

2026/2027 Northland Pointe Continuous Quality Improvement Initiative Report

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Overview

Northland Pointe is one of the seven long-term care homes owned and operated by the Regional Municipality of Niagara. It has 151 beds and 21 specialty programs. It is recognized as a best practice spotlight long-term care home and has been accredited from Accreditation Canada.

We collaborate with various stakeholders, including team members, volunteers, students, physicians, and the Public Health and Social Services Committee, to ensure that resident care and services are consistently monitored, analyzed, and evaluated. Our approach aligns with resident preferences, best practices, leading standards, and the Fixing Long-Term Care Act 2021 (FLTCA) requirements, Ontario Regulation 246/22, and Accreditation Canada standards. When opportunities for improvement arise, we work together to develop, implement, and evaluate initiatives to enhance care.

In 2025, Niagara Region advanced initiatives that strengthen innovation, relationships, and well-being across our homes. Guided by the Vibrant – Live Your Best Model of Care, Niagara Region continues to foster safe, inclusive, and supportive environments where residents, families, staff, and visitors feel valued and connected. This model of care brings together our strategic initiatives to support person-centered care, meaningful relationships, and quality of life.

Several initiatives have been implemented to support the Vibrant – Live Your Best approach. This includes the PAWsitivity Program, which enhances residents' quality of life through meaningful interactions with animals. To strengthen engagement, Seniors Services implemented Policy AD02-007 – On-Site Leadership Presence, supporting the Leading with HEART philosophy. This initiative fosters authentic connections between leaders and team members, enhancing morale, communication, and trust through regular HEART Walks—visible leadership rounds focused on recognition and meaningful dialogue.

Our Mission

Working together, we provide the highest quality of life for Seniors living in long-term care and in the community.

Our Vision

Exemplary care, Compassionate team, and Community Leader.

Our Values: Respect, Serve, Choice, Honesty, Partnership.

Our Approach to Continuous Quality Improvement

Niagara Region long-term care homes have a comprehensive quality program that guides our long-term care homes through continuous quality improvement activities.

The Seniors Services Operational plan includes improvement efforts and initiatives across the homes to optimize standardization and decrease variability. We identify the priority areas through in-home committees, audits, reports, resident and family feedback, legislative requirements, and guiding principles.

Our home will monitor progress on strategic priorities to align them with our home needs. We will focus on providing the best quality to our residents and uphold our commitment to continuous quality improvement. Prioritizing improvement opportunities is a critical step in translating data into action.

How We Identify Home's Priority Areas

Northland Pointe is committed to fostering a collaborative and inclusive environment where the voices of our residents and their families are integral in shaping the care we provide. Northland Pointe actively engages members of the Resident Council and Family representatives in quarterly Professional Advisory and Continuous Quality Improvement (PAC-CQI) Committee meetings. The insights and experiences of the Resident Council and Family representatives and the Quality Committee are invaluable in identifying areas for growth and implementing meaningful, actionable plans that are included for the next fiscal year based on the recommendations of the homes and their quality committees.

During these meetings, the management team updates our quality and safety programs, sharing any activities that need discussion and input. We review various topics, including program performance, feedback from residents and families, essential incidents, complaints, infection control, and other key focus areas. This collaborative approach ensures that we consistently enhance the quality of care we provide.

Policies, Procedures and Protocols

Each year, Northland Pointe creates Quality Improvement Plans corresponding to provincial system priorities. The plan for 2026-2027 emphasizes Health Quality Ontario's systemic challenges: Access and Flow, Equity, Safety, and Experience. These priorities align with our organization's goal of enhancing care and improving service quality. The objectives and suggested changes from this plan will often continue as multi-year initiatives, while Northland Pointe works to sustain advancements in effective care, service delivery, and resident experience.

Our team will follow the PDSA cycle (Plan, Do, Study, Act). It's a simple tool for testing and enhancing ideas or processes. Start by planning a small change, then implement it on a limited scale. Analyze the results to see what happened and act on what you learned—either by adopting the change, adjusting it, or trying something new. It's a continuous cycle of improvement.

Identify/Diagnose the Problem

All identified problems that need attention are analyzed using the root cause framework.

- Northland Pointe will document the problem and identify opportunities for improvement.
- Northland Pointe will gather data to understand the problem better.
- Northland Pointe will review the problem statement and team composition needs.
- Northland Pointe will analyze the problem and data available using QI methodologies to identify opportunities for improvement.

Create a Plan

- Once teams understand the underlying causes and align any resident's needs, they would define an action plan in collaboration with residents and families.
- The team will explore and evaluate those opportunities.
- Northland Pointe will identify how they plan to achieve desired results and document them under the PCC insights, Resident and Family Survey Action Plan, and other Project planning tools available.
- The plan should include (1) where we are, (2) where we want to be, (3) how we will do it and identify the team that will support the improvement activity.
- The team will determine if training is needed and include it as a task.

Set Improvement Aims

The aims set out in our plan are developed using an interdisciplinary approach and feedback from family and residents. Data supporting the objective will be collected and used for analysis and benchmarking. Examples of data include scorecards, dashboards, and other facility reports such as employee and resident satisfaction results. Reports available from outside resources, including but not limited to Health Quality Ontario, CIHI, Nquire, and RNAO, are used to set clear paths for improvement. We use the SMART framework (Specific, Measurable, Attainable,

Relevant, and Time-Bound) to set goals that will align with the desired improvement target and will help to focus on continuous improvement.

Set and Test Improvement Ideas

Our quality improvement plan relies on teamwork among all staff to analyze problems and propose and implement resolutions. Ideas or interventions are established and monitored for the duration of the plan. The analysis identifies the effectiveness of the improvement activity and if any other approach should be considered.

The improvement indicator or activity progress is documented in the Point Click Care (PCC) Insights, Project planner, and Resident and Family Survey Action Plan, and meeting minutes are recorded immediately after each quality meeting.

Implement, Spread and Sustain

Implementation plans are reviewed and evaluated routinely and as often as needed. The interventions are tested and assessed to ensure that any practice changes are appropriately embedded into our workflow and that staff are aware of the changes. At the end of the testing period, the team will evaluate whether the interventions or changes resulted in improvements. The team will present any opportunities that could result in standardized practices across our long-term care homes to the quality steering committee. The Quality Steering Committee will discuss sustainability and consistency approaches and support the long-term care homes with the resources needed to implement any adaptations.

How We Monitor Improvement and Identify Outcomes

Northland Pointe champions quality initiatives by leveraging the support of our Continuous Quality Improvement Advisors, who guide project planning, measurement strategies, and accountability. Our quality and risk management program processes include monitoring and evaluating.

- Performance indicators at the home and program level
- Priority indicators outlined in the annual quality improvement plans.
- Professional and CQI committee
- Core programs meetings.
- Municipal benchmarking and Resident and Family Experience survey results
- System-wide indicators
- Annual Program Evaluations

An Interdisciplinary team reviews metrics on PCC and other sources, and monitors progress in line with the core programs by proactively reviewing real-time data and progress across indicators. This allows the team to communicate effectively and adjust strategies to align with any issues identified.

Outcomes

Outcomes are conveyed through a range of resident council and family representatives committees and PAC and quality committees within the divisional frameworks. The primary outcomes can be divided into the following categories:

- Resident Well-being Outcomes: includes metrics such as decreased hospitalizations and reduced medication errors.
- Resident and Family Engagement Outcomes: align with the goals specified in the Resident and Family Action Plan and involve improvements in care, services and programs.
- Core and Risk Management Outcomes: emphasizes the management and oversight of our clinical indicators, particularly targeting a reduction among different indicators of falls, injuries, and pressure injuries.
- System and Organizational Outcomes: outcomes in accreditation and compliance, along with the encouragement of innovation in technologies and processes.

Communication

Strategies are developed following the senior's communication plan but are not limited to home-specific needs and preferences.

Updates in the quality improvement plan are shared through several means, including:

- Postings on the quality board
- Computerized information blast emails using the Cliniconex app.
- Direct e-mails to staff and families
- Newsletters
- Website
- Informal presentations/huddles
- Presentations at Departmental Meetings
- Presentations at Town Hall Meetings
- Presentation at Professional Advisory and Quality Committees
- Presentations at Resident Councils
- Presentations at Family Quarterly Connections meetings
- Presentations at the Public Health and Social Services Committee
- Quarterly reports at the Quality Steering Committee

2025-26 Quality Improvement Accomplishments (reflections since last report)

1. Falls Prevention and Management

Northland Pointe continues to focus on preventing falls and managing risks through education on comprehensive falls assessments. The RNAO clinical pathways for falls and NQuIRE improved fall outcomes at Northland Pointe by helping measure whether best

practice fall prevention is actually being implemented, compare results over time, and use that data to drive quality improvement. Daily clinical rounds and monthly quality meetings have contributed to reviewing individual falls, ensuring the appropriate interventions are utilized based on resident needs. The home has also worked to reduce injuries from falls through precautions such as non-pharmacological interventions, hip protectors, helmets, and bed and chair alarms, ensuring that when a fall does occur, there are measures to limit impacts on quality of life from post-fall injuries. These efforts were based on trends in our falls data, resident and family input, and the clinical knowledge of our teams.

2. Antipsychotic Medication Reduction

Northland Pointe welcomed a new position onto the team, the responsive behaviours therapeutic advisor, which has been a great success for providing quick, responsive support with residents exhibiting responsive behaviours. Previously, the referral process would take a week or more. In addition to the direct support of residents, the therapeutic advisor conducts assessments that determine whether it is appropriate to utilize pharmacological interventions, which ensures care remains resident-centered and non-pharmacological interventions are considered first. The interdisciplinary team also gathers at least quarterly to review antipsychotic use in the home and discontinue or titrate medication down when appropriate. These discussions occur as needed, to ensure the residents' prescribed medication list is optimized for the care they need. The antipsychotic usage at Northland Pointe consistently remained below the provincial average throughout 2025. This suggests comparatively strong stewardship and effective non-pharmacological behavior supports leveraged by having a full time Responsive Behavior Therapeutic Advisor. Northland Pointe continues to explore other change ideas to reduce antipsychotic medication usage.

3. Resident Satisfaction and Engagement

Northland Pointe has successfully met a number of action items to improve the home this year, from new furniture and flooring, to implementing MealSuites that helped manage menus, recipes, and meal planning efficiently, and providing customer service education for staff, all based on resident and family feedback and suggestions. The home had great success in refreshing the dining experience based on feedback from residents' council through the incorporation of real-time meal feedback and dining service training. Staff were provided with a number of other educational opportunities focused on resident-centered care such as stop and go, GPA, and communication skills, among others. A major improvement was the implementation of same day cooking, which was well received by residents. As part of our ongoing focus on resident satisfaction and dining engagement, Resident Choice Days were introduced during months where there are no major holidays or special events, such as August, September, and November. These meals are dedicated to resident-selected menu items and were successfully carried out in 2025. Based on the positive feedback and participation received, Resident Choice Days will continue moving forward as part of our dining program initiatives. The Work Routine Project officially launched in the Nursing Department of Northland Pointe in September 2025. A key milestone was the standardization of nursing start and stop times to promote coordination and stronger communication by

ensuring that registered staff and personal support workers (PSWs) begin and end their shifts consistently across all units and homes. Standardizing routines allows staff to find more meaningful time to spend with residents, strengthening therapeutic relationships and reinforcing our commitment to person-centered care. By reducing inconsistencies and operational inefficiencies, the project enables caregivers to focus on what matters most—connecting with residents and enhancing quality of life.

4. Diversity, Equity, and Inclusion (DEI)

Northland Pointe continues to support and promote inclusivity within the home. The team created displays based on the cultural backgrounds of our staff and residents which provided a space for rich discussions between residents, family and staff. Information about Diversity, Equity, and Inclusion activities is shared regularly through the monthly newsletter highlighting ongoing initiatives, events, learning opportunities, and progress related to inclusive practice. The Chapel was renamed Worship Center in October and items were added to the space to represent more diverse spiritual needs for staff, residents and families. The role Spiritual & Religious Care Coordinator was introduced to signal that support is available to people of all faiths, spiritual identities, and worldviews and help residents feel the service is truly for them. In 2025, Niagara Region implemented a Facilitation of Smudging and Indigenous Ceremonies Policy, supporting the practice of smudging, an Indigenous healing ceremony and providing guidance to ensure culturally respectful practices are available for Indigenous residents, staff, and visitors in our long-term care homes.

5. Hospital Transfer Reduction and Recreation Engagement

One of last year's goals was achieved this year; Northland Pointe has successfully on-boarded a full time Nurse Practitioner. This prescriber complement indicates shared coverage and the need for consistent team-based practices (e.g., standardized approaches to geriatric syndromes, behaviour supports, deprescribing, and after-hours escalation pathways) to maintain clinical consistency across providers. Northland Pointe also utilized a delirium screening tool to identify residents experiencing signs of delirium or potential treatable infections, where 23% of assessments completed were positive. This strategy proved to be a successful method of assessing symptoms of underlying illness, which ultimately contributes to avoiding avoidable ED visits. Registered staff were provided with training based on identified gaps in documentation and SBAR-style documentation. The additional training ensured that staff were aware of how to document the details that the interdisciplinary team utilizes for decisions and conversations about ED transfer with family members. Objective findings and assessment tools, such as PPS, CHESS, and PSI, were also used to inform conversations on goals of care when significant health declines occurred. These tools helped implement goals of care conversation before critical events, ensuring that residents' wishes are respected and implemented. In collaboration with LifeLabs, Point of Care Testing (POcT) was introduced to the home in 2025 to increase timely access to medical testing to improve resident care and health outcomes. The LIAT ROCHE - gives PCR results for COVID, RSV and FLU A&B, allowing the ability to initiate prompt antiviral treatment, if indicated. The iStat device runs the Chem 8 panel - (sodium,

potassium, chloride, ionized calcium, total CO (2), glucose, blood urea nitrogen (BUN) and creatinine), BNP and Troponin tests, while the CLINITEK completes Urinalysis in about 1 minute.

6. **Palliative Care**

Northland Pointe maintains a resident-centered approach to palliative care, utilizing the palliative approaches to care assessment, which helps to ensure residents at end-of-life are addressed for comfort and support in their journey. While many residents are palliative but not end-of-life, we continue to use PoET discussions and daily clinical rounds to update the team about the resident's trajectory and experience. The team also utilizes comfort carts for families as they support their loved ones. On June 9, 2025 the RNAO Palliative and End of Life Clinical Pathways were implemented in all Niagara Region LTC Homes. The Clinical Documentation and Informatics (CDI) Leads supported the homes by delivering education to key staff members. The training and resources have led to improved staff knowledge and confidence in providing palliative care which led to both residents and families experiencing a more dignified and compassionate end-of-life process.

Other Actions and Priorities

The Northland Pointe team has made additional efforts to enhance the accommodations, care, services, and programs that contribute to the well-being of our residents and staff.

Accommodations:

Home Refresh: Residents and family collaborated with the home to determine areas that could be refreshing for our residents and visitors. Audits were conducted in resident areas and based on the results of these audits, Northland Pointe has undertaken several enhancements to improve the appearance and overall ambiance of the living environment. This includes the provision of new chairs, bedspreads and curtains for residents, installation of a new fireplace, application of fresh paint, and the addition of plant stands with greenery near the elevators. New floorings were successfully installed, and furniture was purchased for the common areas of the units and residents and family lounges. Collectively, these improvements were made to create a more welcoming, comfortable, and aesthetically pleasing living space for residents, families, and visitors.

Services:

Increased Staffing: Several new positions were added to the home to support the enhanced care and operation of Northland Pointe. An additional PSW was added for each home area on the day shift. Additional weekend office coverage was also added strengthening management coverage and supporting smoother communication with families and visitors and helping ensure that daily operations continue efficiently outside regular weekday hours. Northland Pointe also reinforced its clinical and responsive care capacity through the introduction of several new roles. These additions include three permanent positions: a Responsive Behaviour Therapeutic Advisor (RBTA), a Nurse Practitioner, and a 2026 Registered Nurse Care Coordinator. In

addition, during the first quarter, the home temporarily implemented two Outreach Registered Nurse positions to provide added clinical support and enhance care delivery. These role enhancements were established to improve resident care, support increasingly complex clinical and behavioural needs, and strengthen interdisciplinary service capacity within the home.

Programs:

Enhanced Programming for Residents and Family: Upon requesting more family involvement in activities, Northland Pointe has moved forward with increasing programs that families can also participate in with their loved ones. The annual Resident, Family, and Staff BBQ held on June 19, 2025, was a tremendous success and was very well received by all who attended. The Western-themed event had a festive atmosphere enhanced by creative decorations, lively entertainment, delicious food, and the popular addition of farm animals, which brought great enjoyment to residents, families, and staff alike. In response to increased interest and resident requests, the Programming and Recreation Department facilitated additional bus trips and community outings to support resident engagement and quality of life within the long-term care home. These events provided a meaningful opportunity for social connection, community building, and shared enjoyment, contributing positively to the resident experience within the home.

Introduction of Spring Volunteers: To support residents who want to spend more time outdoors in the summer, Northland Pointe successfully ran a garden program with volunteers to refresh our outdoor spaces for the spring and summer months of 2025. Summer students also played a valuable role in increasing resident outdoor engagement, offering more frequent and seasonally appropriate activities. This support improved resident wellbeing, connection, and quality of life during the summer months.

2025/2026 Review of the Resident and Family Surveys Action Plan

Northland Pointe made significant progress during 2025-2026 across key areas, particularly incorporating family and resident feedback into home improvements and enhanced programming. Regular Resident Council (RC) and town hall meetings throughout 2025 have been instrumental in enhancing collaboration between the home's management team and residents and their families. These meetings have provided a space to share updates, gather feedback, and implement action plans. Notable achievements include new flooring across the building and an enhanced worship room. The home also focused on improving food quality through enhancements of the spring/summer menu and incorporating aprons and cloth napkins during meal service. Staff received targeted training to align service with resident expectations. These initiatives, supported by quarterly PAC/CQI Committee meetings, reflect a resident-centred approach and a commitment to continuous improvement in care and quality of life. A complete action plan is available upon request.

Resident & Family Survey Results and Action Plan 2026/2027

Northland Pointe conducted its annual Resident and Family Satisfaction Surveys to gather feedback from residents and their families about the services provided. The purpose of the survey is to facilitate improvements and ensure that care meets each resident's needs. During the 2025 survey period (September 22 to October 17, 2025), we heard from 52 residents and 25 family members. The Annual Experience Survey results were shared on December 15, 2025 via newsletter and posted at the Quality Improvement Board. Results were also shared and action plan was created through the Town Hall Meeting on January 30, 2026 and on February 20, 2026 via Resident Council Meeting during which the Action Plan was approved.

The feedback we receive is invaluable as it helps us identify our strengths and areas for improvement, while also reinforcing our commitment to enhancing the quality of life in our homes. Overall satisfaction was strong: 94.74% of all respondents rated the home as either Excellent or Good. This included a 100% satisfaction rate among families and 92.31% among residents. The following are the results compiled for the family and resident surveys. Please see the survey results in Appendix A.

Residents and families also shared valuable feedback in the survey identifying areas where improvements can be made:

- Opportunity #1: Address dining pain points: heat retention for tray service, menu variety/texture modification, and staff training on the new delivery system with time-to-meal tracking.
- Opportunity #2: Increase activities and inclusivity: More activities overall, options suited to non-dementia residents, and inclusive programming for sensory limitations; some residents prefer fewer activities.

The Resident and the Professional Advisory and Quality Committee receive the current report and are regularly informed of progress regarding the action items during their meetings. Members can raise questions, provide input, and request changes as needed. An updated report and meeting minutes are posted in the Home, with copies available upon request.

The action plan will be reviewed and revised every quarter with the resident council, family representatives, and the Quality Committee (refer to Appendix B). A comprehensive action plan is available at home.

Upcoming Priority Areas for 2026-2027

In 2026/2027, Northland Pointe is aiming to implement the following Initiatives.

Table 1: Northland Pointe initiatives

Area of Focus	Performance	Change ideas
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents	Current: 15.50 Target: 14.00	1. Promote early recognition & standardized response to change in resident's condition through: a. Easy access and sustainability of diagnostic tests available at the home. b. Creation of educational reference guide and training video that are easily accessible to staff to serve as a reference during after-hours. c. Proactive Identification & Risk Stratification using validated triggers/tools: monthly ED visit tracking and analysis. d. Reinforcement and audit of SBAR-based escalation to physicians/NPs and utilization of PSW and Registered Staff communication tool. e. Distribution of the updated Medical Resource Handout for residents/families. f. Serious illness conversation training for Registered Staff to improve Advanced Care Planning quality.
Diversity, Equity & Inclusion	Current: 100 Target: 100	1. Implement learning opportunities for staff with topics based on the 2026 Diversity, Equity, and Inclusion Spotlight Dates through: a. Increased awareness through education via Mandatory Annual Professional Development. b. Highlighting DEI topics on Monthly Newsletter. c. Displaying DEI based visual presentations in common areas.
The percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	Current: CB Target: CM	1. To implement the 2025 Resident and Family Satisfaction Survey Result Action Plan. 2. To provide staff education on Registered Nurses Association of Ontario (RNAO) Best Practice Guideline (BPG) on Person Centered Care.
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences."	Current: CB Target: CB	1. To heighten awareness on Resident's Bill of Rights through education and open forum via these methods: a. Leadership team representative will conduct annual information session in a safe environment on Resident's Bill of Rights to refresh residents' knowledge. b. Display the Residents' Bill of Rights in electronic board for family/caregivers and visitors to view.

Area of Focus	Performance	Change ideas
Percentage of LTC home residents who fell in the 30 days leading up to their assessment.	Current: 18.29 Target: 15.80	1. Reduce the percentage of residents who fell in the last 30 days of their observation below the provincial average by the end of Q4 of 2026 by enhancing the RNAO BPG Champions Network. 2. Implement a multidisciplinary Falls reduction Initiative in partnership with internal partners to improve environmental and care-process changes.
LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.	Current: 8.26 Target: 8.00	1. Reduce the CIHI “Potentially Inappropriate Use of Antipsychotics in Long-Term Care” indicator to 5% percent from the baseline percentage of January 1st 2026 for each home, while maintaining or decreasing the monthly number of responsive behavior incidents among residents whose antipsychotics were titrated down through: a. Pharmacist and Nurse Practitioner–led education sessions to strengthen registered staff’s knowledge and understanding on the potential harms associated with inappropriate antipsychotic medication use. b. RBTA-led discussions with frontline staff on non-pharmacologic interventions and correct utilization of available resources/tools to de-escalate behaviors. c. Review use of Antipsychotics without proper diagnosis as part of Medication Safety Meeting.

*CB=Collecting Baseline

Appendix A – Northland Pointe Resident and Family Experience Survey Results 2025

* Results shown under Reportable Questions represent the highest positive responses for these questions: “Always” or “Most of the time” for whether residents feel they can speak up without fear of consequences, and scores of 9 or 10 for whether residents feel they have a voice and are listened to by staff.

Question Category	Question Short	Resident	Family	Combined
Care	Quality of care provided by the care team	4.49	4.48	4.49
Care	How your choices and preferences are respected in your care	4.31	4.60	4.41
Care	Support provided for your activities of daily living and routines	4.18	4.26	4.24
Care	How safe you feel living in this home	4.41	4.44	4.42
Services	How enjoyable mealtimes are	3.69	3.96	3.78
Services	Cleanliness and maintenance of the home	4.46	4.68	4.53
Services	Emotional and social support provided	4.26	4.21	4.38
Programs	How well the activities and programs match what you enjoy	3.69	4.27	3.88
Programs	How accessible programs and activities are for you	4.26	4.23	4.25
Programs	Experience with the rehabilitation and physiotherapy services	4.24	4.00	4.16
Goods	Comfort and quality of the continence products provided	3.96	4.33	4.08
Reportable	Do residents feel they can speak up without fear of consequences?	N/A	N/A	74.51%
Reportable	Do residents feel they have a voice and are listened to by staff?	N/A	N/A	59.62%
Overall	What is your overall rating of the home as a place to live?	92.31%	100%	94.74%

Appendix B: Northland Pointe Resident and Family Experience Survey Action Plan

Indicator	Current performance	Action items	Target completion date	Responsible person	Role of Resident Council Family Representatives	Status	How actions taken were communicated	Outcomes of the Actions that were taken
How enjoyable are Meal Services?	Resident 3.69 Family 3.96	Improve satisfaction with temperature of food for those receiving tray service. 1. Ensure meal is microwaved prior to tray being delivered 2. Review process to ensure if trays are being delivered last that they are prepared last. 3. Ensure thermos lids are used consistently and applied at time meal is plated. 4. Conduct an audit to determine if residents currently receiving a tray meet criteria for tray service. Increase satisfaction with vegetables and side dishes. 1. Discuss areas to improve with Resident Council during Food Committee Meeting. 2. Continue to monitor just in time meal service audits and achieve greater than 85 % satisfaction.	Start Date: April 1, 2026 Full implementation by: December 31, 2026	Julie B, NESM Julie B, NESM Julie B, NESM, Candace W DRC Ashley B DRC Julie B, NESM Tammy W LTC PM	Approved action plan 1.Participate in Food Committee meetings 2.Participate in just in time audits		Resident Council meeting February 20, 2026. March Newsletter Resident Council meeting February Feb 20, 2026. Resident Food Committee Meeting Feb 20, 2026.	Current Meal satisfaction survey result Q1 2026: 97.8%

