall care experience.

Clinical Care Delivery and Medical Services Performance

Treatment and clinical service delivery across the three homes continues to demonstrate a strong commitment to meeting resident care needs through appropriate staffing, specialized clinical resources, and ongoing monitoring, in alignment with the *Fixing Long-Term Care Act, 2021 (FLTCA)* and O. Reg. 246/22. Table 6 shows medical data for each home.

Table 5 – Medical Data

				2025			2026		
Strategic Objectives		Measures	Home	Q2	Q3	Q4	Q1	Comments	
Medical	Medical Team	Medical Team Positions Filled	All Sites	3	2	3	3	Target of 2 NP's & Medical Director	
		Wound Care	All Sites	1	1	1	1	Maintain NSWOC RN in	

Strategic Objectives	Measures	Home	2025			2026	Comments
			Q2	Q3	Q4	Q1	
Wound Care	RN Position Filled						Position
	Number of Total Skin Concerns	Woodstock	223	318	519	N/A	Goal is a reduction from previous quarter - Increase in wound numbers due to new reporting system that captures all skin issues
		Ingersoll	53	62	135	N/A	
		Tillsonburg	54	67	100	N/A	
	Percentage of High-Risk Residents for Skin Breakdown	Woodstock	16.9%	16.3%	18.8%	18.8%	All High-Risk Residents are reviewed monthly by the Wound Care RN.
		Ingersoll	14.7%	8.8%	5.9%	5.9%	
		Tillsonburg	5.8%	8.8%	8.8%	8.8%	
	Number of Consultations by Wound Care RN	Woodstock	232	315	414	278	Goal is non-specific, Wound Care RN to see all wounds that require a consultation
		Ingersoll	32	60	64	47	
		Tillsonburg	25	29	27	44	

Medical coverage remained stable throughout the reporting period, with all sites meeting or exceeding the target of two Nurse Practitioners and a Medical Director. This consistent physician and nurse practitioner presence supports timely access to care, proactive clinical decision-making, and reduced reliance on external health system resources.

Wound care services remain a key area of clinical focus. The organization successfully maintained a dedicated NSWOC (Nurse Specialized in Wound, Ostomy and Continence) RN position, ensuring access to specialized expertise. An increase in reported skin concerns was observed, particularly in Woodstock, largely attributed to the implementation of an enhanced reporting system that captures a broader range of skin issues. This reflects improved surveillance rather than a decline in care quality. The majority of skin issues at each site are of low risk: rashes, bruises, abrasions and skin tears; with a low number of pressure injuries, as reflected in the homes CIHI data. Monitoring high-risk residents for skin breakdown remains an area of focus, as all residents are proactively monitored to prevent any or further concerns.

Wound care consultation volumes increased across all sites, demonstrating active involvement of the specialized wound care nurse in assessment, treatment planning, and ongoing management. This supports best practice in wound prevention and treatment, contributing to improved healing outcomes and reduced complications.

Overall, treatment and clinical services reflect a strong foundation in specialized care delivery, with clear opportunities to strengthen consistency in high-risk monitoring and prevention strategies. Continued focus on leveraging clinical expertise, enhancing early intervention, and

maintaining robust reporting practices will support improved resident outcomes and quality of care.

Conclusions

This report reflects a strong and stable foundation across all three homes, with consistent performance in key operational, clinical, and compliance areas. High occupancy, sustained demand, and positive inspection outcomes demonstrate effective system management and adherence to legislative requirements under the *Fixing Long-Term Care Act, 2021 (FLTCA)* and O. Reg. 246/22.

At the same time, the data provides clear direction on where focused improvement will have the greatest impact. Priorities such as reducing falls, strengthening pain and palliative care, improving infection prevention, and minimizing avoidable emergency department transfers are aligned with both resident needs and provincial expectations. Enhancements in medication safety, wound care monitoring, and resident engagement further support a proactive and person-centered approach to care delivery.

The organization remains committed to continuous quality improvement through strong governance, cross-functional collaboration, and data-driven decision-making. By maintaining discipline in execution and accountability at all levels, the homes are well-positioned to build on current performance, address identified gaps and deliver meaningful improvements in resident outcomes and experience.

Overall, the focus moving forward is clear: sustain what is working, act decisively on opportunities, and continue to elevate the standard of care for residents and families.

SIGNATURES

Departmental approval:

Mark Dager
Director of Long-Term Care

Approved for submission:

Benjamin R. Addley
Chief Administrative Officer