

## **Continuous Quality Improvement Initiative Report March 2026**

### **Designated Lead**

Fola Akano, Senior Administrator Long-Term Care

### **2025 - 2026 Quality Improvements**

Please see attached 2025 -2026 QIP Progress Report that identifies the actions implemented based on the results of the 2024 Resident Experience Survey, including timelines and outcomes.

### **2026 - 2027 Quality Priorities**

Please see attached 2026 - 2027 Quality Improvement Plan (QIP) that focuses on optimizing ambient conditions including reducing noise levels, improving lighting, maintaining tidy and well-organized spaces, and ensuring high-quality, accurate delivery of resident laundry to promote comfort, dignity, and quality of life.

The attached QIP outlines the processes for measuring progress and implementing adjustments as needed throughout the year. Updates will be provided to the Continuous Quality Improvement Committee (CQIC) at their quarterly meetings as needed.

In addition to focusing on the above quality priorities, an annual review and refinement of all policies and procedures is completed to ensure that the highest standards are being met, maintained and updated in accordance with legislation.

### **2025 Resident Experience Survey**

The 2025 survey was presented and approved by members at the Residents' Council meeting on September 18, 2025. Surveys were distributed to all residents on November 1, 2025 with a deadline of November 14, 2025.

A copy of the 2025 Resident Experience Survey results is attached. Survey results were also communicated as follows:

- Posted in the Resident Resource Binder on January 8, 2026 and available for review by all family members, caregivers and Substitute Decision Makers (SDMs).
- Distributed to supervisory staff via email on January 7, 2026.
- Shared with all long-term care staff via huddles.
- Discussed at the February 5, 2026 Residents' Council meeting.

Actions taken for improvements have been addressed and documented, with future issues to be recorded and shared with residents through Residents' Council. Minutes are maintained in the Resident Resource Binder for residents, family members, caregivers, and SDMs, and will also be shared at Family Council meetings. Staff continue to receive regular updates through huddles.

### **Family / Caregiver / SDM Survey**

This survey was created in 2024 to measure the family / caregiver / SDM experience with respect to care, services, programs and goods provided at the home.

Surveys were distributed to family contacts via email on November 1, 2025 with a deadline of November 14, 2025. Survey results were tabulated and shared with residents and actions taken for improvements were 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:

- January 21, 2025
- April 29, 2025
- August 19, 2025
- October 28, 2025

### **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.

Residents' Council Meetings were held as follows:

- January 29, 2025
- March 28, 2025
- June 19, 2025
- September 18, 2025

Minutes from the previous meeting are reviewed at the next meeting. Minutes are also posted in the Resident Resource Binder available for all residents, family, caregivers and SDMs to review.

### **Food Committee**

The Food Committee includes representation from both staff and residents continues to meet to discuss any issues related to food as identified on the survey results, as well as any new concerns that may arise.

The Food Committee met as follows:

- January 15, 2025
- March 12, 2025
- May 14, 2025
- June 18, 2025
- September 19, 2025

Minutes are posted in the Resident Resource binder located at the Welcome Desk in Long-Term Care.

### **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 article was included in the March 2025 long-term care newsletter that is mailed to all resident contacts inviting anyone interested in forming the committee to contact the Therapeutic Recreation Supervisor. A link to the Family Council Ontario website (fco.ngo) was also included in the article.
- On April 1, 2025, a follow-up email was sent to family members, caregivers, friends and SDMs to encourage interest.
- A virtual Information session held for families on October 28, 2025 with a representative from Family Council Ontario who provided an overview of their purpose and goals, what they do, the benefits of a Family Council and how to become a member. Reminders were sent to all family contacts on October 1st and October 23rd.

### **Communication with Staff**

- Leadership reviewed and finalized updates to admission packages and related materials (Services Overview and “Who to Contact” guide), with changes communicated to all team members involved in the admission process.
- Interdisciplinary discussions and nursing huddles were used to introduce the family/SDM newsletter and the “Who I Am” person-centred posters, reinforcing expectations for departmental collaboration and consistent communication.
- Staff were informed of accountability measures for maintaining updated resident information, including integration into Therapeutic Recreation checklists and the development of individualized care tip sheet binders to support consistent care practices.

### **Training**

- Education was provided to the team involved in admission on revisions to the admission package, Services Overview document, and “Who to Contact” guide to clarify roles, responsibilities, and communication pathways.
- In-services were conducted on the purpose and appropriate use of the “Who I Am” posters, reinforcing person-centered care principles and respectful information sharing.
- Therapeutic Recreation staff collaborated with PSWs to gather resident-specific preferences and routines through one-to-one engagement to support individualized care.

- Ongoing education through team huddles reinforced expectations for maintaining updated resident information and supported implementation of individualized care tip sheet binders to enhance consistency, safety, and quality of care.

### **Lessons Learned**

- The practice of regularly updating admission packages was required will continue to ensure residents and families receive current, meaningful information, rather than waiting for QIP cycles to prompt improvements.
- Regular review of communication practices across departments has been implemented and is necessary to maintain shared accountability.
- Recognized the importance of the admission process and ensuring all staff involved clearly understand their roles and responsibilities.
- Recognized that initiatives (e.g., posters) may evolve as new ideas emerge; therefore, follow-up after implementation is essential to confirm goals are being met and to adjust the QIP as needed on an ongoing basis.
- Acknowledged the challenges associated with gathering and maintaining resident information and the need to clearly define responsibility for ongoing upkeep given the volume of residents.
- Existing practices will be thoroughly reviewed to determine whether they should be maintained or enhanced, recognizing that some processes may already be effective.
- While collecting departmental input for the newsletter can be challenging, ongoing cross-department communication remains essential to ensure important information is shared with residents and families.

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

<b>Objectives</b>	(1) To improve resident and family/SDM satisfaction re: knowing who to contact for LTC program-specific inquiries; (2) To promote the role of family members as key partners in the circle of care by improving communication between the home and residents' family members; and (3) To enhance resident experience by personalizing care, including communication styles and interests.	
<b>Measures/Indicators from 2025 - 2026 QIP</b>	Percentage of residents responding positively to the following questions: (1) Staff awareness of my personal preferences of routines for waking up in the morning, bedtime rituals and hygiene choices, and reflection of awareness in their daily care; (2) Staff care that considers my strengths, preferences and needs in a non-rushed manner allowing me the optimal independence at my own pace; (3) Physiotherapy services offered at Radiant Care Pleasant Manor; (4) I was involved in decisions about my care as much as I wanted to be	
<b>Current Performance as stated on 2025 - 2026 QIP</b>	90% (18 of 20) positive responses	
<b>Target Performance as stated on 2025 - 2026 QIP</b>	93% positive responses	
<b>Final Performance - End of 2025</b>	92% (34 of 37) positive responses	
<b>QIP Progress</b>		
<b>Change Idea</b>	<b>Methods</b>	<b>Progress/Completion</b>
Review and update existing admission information packages	<ul style="list-style-type: none"> <li>▪ Review existing packages</li> <li>▪ Coordinate with admission team to update admission packages</li> </ul>	<ul style="list-style-type: none"> <li>▪ Admission packages were reviewed with Senior Administrator Long-Term Care, Housing and Capital Works Coordinator and ADOC.</li> <li>▪ Packages were updated and rolled out in October 2025.</li> <li>▪ Admission packages are reviewed annually and as needed. No changes were required since the last update.</li> <li>▪ All team members involved in the admission process have been informed of changes and given the opportunity to provide feedback.</li> </ul>

<p>Create a pamphlet / document that outlines roles, responsibilities, and contact information for each department</p>	<ul style="list-style-type: none"> <li>▪ Create document</li> <li>▪ Provide education to admission team</li> </ul>	<ul style="list-style-type: none"> <li>▪ A poster outlining services provided at the home was developed and is included in the admission package.</li> <li>▪ A “Who to Contact” guide was created and finalized in October 2025, providing a step-by-step pathway for directing questions, concerns, and compliments in alignment with Ministry standards related to care and our complaint process.</li> <li>▪ This guide has been posted on the bulletin board outside the staff door on the 1st resident home area floor.</li> <li>▪ The guide is also posted in the resident resource binder under Section 3.</li> <li>▪ Both documents have been shared and reviewed with the admissions team and will be updated as needed.</li> </ul>
<p>Create a family / SDM newsletter based on their feedback, to include home-specific events, upcoming special events, department-specific news and updates; email once monthly to family / SDM and post in resident rooms; this is in addition to existing resident newsletter)</p>	<ul style="list-style-type: none"> <li>▪ Create audit / questionnaire</li> <li>▪ Complete audits with family / SDM for feedback</li> <li>▪ Create family / SDM newsletter</li> <li>▪ Implement audit / questionnaires to family / SDM for feedback on new process</li> </ul>	<ul style="list-style-type: none"> <li>▪ A decision was made not to develop a separate family-centered newsletter as this would result in redundant information sharing.</li> <li>▪ The existing newsletter is being updated to include more department-focused content to improve communication about activities and updates within the home.</li> <li>▪ Supervisors meet weekly to discuss departmental events and updates where relevant information is incorporated into the newsletter as appropriate.</li> <li>▪ The newsletter is hand-delivered with monthly calendars at the beginning of each month, sent via email to family members or SDMs, and posted on the website.</li> <li>▪ Additional relevant information for families is provided in the body of the email sent with newsletter and monthly calendars.</li> </ul>

<p>Create cue cards to reflect preferences, interests and care-related routines to improve residents' sense of quality care and safety; information to be posted in resident rooms; ask residents for feedback to determine effectiveness</p>	<ul style="list-style-type: none"> <li>▪ Create cue cards</li> <li>▪ In-services to educate team members of purpose</li> <li>▪ Post information in resident rooms</li> <li>▪ Create audits / questionnaire for residents</li> </ul>	<ul style="list-style-type: none"> <li>▪ A template was created for a 'Who I Am' person-centered information poster (August 18).</li> <li>▪ Information was gathered by the Therapeutic Recreation (TR) team through one-to-one meetings with full-time PSWs and the Montessori PSW.</li> <li>▪ TR staff introduced the poster to the nursing team during various huddles and invited feedback.</li> <li>▪ The posters were mounted in resident rooms by October 2025.</li> <li>▪ The updating of posters has been added to the monthly Therapeutic Recreation team checklist when pertinent resident changes occur (e.g., room changes, changes in health status).</li> <li>▪ Montessori PSWs will provide input on residents under their assignment.</li> <li>▪ Formal audits and questionnaires were not completed; however, informal verbal feedback was received from family members once the posters were displayed.</li> <li>▪ The nursing team is currently working on implementing resident care tip sheet binders that will provide PSWs with individualized care information to review before their shifts, supporting more consistent and person-centered care.</li> </ul>
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<p><b>Lessons Learned</b></p>	<ul style="list-style-type: none"> <li>▪ Continue the practice of regularly updating admission packages when necessary to ensure residents and families receive current, meaningful information, rather than waiting for QIP cycles to prompt improvements.</li> <li>▪ Regular review of communication practices across departments is necessary to maintain shared accountability and should be discussed routinely.</li> <li>▪ Recognized the importance of the admission process and ensuring all staff involved clearly understand their roles and responsibilities.</li> <li>▪ Recognized that initiatives (e.g., posters) may evolve as new ideas emerge therefore, follow-up after implementation is essential to confirm goals are being met and to adjust the QIP as needed on an ongoing basis.</li> <li>▪ Acknowledged the challenges associated with gathering and maintaining resident information and the need to clearly define responsibility for ongoing upkeep given the volume of residents.</li> <li>▪ For future QIPs, existing practices should be thoroughly reviewed to determine whether they should be maintained or enhanced, recognizing that some processes may already be effective.</li> </ul>
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|  | <ul style="list-style-type: none"><li>▪ While collecting departmental input for the newsletter can be challenging, ongoing cross-department communication remains essential to ensure important information is shared with residents and families.</li></ul> |
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Let's Make Healthy  
Change Happen.



## Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario

Radiant  
Care  
Pleasant  
Manor

**Long-Term Care  
March 2026**

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

[ontario.ca/excellentcare](http://ontario.ca/excellentcare)

## Overview

The objective of our Quality Improvement Plan (QIP) is to optimize ambient conditions, including reducing noise levels, improving lighting, maintaining tidy and well-organized spaces, and ensuring high-quality, accurate delivery of resident laundry to promote comfort, dignity, and quality of life. This objective was selected based on feedback from Long-Term Care residents, highlighting lower satisfaction ratings in the 2025 Resident Experience Surveys.

Our QIP aligns with the quality objectives in our organization's strategic plan, complies with the Long-Term Care Service Accountability Agreement (L-SAA), and supports provincial and regional strategies focused on client-centered care, including the Seniors Strategy in our province.

Over the past year, we have dedicated most of our staff time and energy to ensuring the safety and support of our residents, staff, visitors, and family members. We will continue to prioritize quality improvement efforts aimed at enhancing resident satisfaction, particularly in strengthening communication between the home, residents, and their families.

## Resident Experience

This year's Quality Improvement Plan (QIP) has been developed in consultation with our Residents' Council to enhance resident satisfaction, specifically regarding enhancing a home-like environment to support resident well-being, based on the feedback received.

We are committed to collaborating with residents and gathering their feedback through regular Residents' Council meetings and our annual Resident Experience Surveys. After identifying areas for improvement, we held discussions with the Residents' Council, which supported our focus on enhancing residents' living environment to promote comfort, dignity, and well-being. Our staff will create an action plan and report back to both the Residents' Council and Family Council to share our strategies for improving resident satisfaction.

## Provider Experience

Radiant Care Pleasant Manor is committed to strengthening recruitment, retention, workplace culture, and overall staff experience through intentional and sustainable initiatives aligned with our strategic plan.

To support recruitment, we maintain strong partnerships with local colleges and universities that provide Personal Support Worker (PSW) and Nursing student placements within our homes. These placements create early exposure to long-term care practice, support workforce readiness, and establish a reliable recruitment pipeline. We are also active participant in the Ministry's PREP-LTC Living Classroom initiative, which integrates education and clinical practice within the home. This model enhances staffing stability while supporting students in developing competencies within a real-world long-term care environment.

To improve retention, we have implemented a structured employee referral program with a two-step incentive model. Staff receive recognition when a referred candidate progresses to interview and again upon successful completion of probation. This approach supports team engagement and attracts candidates aligned with our values and culture.

Employee recognition is embedded within our strategic plan through an immediate, tailored recognition model that acknowledges contributions in real time. This initiative reinforces positive performance, strengthens morale, and promotes staff engagement.

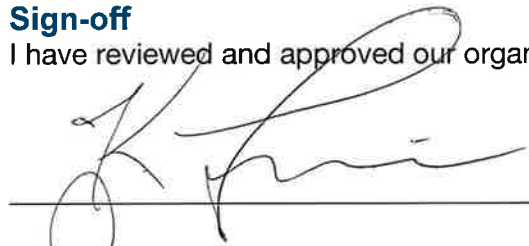
Workplace culture is supported through our internally developed curriculum, *The Radiant Care Way*, which focuses on relational excellence and person-centered care. All staff members complete this training and commit to a Relational Charter, fostering shared accountability, respect, and collaboration. These initiatives collectively support a positive provider experience and a stable, engaged workforce.

**Contact Information/Designated Lead**

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Chair, Continuous Quality Improvement Committee  
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**Sign-off**

I have reviewed and approved our organization's Quality Improvement Plan



Ken Friesen, Board Chair



Tim Siemens, Chief Executive Officer  
Chair, Quality Council



Fola Akano, Senior Administrator Long-Term Care  
Chair, Continuous Quality Improvement Committee

## 2026 - 2027 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
Enhancing a Home-Like Environment to Support Resident Well-Being	Optimize ambient conditions, including reducing noise levels, improving lighting, maintaining tidy and well-organized spaces, and ensuring high-quality, accurate delivery of resident laundry to promote comfort, dignity, and quality of life.	Percentage of residents responding positively to the following questions: <b>(1)</b> Temperature inside our building; <b>(2)</b> Overall appearance of Radiant Care Pleasant Manor; <b>(3)</b> Laundry service at Radiant Care Pleasant Manor.	85% (23 of 27) positive responses	95% positive responses	To best match performance in other categories on the Resident Experience Survey	Resident comfort and temperature audits	Weekly audits are completed by the Assistant Director of Care (ADOC) to ensure temperatures are recorded and are within 22°C-26°C range as per FTLCA 2021.  Provide education at weekly unit meetings on heating and cooling protocols.	Nursing leadership team to monitor air temperature log on a weekly basis to ensure the recordings are within range; e.g., 22°C-26°C.  Education completed	Air temperatures are within the ranges of 22-26°C consistently.  May 2026	

## 2026 - 2027 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
						Ambient environmental audits focusing on noise, lighting, organization and tidiness	<p>Recreation staff to ensure that appropriate noise levels are maintained while residents are in the dining room; (e.g., soft, calming background music and no excessively loud television shows).</p> <p>Supervisors to complete weekly audits in the dining rooms to ensure noise levels are adequate.</p>	<p>Noise levels monitored in dining room</p> <p>Audits completed</p>	<p>April 1, 2026, and ongoing</p> <p>April 1, 2026, and weekly</p>	
							Director of Care (DOC) will schedule 1-2 PSWs to complete room audits for excessive clutter or equipment that can be removed on a biannual basis.	Audits completed to ensure that all resident rooms are clean, tidy and free of excessive clutter.	June 1 and November 1, 2026	

## 2026 - 2027 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
							During admission process, ADOC to remind family and residents that Radiant Care Pleasant Manor does not accept donations and that rooms are to be cleared out within 24 hours of a resident being discharged.	<p>(1) Supervisors will work together to ensure the storage room in the basement is cleaned and organized for their department.</p> <p>(2) Resident belongings are removed from the home within 24 hours of a resident being discharged.</p> <p>(3) Storage rooms on home areas are neat and tidy. DOC to complete audits monthly and to follow up on unlabeled items.</p> <p>(4) Resident home areas and meeting rooms are clean and tidy and free of excessive clutter.</p>	<p>April 1, 2026 and ongoing</p> <p>April 1, 2026 and ongoing</p> <p>April 1, 2026 and ongoing</p> <p>April 1, 2026 and ongoing</p>	

## 2026 - 2027 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
							DOC to provide education at weekly unit meetings on Dining with Dignity.	Weekly education completed	May 2026	
							Supervisors will complete 1 dining room audit per month each using Radiant Care Dining Audit.	Monthly audits completed	April 1, 2026, and ongoing	
							Education will be provided to nursing staff at weekly unit meetings on entering WorxHub requests for equipment that needs repair.	Weekly education completed	April 1, 2026, and ongoing	
						Laundry quality and accuracy audits	Nutrition Manager to complete monthly audits of resident rooms to ensure items are clean, in good condition, and delivered to the correct resident.	Monthly audits completed	April 1, 2026, and ongoing	

## 2026 - 2027 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
							DOC will provide education to personal support workers during weekly unit meetings about the importance of completing the personal belongings form correctly; (i.e., name, location, etc.) to prevent any delays in getting laundry items labelled and to ensure that residents will receive their clothing in a timely manner.	Weekly education completed	May 2026	
							DOC to provide education to staff on the lost and found process.	Education completed	April 1, 2026, and ongoing as required	

## 2026 - 2027 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
						Tidiness and cleanliness of the home	Weekly audits to be completed by the Manager of Support Services	Audits completed to ensure all residents' bedrooms and common and service areas throughout the entire home are cleaned, dusted, vacuumed, swept, or wet mopped, where applicable.	June 1 and November 1, 2026	

## Resident Experience Survey 2025 Results

One Resident Experience Survey was distributed to each Long-Term Care resident, for a total of 40 surveys distributed. A total of 9 responses were received for a response rate of 22.5%.

Survey filled out by:

Resident: 1	Family/Caregiver/SDM: 6	Unspecified: 2
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Personal Care and Medical Issues	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Personal care received such as bathing, hygiene, safety and comfort, lifting and transferring, etc.	1	6		1	1
Staff respect my privacy while providing personal care	2	6			1
Medical concerns and medical care such as treatments, medication administration, etc. are addressed	4	5			
Staff awareness of my personal preferences of routines for waking up in the morning, bedtime rituals and hygiene choices, and reflection of awareness in their daily care	2	4	1		2
Staff care that considers my strengths, preferences and needs in a non-rushed manner allowing me the optimal independence at my own pace	1	5		1	2
If applicable, the continence products I use help to keep my skin dry, fit comfortably and eliminate soilage on my clothes	2	5	1		1
Physiotherapy services offered at Radiant Care Pleasant Manor	2	5			2
I was involved in decisions about my care as much as I wanted to be	4	4			1
<b>Additional Comments:</b> <ul style="list-style-type: none"> <li>▪ Personal care - but it depends on who is doing it.</li> <li>▪ Awareness - depends on who provide care.</li> <li>▪ Involved (family response, not resident).</li> </ul>					

Programming and Activities	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Effectiveness of the Resident Council		2			7
Quality of activities I have been involved in		5			3
Variety of activities I have been involved in		4	2		3
Meaningful and enjoyable activities		5			4
Staff are aware of my personal interests and hobbies and facilitate participation in these		7			2
Chapel Services and Bible Studies	2	5			2
One-on-one visitations with the Chaplain		6			2
Opportunity and support in meeting my spiritual needs		6			2
<b>Additional Comments:</b>					
<ul style="list-style-type: none"> <li>Does not participate.</li> </ul>					

Dietary / Food	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Variety of food offered on our menu	4	4			
Presentation of food	4	4			
Temperature of food when it's received	2	6			
Promptness of meal service	1	7			
Seasoning and taste of food served	1	7			
Time provided so that I may eat my meal at my own pace	3	5			
Appropriate, courteous assistance provided with my meals	5	4			
Overall dining room experience (e.g., noise level, table mates, seating, lighting, etc.)	3	3			1
<b>Additional Comments:</b>					
<ul style="list-style-type: none"> <li>Really appreciate being permitted to bring food in for my dad and having kitchen staff serve it to him.</li> <li>Eats in room.</li> </ul>					

Environmental Services	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Radiant Care Pleasant Manor's response to maintenance issues	1	4	1	1	1
Lighting		8	1		

<b>Environmental Services</b>	<b>Very Satisfied</b>	<b>Satisfied</b>	<b>Dissatisfied</b>	<b>Very Dissatisfied</b>	<b>Do Not Know</b>
Temperature inside our building		6	3		
Ease of mobility within our building		7	1		
Overall appearance of Radiant Care Pleasant Manor		7	1		
Overall comfort of Radiant Care Pleasant Manor		9			
Laundry service at Radiant Care Pleasant Manor	3	5		1	
<b>Additional Comments:</b> <ul style="list-style-type: none"> <li>▪ Temperature - could be warmer.</li> <li>▪ Crowded hallways, new building should be okay.</li> <li>▪ Bathroom doors!</li> <li>▪ Great 90s vibe.</li> </ul>					

<b>Staff Communication with Residents &amp; Families</b>	<b>Very Satisfied</b>	<b>Satisfied</b>	<b>Dissatisfied</b>	<b>Very Dissatisfied</b>	<b>Do Not Know</b>
Volume of voice the staff uses to talk with me	3	4	1		
Clarity of speech of the staff	2	3	2		
Body language when staff talk with me	1	5	1		1
Ability of staff to help resolve issues	2	6	1		
<b>Additional comments:</b> <ul style="list-style-type: none"> <li>▪ Accents can be difficult for hard of hearing people.</li> <li>▪ Everyone is different!</li> </ul>					

<b>Administration / Management / Office Staff</b>	<b>Very Satisfied</b>	<b>Satisfied</b>	<b>Dissatisfied</b>	<b>Very Dissatisfied</b>	<b>Do Not Know</b>
Management accessibility for me		6	1		1
Management responsiveness and ability to address issues or complaints I have		5	2		1
Management efforts to share information with me		7			1
Office staff efforts to provide me with the information I need		6			2
Friendliness	2	4		1	1
<b>Additional Comments:</b> <ul style="list-style-type: none"> <li>▪ n/a</li> </ul>					

Having a Voice	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
How well staff listen to me	2	5			2

	Yes	No
I can express my opinion without fear of consequences	7	

Recommendation	Yes	No
Would you recommend Radiant Care Pleasant Manor to your family and friends?	9	

Overall Rating	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
I am treated with excellence, love and dignity	3	5	1		
Overall, rating of my experience at Radiant Care Pleasant Manor and the care and services I receive in all areas	3	5	1		

**Additional comments:**

- Bathroom cleaning is subpar some days - stinky.
- Overall, we have been pleased with the kindness and attentiveness of staff!! Treasure your staff! It's hard work.
- Hard to know exactly what the answers might be since it's hard to accurately know what he's thinking. Staff must read his body language and they seem to do that well. Overall, he's happy to be there except when there's a lot of pain or he doesn't like his PSW - then he wants to come home - that's heartbreaking. But usually the staff and myself try to redirect him. Thanks so much for your help and assistance during these many years of residing in long-term care.
- Very long response time to call bells.
- Many actions with care are usually good but often new staff have done things that cause harm. Examples: Cutting nails and causing bleeding, improper positioning in bed.
- The one thing, few if any PSWs do, is clean eyeglasses. I clean [resident's] glasses every day. Others who wear glasses and can't clean them must have glasses so dirty it impairs their vision. Suggest PSWs are shown how to clean glasses properly and urged to do so daily.