

Continuous Quality Improvement Initiative Report March 2026

Designated Lead

Fola Akano, Senior Administrator Long-Term Care

2025 - 2026 Quality Improvements

Please see the 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 reported 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 August 26, 2025. Surveys were distributed to all residents on November 1, 2025 with a deadline of November 14, 2025. An article was included in the November 2025 resident newsletter with respect to the experience survey process.

A follow-up article was included in the December 2024 resident newsletter thanking all who took the time to complete the survey, and that results would be shared with the Residents' Council and, if applicable, the Family Council.

Please see attached collated 2025 Resident Experience Survey results.

The resident survey results were communicated as follows:

- Posted in the Resident Resource Binder on January 8, 2026, available for review by all residents, family members, caregivers and Substitute Decision Makers (SDMs).
- Distributed to supervisory staff on January 7, 2026.

- Shared with all long-term care staff via huddles.
- Discussed at the Residents' Council meeting of February 18, 2026.

Survey results and resulting actions have been recorded and shared with residents through Residents' Council meetings, with minutes available in the Resident Resource Binder for residents, family members, caregivers, and SDMs. Information will also be shared at Family Council meetings once established, and regular updates continue to be communicated to staff during huddles.

Family / Caregiver / SDM Survey

This survey was created to measure 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 compiled and analyzed, shared with residents, and resulting improvement actions were formally documented and integrated into the quality improvement plan.

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 1, 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 on the following:

- January 20, 2025
- February 24, 2025
- March 18, 2025
- April 22, 2025
- May 27, 2025
- June 24, 2025
- July 22, 2025
- August 26, 2025
- September 25, 2025
- October 23, 2025
- November - postponed to December due to outbreak and elevator issues
- December - cancelled due to outbreak and elevator issues

Minutes from the previous meeting are reviewed at the next meeting. Minutes were 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
- February 12, 2025
- June 24, 2025
- August 28, 2025
- September 25, 2025
- October 30, 2025

Minutes from the previous meeting are reviewed at the next meeting. Minutes are also posted in a binder located at the Welcome Desk in Long-Term Care and are available for residents, family members, 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.

- RC Residents' Council and Family Councils brochures were included in every new admission welcome bag.
- Flyers re Family Council were posted in elevators in March 2025.
- A virtual Family Council Information Session was offered on October 29, 2025 from 6:30pm to 7:30pm that included a guest speaker from Family Councils of Ontario.

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.

Communications with Staff

- Interdisciplinary meetings were held to review and update admission packages, clarify team roles within the admission process, and ensure consistent messaging to residents and families.
- Department leads were engaged in the development and implementation of the Roles and Responsibilities poster and the "Who I Am" initiative to promote transparency, shared accountability, and individualized resident care.

- Ongoing communication was reinforced through shift reports and team meetings, emphasizing responsibility for maintaining accurate resident information and ensuring consistent information sharing across departments for resident and family communications.
- Staff were provided opportunities to share feedback regarding the effectiveness, sustainability, and workload impact of new communication initiatives to support continuous quality improvement.

Training

- Education sessions were provided on the revised admission process to clarify staff roles and support a smooth transition for residents and families.
- In-services on person-centred care reinforced the practical use of the “Who I Am” tool, respectful documentation practices, and the importance of maintaining resident dignity and privacy.
- Ongoing audits and department-specific refreshers were conducted to strengthen workplace communication practices, clarify escalation processes, and support continuous quality improvement through follow-up coaching as required.

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.
- Feedback indicated that both staff and residents valued the “Who Am I” initiative, although time-intensive, it positively supports resident-centered care and strengthens staff to resident relationships.
- 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.

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

Objectives	(1) To promote a resident-centered approach by improving communication of information within the home for residents; (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 develop clear, efficient workplace communication strategies between departments and staff members	
Measure/Indicator from 2025 - 2026 QIP	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 Tabor Manor; and, (4) I was involved in decisions about my care as much as I wanted to be	
Current Performance as stated on 2025 - 2026 QIP	93% (111 of 120) positive responses	
Target Performance as stated on 2025 - 2026 QIP	95% positive responses	
Final Performance - End of 2025	89% (102 of 115) positive responses	
QIP Progress		
Change Idea	Methods	Progress/Completion
Review and update existing admission information packages	<ul style="list-style-type: none"> ▪ Review existing packages ▪ Coordinate with admission team to update admission packages ▪ Review information and update as needed 	<ul style="list-style-type: none"> ▪ Admission packages were reviewed with Senior Administrator Long-Term Care, Housing and Capital Works Coordinator and ADOC. ▪ Packages were updated and rolled out October 2025. ▪ Admission packages are reviewed annually and as needed. No changes were required since the last update. ▪ All team members involved in the admission process have been informed of changes and given the opportunity to provide feedback.

<p>Create poster that outlines roles, responsibilities, and contact information for each department</p>	<ul style="list-style-type: none"> ▪ Create poster ▪ Hang poster on bulletin board at main entrance to ensure easy accessibility to pertinent information within the home ▪ Review information and update as required 	<ul style="list-style-type: none"> ▪ A poster outlining services provided at the home was developed and is included in the admission package. ▪ 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. ▪ This guide has been posted on the bulletin board at the main entrance opposite the tuck shop. ▪ The guide is also posted in the resident resource binder under Section 3. ▪ Both documents have been shared and reviewed with the admission team and will be updated as needed.
<p>Create ‘Who I Am’ person-centered information poster to be posted on the back of every resident door to promote personalized care</p>	<ul style="list-style-type: none"> ▪ Create template ▪ Obtain resident-specific information from residents, family and staff ▪ Mount holders to the back of each resident room door to ensure poster is secure ▪ Review and update information as required 	<ul style="list-style-type: none"> ▪ A template was created (August 18). ▪ Information was gathered from Therapeutic Recreation and Nursing teams using nursing tip binders and regular social profiles. ▪ Additional time was required to gather information in order to get a robust person-centred profile. ▪ The holder and posters were mounted on January 16, 2026. ▪ All care tip sheet binders on the units were updated for PSW use. ▪ This item has been added to the monthly Therapeutic Recreation team checklist when pertinent resident changes occur (e.g., room changes, changes in health status). ▪ Registered staff and float staff will also provide updates as resident changes occur ▪ Montessori PSWs will provide input on residents under their assignment.
<p>Improve existing newsletter to be resident focused</p>	<ul style="list-style-type: none"> ▪ Redesign existing newsletter template to be specifically focused on residents 	<ul style="list-style-type: none"> ▪ The template was not redesigned, as review confirmed it is resident-focused and aligned with Radiant Care branding.

	<ul style="list-style-type: none"> ▪ Newsletter to be proof read and approved prior to distribution by TR Supervisor ▪ Staff to deliver approved newsletter to each resident at the beginning of each month 	<ul style="list-style-type: none"> ▪ The Therapeutic Recreation Supervisor continues to review and approve the newsletter prior to distribution. ▪ Therapeutic Recreation team continues the practice of hand-delivering the newsletter to each resident at the beginning of each month. ▪ The newsletter is also distributed electronically to resident family contacts on file to support improved communication.
<p>Create a monthly newsletter for family members to provide updates related to the home. This will allow for clear communication and the timely distribution of information. Newsletter will be sent out via email to families with a copy available on the website; this is in addition to existing resident newsletter</p>	<ul style="list-style-type: none"> ▪ Design a newsletter template to be used each month ▪ Each department in LTC will provide monthly news and updates within their departments; monthly due date will be assigned to ensure timely completion; newsletter to be approved prior to distribution ▪ Update the bulletin board in the main entrance 	<ul style="list-style-type: none"> ▪ A decision was made not to develop a separate family-centred newsletter, as this would result in redundant information sharing. ▪ The existing newsletter is being updated to include more department-focused content to improve communication about activities and updates within the home. ▪ Supervisors meet weekly to discuss departmental events and updates where relevant information is incorporated into the newsletter as appropriate. ▪ The newsletter is not posted on the bulletin board, as it is hand-delivered with monthly calendars at the beginning of each month, available for viewing in the activity lounge, and posted on the website. ▪ Additional relevant information for families is provided in the body of the email sent with newsletter and monthly calendars.
<p>Lessons Learned</p>	<ul style="list-style-type: none"> ▪ 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. ▪ Regular review of communication practices across departments is necessary to maintain shared accountability and should be discussed routinely. ▪ 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. 	

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| | <ul style="list-style-type: none">▪ 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.▪ Feedback indicated that both staff and residents valued the “Who Am I” initiative, although time-intensive, it positively supports resident-centred care and strengthens staff to resident relationships.▪ 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.▪ 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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Let's Make Healthy
Change Happen.



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

Radiant
Care
Tabor
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

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 Resident's Council and Family Council to share our strategies for improving resident satisfaction.

Provider Experience

Radiant Care Tabor Manor is committed to strengthening recruitment, retention, workplace culture, and overall staff experience through strategic initiatives aligned with our organizational 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 home. These placements offer early exposure to long-term care practice, support workforce readiness, and create a reliable recruitment pipeline. We also participate in the Ministry's PREP-LTC Living Classroom initiative, integrating education and clinical practice within the home to enhance staffing stability and competency development.

We actively support Ontario's incentive funding program aimed at attracting new PSW graduates to the Long-Term Care and Home and Community Care sectors. We promote these opportunities to students and new graduates and facilitate onboarding processes aligned with provincial funding requirements, further strengthening recruitment efforts.

To support retention, we have implemented a structured employee referral program with a two-step incentive model, recognizing staff when referred candidates advance to interview and again upon successful completion of probation.


Employee recognition is embedded in our strategic plan through an immediate, tailored recognition approach that acknowledges contributions in real time. Workplace culture is reinforced through our internally developed curriculum, *The Radiant Care Way*, focused on relational excellence. All team members complete this training and commit to a Relational Charter, fostering accountability, respect, and collaboration.


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: (1) Temperature inside our building; (2) Overall appearance of Radiant Care Tabor Manor; (3) Laundry service at Radiant Care Tabor Manor.	94% (90 of 95) positive responses	96% positive responses	To best match performance in other categories on the Resident Experience Survey	Resident comfort and temperature audits	Weekly audits are completed by 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. 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
						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
							<p>During admission process, ADOC to remind family and residents that Radiant Care Tabor Manor does not accept donations and that rooms are to be cleared out within 24 hours of a resident being discharged.</p>	<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 lost and the 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 126 surveys distributed. A total of 34 responses were received for a response rate of 27%.

Survey filled out by:

Resident: 5	Family/Caregiver/SDM: 18	Unspecified: 10
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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.	18	13	1		1
Staff respect my privacy while providing personal care	20	10	2		1
Medical concerns and medical care such as treatments, medication administration, etc. are addressed	18	11	2		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	15	12	4		1
Staff care that considers my strengths, preferences and needs in a non-rushed manner allowing me the optimal independence at my own pace	17	12	2		1
If applicable, the continence products I use help to keep my skin dry, fit comfortably and eliminate soilage on my clothes	16	11	1		1
Physiotherapy services offered at Radiant Care Tabor Manor	10	9	2	2	8
I was involved in decisions about my care as much as I wanted to be	17	10	1	2	3

Additional Comments

- Not all staff, but one staff member is considered excellent.
- Personal preferences - sometimes too quick and don't ask my preference, don't always put cream on.
- I had physio and it was taken from me; I want to work on my walking.
- Need to take the lead a little more.

Programming and Activities	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Effectiveness of the Resident Council	5	7	1		15
Quality of activities I have been involved in	8	17	1	1	3
Variety of activities I have been involved in	10	17			3
Meaningful and enjoyable activities	11	14	1		3
Staff are aware of my personal interests and hobbies and facilitate participation in these	12	11	1		5
Chapel Services and Bible Studies	8	11	1	1	7
One-on-one visitations with the Chaplain	10	12	1	1	7
Opportunity and support in meeting my spiritual needs	6	14	1	1	7
Additional Comments <ul style="list-style-type: none"> ▪ Maybe add puzzles. ▪ Chapel services - we don't have any. ▪ Visitation - he doesn't come any more. ▪ Support - don't have any. ▪ Don't find activities are for me. 					

Dietary / Food	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Variety of food offered on our menu	9	21	4		1
Presentation of food	8	18	5		2
Temperature of food when it's received	9	15	9		1
Promptness of meal service	10	22	1		
Seasoning and taste of food served	6	20	6		3
Time provided so that I may eat my meal at my own pace	13	20			
Appropriate, courteous assistance provided with my meals	15	17	1		
Overall dining room experience (e.g., noise level, table mates, seating, lighting, etc.)	10	15	4	1	
Additional Comments <ul style="list-style-type: none"> ▪ Variety - mostly. ▪ Food temp - mostly. ▪ More perogies. ▪ Breakfast is great, love it! ▪ Vegetables often too hard. ▪ Sometimes find soup tasteless, sorry! 					

- Really not enjoying lots of meals.
- There are days when I am satisfied. There are days when I am dissatisfied; meals are too cold and there are days when it is too hot.

Environmental Services	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Radiant Care Tabor Manor's response to maintenance issues	13	15	1		1
Lighting	12	20			1
Temperature inside our building	10	19	3		
Ease of mobility within our building	14	17			
Overall appearance of Radiant Care Tabor Manor	16	14	1		1
Overall comfort of Radiant Care Tabor Manor	16	17			
Laundry service at Radiant Care Tabor Manor	15	16	1		1

Additional Comments

- Elevator problems.
- Floor is in need of replacement.
- Temp inside building - sometimes too hot.

Staff Communication with Residents & Families	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Volume of voice the staff uses to talk with me	16	17		1	
Clarity of speech of the staff	12	19	1	2	
Body language when staff talk with me	10	19			2
Ability of staff to help resolve issues	13	14	2		2

Additional comments

- Body language - most are good but not all.
- Some people are hard to understand due to accent (x4).
- Depends on who it is, Caine is excellent!
- Too loud at night.

Administration / Management / Office Staff	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Management accessibility for me	5	19	3		5
Management responsiveness and ability to address issues or complaints I have	8	14	3		4

Administration / Management / Office Staff	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Management efforts to share information with me	7	17	4		5
Office staff efforts to provide me with the information I need	6	19	2		5
Friendliness	17	12			2
Additional Comments					
<ul style="list-style-type: none"> Things I complain about do not change. 					

Having a Voice	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
How well staff listen to me	14	17	1		1
<ul style="list-style-type: none"> Depends on the staff; poor orientation. 					

	Yes	No
I can express my opinion without fear of consequences	34	1

Recommendation	Yes	No
Would you recommend Radiant Care Tabor Manor to your family and friends?	33	

Overall Rating	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
I am treated with excellence, love and dignity	18	16			
<ul style="list-style-type: none"> By some 					
Overall, rating my experience here at Radiant Care Tabor Manor and the care and services I receive in all areas	20	11			1

Additional comments					
<ul style="list-style-type: none"> Staff always welcoming and attentive - thanks to all! My only complaint is that I do not have a regular PSW to assist me in the morning. I seem to get a different one everyday whereas the other residents have a regular PSW. Personally, I don't think that is fair. The young staff do not seem well trained for transferring from chair to toilet or bed. When morning care not completed - seem rushed and do not take care. Four days a week one staff member baths me and she is exemplary, other days very noticeable lack of care. Mom and I filled this out together. She didn't know some answers (and neither did I), so we left them blank. Mom is very happy with er care and so am I. I wish there was a way for residents to have fresh fruit and vegetables in their diet. 					

- Assistance to have temperature appropriate clothing; 3 weeks in a row leather jacket, sweater, shirt, undershirt. Personal items missing (wallet x3). Assistance in room - everything unplugged, all personal photos thrown out and replaced on corkboard. [Resident] says everyone is friendly and helpful, good food.
- Wandering residents are a problem.
- All the staff are wonderful to me.
- My mom loves it here and she has blossomed.
- Other residents enter my room when I am away and when I am home.
- All good, thank you.
- Nothing more to add.
- Certain rooms do not have even AC when the outside temperature is very hot. Please rectify this before the summer heat comes.
- After coming off the lift, please pull up my pants and tuck in my shirt.
- Please brush my hair in the morning and also brush my teeth everyday.
- [Resident] would like more help with the television in his room, especially with turning on and changing channels. Temperature of room is sometimes too cold, sometimes too hot. Overall very happy with care. He would like more assurance that all is well and taken care of.
- Some people speak and understand English well. Others that are new to the country can be very difficult to communicate with.