

Continuous Quality Improvement Initiative Report December 2024

Designated Lead

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2023 - 2024 Quality Improvements

Please see the attached 2023 - 2024 QIP Progress Report that identifies the actions implemented based on the results of the 2022 Resident Satisfaction Survey, including timelines and outcomes.

2024 - 2025 Quality Priorities

Please see attached 2024 - 2025 Quality Improvement Plan (QIP) that focuses on the following priorities:

- To foster a culture of resident centered care.
- To increase resident satisfaction related to:
 - Personal care including bathing, hygiene, safety and comfort, lifting, transferring etc.
 - Personal preference for care routines.
 - Staff to provide care in a non-rushed manner while considering the strengths, preference and needs of resident in order to allow them optimal independence at their own pace.

The priorities addressed in the attached QIP were identified by the CQIC based on feedback provided on the 2023 Resident Satisfaction Survey.

The attached QIP outlines the processes for measuring progress and implementing adjustments if needed throughout the year. Progress and adjustments will be reported to the CQIC as needed.

In addition to focusing on the above quality priority in 2024, Radiant Care recently completed an accreditation survey with CARF International to evaluate how well we meet international standards for quality. As part of the process to prepare for the survey, a review and refinement of all policies and procedures was completed within the home to ensure that the highest standards are being met, maintained and updated in accordance with legislation. Radiant Care's long-term care homes earned a Three-Year CARF accreditation, effective September 24, 2024 to September 30, 2027. Radiant Care's accreditation survey report identified no recommendations, an accomplishment achieved by only 3% of CARF organizations!

2023 Resident Satisfaction Survey

The survey was distributed on November 1, 2023 to be completed and submitted by November 15, 2023.

An article was included in the November 2023 resident newsletter with respect to the process. Hard copies of the newsletters were provided to all residents with copies emailed to resident contacts (family members, Substitute Decision Makers (SDMs), etc.).

Please see attached collated survey results.

Collated survey results were communicated as follows:

- Residents and families were informed that results will be shared with the Resident Council through newsletter sent out on December 1, 2023
- A copy of the survey results was distributed to supervisory staff on January 15, 2024.
- A copy of the survey results was posted in the Resident Resource Binder on January 17, 2024 and is available for review by all family members, caregivers and substitute decision makers (SDMs).
- Actions arising from the survey results as well as any future issues will be documented and shared with residents via Residents' Council and Food Committee meetings. Minutes for both committees will be included in the Resident Resource Binder and Food Committee Binder and are available for family members, caregivers and SDMs to review. Information will be shared at Family Council Meetings when the Council has been established. Regular updates are provided to staff via huddles.

For 2024, updates have been made to the Resident Experience Survey (formerly known as the Resident Satisfaction Survey). A new Family / Caregiver / Substitute Decision Maker (SDM) Survey has been created and will be distributed to applicable resident contacts to measure their experience with the home with respect to care, services, programs and goods provided at the home. The surveys will be distributed on November 1, 2024 with a deadline of November 15, 2024. Survey results will be tabulated and shared with residents, family members, caregivers, SDMs and staff, and actions taken for improvements will be documented.

Records of Improvements

The individuals who participated in evaluations of quality improvements are documented in the committee meetings noted below.

CQIC Committee

The LTC CQIC is responsible to:

- Assist the Quality Council in the performance of its mandate to support the Board's governance role for the quality of resident care and services.

- Assist the Quality Council in meeting the continuous quality improvement initiative requirements under Section 42 of the Fixing Long-Term Care Act (FLTCA), 2021.
- Perform the function of the Continuous Quality Improvement Committee under Section 166 of O. Reg 246/22.
- Perform the functions of the Quality Management System under the Commitment to Quality Policy.

CQIC Meetings were held as follows:

- October 24, 2023
- January 30, 2024
- May 14, 2024
- October 23, 2024

Food Committee

A Food Committee has been created with representation from both staff and residents and discuss any issues related to food as identified on the survey results, as well as any new concerns.

The Food Committee met on March 26 and September 15, 2024. Minutes are posted in a binder located at the Welcome Desk in Long-Term Care. Articles will be included in the monthly newsletter quarterly advising where the Food Committee Minutes binder is located, and that the information is available for residents, family members, caregivers, SDMs to review.

Residents' Council

The purpose of the Residents' Council is:

- To provide Residents with the opportunity to contribute to the operation of the Home.
- To establish a mechanism whereby Resident concerns are communicated to administration.
- To provide a forum for Residents to collaborate with community groups and volunteers concerning activities for the Residents.
- To allow Residents to play an important role in the organized daily life of the Home and all its activities with the Residents planning and contributing wherever possible. Encouraging an exchange of ideas, suggestions, and concerns regarding all aspects of care and activities in the Home.
- To ensure the rights, respect, dignity, and quality of life of residents at the centre are respected by facilitating regular communication among the residents and management team.
- To provide an opportunity to assist the administration and management team in providing better services and programs by offering suggestions, complaints, and recommendations.
- To promote friendship, tolerance and understanding.
- To provide and receive necessary information for the benefit of all residents.

Resident Council Meetings were held quarterly in 2023 with the last meeting scheduled in October. Effective 2024, meetings have been held monthly with the exception of January and September 2024. Minutes from the previous meeting were reviewed at the next meeting. Minutes were also posted in the Resident Resource Binder available for all residents, family, caregivers and SDMs to review.

Family Council

The purpose of the Family Council is to ensure an active, progressive and organized Family Council Committee is in place with mechanisms:

- To establish a mechanism whereby family members or a person of importance to a resident within the home are able and welcome to voice their suggestions, concerns and compliments are communicated to the administration.
- To provide a forum that provides an opportunity for involvement and participation by family members or a person of importance to a resident within the home to gather and collaborate to improve the quality of life and care for all residents of Radiant Care.
- That provide educational opportunities for family members and friends of Radiant Care Long-Term Care residents to learn and gain understanding of the home and how it operates.
- That provide a source of mutual support to all family members and friends of Radiant Care Long-Term Care residents.
- To inform and educate family members and friends of Radiant Care Long-Term Care residents.
- To advocate on behalf of all family members and friends of Radiant Care Long-Term Care residents.
- To ensure the rights, respect, dignity and quality of life of residents at the home are respected by facilitating regular communication among the council and management team.

Efforts continue to invite family members, caregivers, friends and SDMs to form the committee. An information session was held on August 22, 2024, with an additional 'Meet and Greet' scheduled on October 16, 2024. An overview was provided of what a Family Council is as well as:

- their purpose and goals
- what they do
- the benefits of a Family Council
- how to become a member
- contact information of the Therapeutic Recreation Supervisor

Additional information sessions will continue to be scheduled, convened semi-annually at a minimum, to advise family members, caregivers and SDMs re the importance to residents of the right to establish a Family Council. Articles will also be included in the monthly newsletter re same.

Communications with Staff

- Nursing and Dietary department staff met to clarify food service routines and expectations.
- An audit system was created to track staff to reinforce processes to ensure a positive dining experience for residents. Adjustments were made to ensure the residents were comfortable, encouraging social interaction with other residents resulting in a more enjoyable dining experience.

Training

- Dining with Dignity in-services were conducted through the Professional Practice Clinician for all dietary, PSWs and Therapeutic Recreation staff to ensure a personalized, home-like atmosphere was promoted for our residents.

Reference: Continuous Quality Improvement Initiative Report, O. Reg. 246/22, Fixing Long-Term Care Act, 2021

Objective	Increase resident satisfaction with their overall dining experience by October 31, 2023	
Measure/Indicator 2023 - 2024 QIP	Percentage of residents responding positively to overall dining experience based on various audits	
Current Performance as stated on 2023 - 2024 QIP	88% (37 of 42) positive responses	
Target Performance as stated on 2023 - 2024 QIP	90% positive responses	
Final Performance - End of 2023	84% positive responses	
QIP Progress		
Change Idea	Methods	Progress/Completion
Review current equipment using best practice involved in keeping food hot	<ul style="list-style-type: none"> ▪ Replace steam table in the 3rd floor servery 	<ul style="list-style-type: none"> ▪ New steam table installed in 3rd floor server on May 2, 2023
Improve promptness of meal service and create a positive dining experience	<ul style="list-style-type: none"> ▪ Hold meetings with Nursing and Dietary departments to share survey results and QIP focus, and to review and clarify food service routines and expectations ▪ Hold 'Dining with Dignity' in-services with Professional Practice Clinician for Dietary staff, Personal Support Workers and Therapeutic Recreation staff ▪ Conduct audits on Dietary Aide processes re keeping food warm from kitchen to servery to table ▪ Nutrition Manager & Director of Care to meet to review results of audits and establish desired routines and expectations 	<ul style="list-style-type: none"> ▪ May 1 - 5: Nutrition Manager met with Dietary staff to review routines & expectations; reviewed all posters provided by Professional Practice Clinician ▪ Professional Practice Clinician held meetings with Nursing and Dietary Departments; educational material created to review and clarify food service routines and expectations including: <ul style="list-style-type: none"> ○ using positive verbal and non-verbal interactions ○ engaging in social talk ○ avoiding sensitive conversations at mealtime (e.g., personal care) ○ talking about more than tasks ○ responding to resident expressions ○ helping residents be independent ○ using respectful communication

		<ul style="list-style-type: none"> ○ exercising dignity with eating assistance ○ involving resident in meal service ○ creating a pleasant, home-like dining area ○ encouraging residents to contribute by cooking or baking special treats ○ promoting conversation ○ ensuring lighting and temperature are adequate ○ reducing excessive noise ○ playing soft music during meals ○ decorating the dining tables ○ presenting choices and waiting patiently for resident selections ○ plating food that is pleasing to the eye ○ creating colour contrasts between the food, plate and table ○ providing assistance when required, in a non-rushed manner ○ celebrating cultures ○ creating opportunities to share and talk about cultural/ethnic foods ○ recognizing resident preferences; e.g., what they would like to wear and eat <ul style="list-style-type: none"> ▪ Dining with Dignity in-services held with Nursing, PSWs, Dietary and Therapeutic Recreation staff: <ul style="list-style-type: none"> ○ Week 1 (April 3-7): Data Gathering - met with staff to review QIP, survey results and clarify expectations ○ Week 2 (April 10-14): Connection and Honouring Dignity - conducted interactive unit in-services with staff to review best practices ○ Week 3 (April 17-21): Offering Support and Identity - unit-based staff potluck to celebrate different cultures of staff; focused on table set up to allow residents to feel independent during mealtimes ○ Week 4 (April 24-28): Creating Opportunities and Enjoyment -
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		<p>had unit staff determine unit-specific ways in which residents can assist with meals; e.g.,</p> <ul style="list-style-type: none"> - Dining room greeters - Folding clothing protectors. - Arranging flowers on tables. - Focus on enhancing enjoyment of dining experience. <ul style="list-style-type: none"> o Week 5 (May 1-5): Review - unit huddles to receive staff feedback from changes to dining room <ul style="list-style-type: none"> ▪ Additional education to be added to Systems 24-7 for annual review as well as new staff orientation; target date = June 30 ▪ Summaries of best practices included in weekly newsletters under 'Dining with Dignity' section on April 5,13,18,26 and May 3 ▪ Audits conducted on Dietary Aide processes re keeping food warm from kitchen to servery to table; i.e., track food temperatures and compare to previous readings from prior to installation of new steam table; Nutrition Manager to create tool, audit 3rd floor and provide updates; target date = July 31 ▪ Nutrition Manager & Director of Care to meet to review results of audits and establish desired routines and expectation; Nutrition Manager and Professional Practice Clinician to meet following audits; target date = August 7 ▪ Any ongoing audit concerns addressed immediately
<p>Conduct audits to ensure best practices for keeping food warm are being followed</p>	<ul style="list-style-type: none"> ▪ Nutrition Manager will establish an audit tool, schedule and conduct audits 	<ul style="list-style-type: none"> ▪ Audit tool created by Nutrition Manager and audits conducted twice per week to end of July

Follow up on issues	<ul style="list-style-type: none"> ▪ Nutrition Manager to follow up on audit findings as needed 	<ul style="list-style-type: none"> ▪ Various concerns addressed immediately upon discovery; reminders provided to staff re processes and expectations
Educate staff on how to create a positive dining experience for residents	<ul style="list-style-type: none"> ▪ Audit staff to determine how they can contribute to a positive dining experience 	<ul style="list-style-type: none"> ▪ Contributions covered through Dining with Dignity in-services - data gathering process (Week 1: April 3 - 7); also covered by weekly audits
We will survey 8 residents partway through the year to gauge progress in this area	<ul style="list-style-type: none"> ▪ Nutrition Manager or delegate will meet with 8 residents (2 per floor) to survey them on 4 questions related to temperature, promptness, taste and overall satisfaction 	<ul style="list-style-type: none"> ▪ Target survey date = early September; possible creation of staff team (Dietary, PSW, TR) to review change processes quarterly; target date = October/November
Lessons Learned	<p>Hold meetings with Nursing and Dietary departments to share survey results and QIP focus, and to review and clarify food service routines and expectations; hold 'Dining with Dignity' in-services with Professional Practice Clinician for Dietary staff, Personal Support Workers and Therapeutic Recreation staff:</p> <ul style="list-style-type: none"> ▪ Sharing results from the QIP with staff and receiving their perceptions; feedback and observations is crucial to addressing identified quality issues. ▪ Having staff determine unit-specific ways in which residents could assist with meals like the one held in Week 3 and 4; this is on-going. ▪ By involving residents in this program, we promoted a personalized, home-like atmosphere that was part of our Dining with Dignity initiative. ▪ Working together with the Nurses to adjust changes with the seating plans, especially with new admissions, has helped to improve the dining experience by having residents feel more comfortable and encouraging their social interactions resulting in a more enjoyable dining experience. <p>Conduct audits on Dietary Aide processes re keeping food warm from kitchen to servery to table:</p> <ul style="list-style-type: none"> ▪ Audits did not reflect an improvement even though they reach the standards. There are other factors that add to the final temperature of the food including heating the plates and holding the food to be delivered under the heat lamps instead of on top of it. <p>At the February 2024 Residents' Council meeting, their main concern related to dietary was the temperature of the food. Although we conducted audits for the QIP program and standard temperatures were achieved, we needed to address other issues like plate heaters, heat lamps on top of steam tables, etc. We also needed to consider the location of the AC units on top of steam tables that immediately reduces the temperature of the food if placing plate above heat lamp, on the shelf. We received positive feedback at the Residents' Council held in March where residents indicated they noticed the changes in food temperatures.</p>	

Nutrition Manager & Director of Care to meet to review results of audits and establish desired routines and expectations:

- Working together with the DOC to exchange and review the results of our audits, feedback from the staff and family concerns is an effective way to keep improving the dining experience.
- When complaints were received, the DOC and NM held meetings to address issues.
- Scheduling monthly meetings to review insights from the results perspective will be beneficial for taking a more preventative and constructive approach. Through the examination of trends and data obtained from audits or patterns, we will proactively address issues, enhance other areas if needed and ensure an ongoing success.

General:

- Participation in the Residents' Council meetings has provided an excellent way to gather feedback, ensuring that changes reflect the residents' needs, particularly when creating a new menu.
- A Residents' Food Committee was created in March 2024 and will be scheduled quarterly. These meetings will help us provide dedicated attention to our residents by identifying potential issues that could impact the Dining with Dignity Program.

Radiant Care Tabor Manor 2024 - 2025 Quality Improvement Plan - Long-Term Care

AIM		MEASURE				CHANGE				
Quality Dimension	Objective	Measure / Indicator	Current Performance	Target Performance	Target Justification	Planned Improvement Initiatives (change ideas)	Methods	Process Measures	Target for Process Measures	Comments
Resident Centered	To foster a culture of resident centered care.	Percentage of residents responding positively (very satisfied and satisfied) to Question 6, 7 and 10 pertaining to personal care preferences and receiving care in a non-rushed manner.	Question 6 87% (48 of 55) positive responses	Question 6 92% positive responses	To match best performance in other categories on Resident Satisfaction Survey.	Staff will organize care that is shaped around the resident, know the resident as a whole person and use language that supports the principles of resident-centered care.	Staff PSWs in Day/Evening lines to promote mixing of skill sets, senior and junior staff on each unit.	Day/Evening PSW schedules maintained.	Ongoing.	
	To increase resident satisfaction related to: • Personal care including bathing, hygiene, safety and comfort,		Question 7 92% (49 of 53) positive responses	Question 7 93% positive responses			Hold in-services to train and encourage staff to use a resident-centered approach to care; review applicable policies.	In-services held.	Hold in-services by April 30th.	
			Question 10 78% (42 of 54) positive responses	Question 10 85% positive responses		Audits completed and changes made, if needed.	Audits completed.	June 3rd, 2024.		
					Education that requires staff sign-off and includes: • Personal care • Safe transfers • Respecting resident's preferences for care routines	Hold in-services, conduct lift training, fact sheets, and one-on-one demonstrations, Q&A. Complete fact sheet for all staff and add to communication binder.	In-services held. Documents created.	June 3rd, 2024 and ongoing. June 3rd, 2024.		

Radiant Care Tabor Manor 2024 - 2025 Quality Improvement Plan - Long-Term Care

AIM		MEASURE				CHANGE				
Quality Dimension	Objective	Measure / Indicator	Current Performance	Target Performance	Target Justification	Planned Improvement Initiatives (change ideas)	Methods	Process Measures	Target for Process Measures	Comments
	lifting, transferring etc. <ul style="list-style-type: none"> • Personal preference for care routines. • Staff to provide care in a non-rushed manner while considering the strengths, preference and needs of resident in order to allow them optimal independence at their own pace. 						Develop worksheets for daily care with specific resident focused tasks (visits, Montessori activities) for each PSW. Worksheets to be submitted at the end of each shift. Check-ins with residents at Residents' Council meetings. Audits: <ul style="list-style-type: none"> • Resident rooms • Resident wheelchairs for cleanliness • audits using general observations of residents' appearance to ensure appropriate personal care is completed. 	Review submitted worksheets, audit for compliance. Residents' Council minutes. Audits completed.	May 17th, 2024 and ongoing. June 28th, 2024 and ongoing. June 28th, 2024 and ongoing.	

Radiant Care Tabor Manor 2024 - 2025 Quality Improvement Plan - Long-Term Care

AIM		MEASURE				CHANGE				
Quality Dimension	Objective	Measure / Indicator	Current Performance	Target Performance	Target Justification	Planned Improvement Initiatives (change ideas)	Methods	Process Measures	Target for Process Measures	Comments
						Include mentor staff member to: <ul style="list-style-type: none"> • Reinforce routines, reinforce non-rushed, resident centered approach. • Support and train new hires. • Advocate for resident care needs. 	<ul style="list-style-type: none"> • Additional orientation and training for new staff. GPA, PREP-LTC Preceptor training and UFirst training for mentor staff. Advocate for residents.	Review and update of orientation checklist. Changes in routine documented in departmental meeting minutes. Audits of resident care completed. % of positive responses.	May 6th, 2024 May 17th, 2024 June 28th, 2024, and ongoing. Ongoing.	

Resident Satisfaction Survey - 2023 Results

One Resident Satisfaction Survey was distributed to each Long-Term Care resident for a total of 123 surveys distributed. A total of 55 responses were received for a response rate of 45%.

Personal Care and Medical Issues	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
The personal care received, such as bathing, hygiene, safety and comfort, lifting and transferring, etc., is...	30	21	2		
Staff respect my privacy while providing personal care.	32	19	1		3
I would rate the medical care, such as treatments, medication administration, etc., as...	30	19	3	1	
How well does the doctor respond to your medical concerns?	24	19	4		3
How would you rate the time your doctor takes with you to deal with your medical issues?	19	25	6		2
Staff are aware of my personal preferences of routines for waking up in the morning, bedtime rituals and hygiene choices and reflect those in their daily care.	23	25	4	1	2
Staff provide care considering my strengths, preferences and needs in a non-rushed manner allowing me the optimal independence at my own pace.	26	23	4		
If applicable, the continence products I use help to keep my skin dry, eliminates soilage on my clothes and fits comfortably.	19	22	2	1	5
How would you rate the quality of the Physiotherapy services offered at Radiant Care Tabor Manor?	13	16	7	1	14
I was involved in decisions about care as much as I wanted to be.	20	22	7		5

Additional comments:

- Doctor? Never see?
- Physiotherapy service – never have any.
- Involved in decisions about care = NO.
- [Physiotherapy Services] the therapy time is too short.
- Most PSWs are excellent - some need training in putting up both pants all the way and centering them/some also need training on making the beds neatly.
- Please do not rush me. I am old and need more time.
- I supply my own Depends.
- Hair not always brushed; food on face and clothing. Bruises on arms.
- When there is consistency with staff in same area, they know routines of the residents. This is reflected in the daily care; e.g., teeth brushing, showering, etc.
- Would like personal physio to try to walk again.
- [Considering my strengths] some do, some don't.
- [Personal care received] some staff are much better.
- [Doctor respond] except for arrival day, have not seen him but has changed meds.
- [Quality of Physio] asked for physio 3x a week when arriving August 29/23; so far because of outbreaks has seen me once.
- Because of the outbreaks have missed out on physio – getting the proper wheelchair and activities. Social Worker has come in as much as possible under outbreaks.
- [Rate the medical care] question is not clear Dr? RPN?
- I would like regular physio appointments - nothing during outbreak and before nothing - no communication. I had much better physio in hospital.

Programming and Activities	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
How would you rate the effectiveness of the Resident Council?	7	16	4		23
How would you rate the quality of the activities you have been involved in?	20	22		1	9
How would you rate the variety of the activities you have been involved in?	14	27	4		6
Are the activities meaningful and enjoyable to you?	15	26			9
Staff are aware of my personal interests and hobbies and facilitate participation in these.	20	28			4
How would you rate the Chapel Services and Bible Studies?	13	17			19
How would you rate the 1:1 visitations of the chaplain?	15	23	3		11
I am given opportunities and supported in meeting my spiritual needs.	12	20	3		14
Additional comments: <ul style="list-style-type: none"> • Would like more Chaplain visits. • Programs are not individualized. • Are the activities meaningful? Some days; sometime no. • Happy to receive the paper. • Do not participate in extra curriculars by choice. • My dad rarely participates. • Do not know about Resident Council. • [Quality of activities] have not been involved in many activities. • [Personal interests] no idea. • [1:1 visitations] once. 					

Dietary / Food	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
How would you rate the variety of food offered on our menu?	13	30	7	3	2
The presentation of food is...	13	31	6	2	2
How would you rate the temperature of the food when it's received?	13	30	8	2	2
How would you rate the promptness of the meal service?	15	33	4		3
How would you rate the seasoning and taste of the food served at Radiant Care Tabor Manor?	14	27	5	2	3
Ample time is provided so that I may eat my meal at my own pace.	23	27	2	1	2
I am provided with appropriate, courteous assistance with my meals.	20	29	1		4
My overall dining room experience (e.g., noise level, table mates, seating and lighting, etc.) has been...	12	29	8		2

Additional comments:

- Temperature of the food [often cold]/should be hot.
- No seasoning.
- Dining room can be noisy/too noisy/too loud.
- Fine but I think there is too much coughing and wheezing in the dining room. It is medically unsafe.
- Meat buns hard to eat; pasta should be noodles not spaghetti.
- Some items are too salty.
- I have my meals in my room.
- Food is not always warm. Sometimes they are too much in a hurry. Food needs more seasoning. Sometimes my table mates makes a mess on the floor.
- Meals can be repetitious, mostly warm, once in a while a bit cold.
- Don't like vegetables, dislike green beans, brussel sprouts.
- More variety for dinner, hardier meals, chicken, potatoes, rice. Too many sandwiches (bread).
- Our winter menu has new foods so hopefully I will enjoy the new items.
- [seasoning] I have to eat minced & moist so it affects the taste.
- I have minced & moist food. Many foods taste the same. The food at Niagara Falls Hospital before coming to Tabor was presented better & had more variety & was always hot.
- Some food is VERY salty; at times yelling from resident too much.

Environmental Services	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Radiant Care Tabor Manor's response to maintenance issues is...	18	25	3		7
How would you rate our lighting?	24	26	4		
How would you rate the temperature inside our building?	19	29	3		
How would you rate our building for ease of mobility?	24	27	2		
How would you rate the overall appearance of Radiant Care Tabor Manor?	28	22	2		1
How would you rate the overall comfort of Radiant Care Tabor Manor?	27	23	3		1
How would you rate the suitability of your accommodation?	24	27	1		2
How would you rate the laundry service at Radiant Care Tabor Manor?	28	22	3		1

Additional comments:

- Laundry service excellent!
- I am not comfortable because of the noise.
- I wonder about the curtains between the shared rooms...should they be laundered so they do not transfer germs in COVID times!! They do not look clean!
- There is limited visitor parking! Especially during afternoons when change of staff shift. There are several staff parking in visitor spots from 3pm. This is a problem for visitors with mobility issues!!
- Dissatisfied with outside appearance.
- Dryers shrink my clothes.
- I'm sick and tired of getting other people's clothes and not getting my own clothes.
- Bedroom is warm in summer; no air movement in room. Brighter colours in living room and dining room area & hallways. Living room doesn't look inviting.
- Lights are too bright in my room.
- Lights are too bright and too hot sometimes.
- Personal preference would be a little warmer. She has "always" required more heat and still has blankets & sweaters all the time.
- Floors in rooms are mopped but also need to be vacuumed. Room is hot in summer and in the winter. In winter months the air is very dry. Need the area where the picnic tables are accessible for wheelchairs and walkers. Elevators are often out of service.
- Would like to see the sun in the room.
- Concern about the cleanliness of the room, especially floors.
- Higher temperature please.
- Walls need cleaning.
- Once in a while clothes mixed up.

- Room has areas that could use wall touch-ups and paint touch-ups.
- The sink in my room drains very slowly.
- Service at laundry has lost several pieces of my laundry.
- Sometimes it's very cold. Why doesn't laundry put all bras in a "mesh"?
- Comments from wife – very often room is left untidy. There is always articles on the chair which have to be moved to sit down & visit. When not in outbreak he has visitors. There are diapers & personal care products on sill & furniture tops in view of visitors. There is plenty of room to place personal items in drawers. His tops & pants should be hung on hangers.
- Many items of clothing lost - 2 nightgowns, 2 tops & black sweater.

Staff Communication with Residents & Families	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
How would you rate the volume of voice the staff uses to talk with you?	25	25	3		
How would you rate the clarity of speech of the staff?	21	33	1		
How would you rate our body language when we talk with you?	21	30	1		2
How would you rate our telephone manner?	19	21			13
How would you rate the staff's ability to help resolve issues?	23	28	1		2

- Additional comments:**
- No issues.
 - Some PSWs are hard to understand.
 - Doctor with no other practice.
 - Voice is too loud; they think I am deaf.
 - Sometimes a little too loud in hallway.
 - Some staff are a bit difficult to understand but most are terrific.
 - [Resident] would like some help with turning on the TV/radio every once and a while. (instructions are in the note book).
 - All the staff are top notch!
 - [Clarity of speech] usually good.
 - [Ability to help] try to be helpful.
 - All staff have been wonderful.
 - I have had a lot of help getting my phone to work and also my TV. Very grateful for that.
 - Some staff too loud, too blunt and mean.

Administration / Management / Office Staff	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
How would you rate management's accessibility for you?	13	29	2		9
How would you rate management's responsiveness and ability to address issues or complaints you have?	16	24	4		8
How would you rate management's efforts to share information with you?	17	18	6	1	11
How would you rate our office's efforts to provide you with the information you need?	16	24	4	1	8
How would you rate our friendliness?	22	25	2	1	2
Additional comments: <ul style="list-style-type: none"> • I would like the PSWs to stay on my floor much longer, so we could get to know them better. • Communicating by email can be difficult and removes the "personalization" in dealing with issues that may be urgent. • I don't like the "attitude" from management towards residents and staff. There needs to be a big improvement in this area. 					

Having a Voice	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
How would you rate how well the staff listen to you?	24	25	2	1	2

	Yes	No
I can express my opinion without fear of consequences.	48	5

Recommendation	Yes	No
Would you recommend Radiant Care Tabor Manor to your family and friends?	51	1

Overall Rating	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
I am treated with excellence, love and dignity.	28	26			
Overall, I rate my experience here at Radiant Care Tabor Manor and the services I receive in all areas as...	27	25	1		1

Additional comments:

- Often very noisy in hallway.
- Everything is so good, I have no complaints.
- Staff is very kind and always willing to assist our mom and were very appreciative of all they do.
- The family & friends of [resident] all agree RC Tabor Manor is “THE” best place for her & we are all in accordance she is looked after & loved and appreciated here!
- Pleased to see more areas open for use; e.g., Chapel, Tuck Shop.
- [resident] would prefer if he could get to know staff better. More consistent and maybe fewer different staff so he can get to know each person better.
- My father has been in very rough shape for several weeks. The care and compassion he has received has been incredible.
- Both mom & I love Tabor Manor!
- Dad is very happy, content with TM. He always says how good staff are. Thank you!
- Thank you for all you do!
- Very satisfied in the care our mother is getting. Nurses/PSW are very responsive & friendly and caring. Thank you.
- Variety of food choices. Menu choices should be considered with residents.
- It would be nice to see some compassion and understanding for residents when inflicting some “stupid” rules from the government.
- Little “blips” here and there are totally understandable and acceptable (e.g., new PSWs). Overall, very satisfied with the care of our father. Staff are wonderful.
- Day staff: Excellent. Night staff: inconsiderate, forceful, very rushed, woken up too early in the morning 3am - 5am; this is not acceptable!
- Do not know who to trust.
- Good Place! Great staff & care. Good meals. Clean Place.