

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 28, 2026

OVERVIEW

Cedarwood Village continues to be a unique senior living home which operates under Maplewood Nursing Homes Ltd. There are two parts to Cedarwood Village – 40 independent senior living apartments and 90 Long Term Care Home beds. The visioning of Cedarwood Village in 1990 was to provide a place for seniors to age in place from independent living to Long Term Care assistance without seeking placement elsewhere. This never really transpired as it was envisioned. Since Ontario Health atHome is responsible for placement and overseeing the admission process and bed allocations. With current spousal reunification program, there now remains hope that at least in part, seniors in the independent living apartments may be able to move over to the Long Term Care housing when one spouse has been admitted before the other.

For the purpose of this report, we focus on the Long Term Care Home, but it is evident with the attached Senior's Independent living that seniors are requiring more support from the community, which is evident by the number of outside care providers that enter into the apartments on a daily basis.

Cedarwood Village Long Term Care Home houses 90 Long term care home beds – providing, basic, semi-private and private accommodations. Cedarwood Village is surrounded by beautiful gardens, a gazebo and walking path. The addition of raised flower and vegetable garden beds encourages independence and is reminiscent of Residents prior farming in the Community. Inside, a beautiful Atrium to gather with Friends and Family and the Comfort Room, a place for Residents to find comfort in times of need.

The Home continues to see change in the Leadership positions and

opportunity to create a Leadership team with the experience and knowledge to assist the Home to build strength and quality initiatives to move the home forward into the next chapter of its history. A Student Placement and Personnel Coordinator was added to improve recruitment and retention of staff while inviting and supporting students in their professional pursuits in Long Term Care. Additionally, a Social Worker has been hired to assist with improving Resident and Family transitions to Long Term Care.

Our mission statement, “Provision of exceptional service and support, through compassionate care, innovation and hiring of dedicated team members, allowing for a life of quality and dignity to those we serve”.

Vision statement, “To appreciate the hearts of all people”

Our values are “Caring with PRIDE”

P – People centered care – we include everyone in the care

R – Respect – We believe everyone has value

I – Integrity – We honour everyone through honesty and transparency

D – Dedication – We are committed to those we serve-

E – Excellence – We will always try our best

ACCESS AND FLOW

Improvements to in house services have been made to assist Residents to be treated in their Home and avoid unnecessary Emergency Room visits. The addition of a bladder scanner, medication management programs - such as Scriberly and Pharmapod add in the accuracy of medications. In addition to

LifeLabs resources, the purchase of a Cepheid molecular tester assists with early identification of pathogens from resident samples for on demand results for various infectious diseases such as RSV, COVID-19 and influenza A and B. The Residents have access to an in house Hygienist and optometrist visits, x-ray service, hearing clinics and Foot Care. Local Priority Funding through Ontario Health has enabled the purchase of specialized bariatric bed and the installation of a Wanderguard system. These types of interventions can assist Residents in place. Educational opportunities for staff also provide necessary training to better manage and treat Residents' complex needs that may otherwise lead to unnecessary emergency room visits. GPA training and Dementiability workshops. Additionally, the Nurse Led Outreach Team (NLOT) from Norfolk County. This is a program that is aimed at reducing resident transfers from LTC home to hospital, building capacity with nursing through support and education on a variety of care needs and facilitating repatriation of hospitalized LTC residents while working in conjunction with the homes Medical Director. Due to the BSO (Behaviour Supports) being a non-embedded model at Cedarwood Village, we find it challenging to effectively and efficiently respond to Residents' responsive behaviours that may pose a risk towards themselves, co-residents, visitors and/or staff members. An embedded model would assist in supporting the Residents in their Homes with consistent support and daily in home assessments and interventions. With the addition of a Social Worker in the Home, we may be able to assist in closing the gap on care for our Residents requiring BSO support. The Home has also hired a Resident Behavioural Support Coordinator to support residents in the home with responsive behaviours in the absence of an embedded BSO model.

EQUITY AND INDIGENOUS HEALTH

Cedarwood Village regularly reviews the Cultural and Diversity Plan to ensure inclusion of all Residents and staff. Person centered approach to care provides for each Resident to have a plan of care that is personalized and specific to their needs. The Programs Department and Dietary Department work together to provide meaningful programming and food related events, for example, Resident choice meals, celebrations of ethnically diverse meaning and responding to the needs of Residents with dementia. The home recognized the bilingual requirements and completes the Annual French Language survey. Other communication tools assist with language needs are provided as needed. The addition of a Social Worker will assist with Residents adjusting to admission to Long Term Care related to cultural and diversity needs. Education surrounding equity and indigenous health is provided to all staff.

PATIENT/CLIENT/RESIDENT EXPERIENCE

The Leadership team meets regularly with the Resident and Family Councils when invited. There is also an “open door” policy with all members of the Leadership team, which prompts frequent discussions and airing of concerns.

Annual Resident / Family Survey's are sent out and reviewed as part of our Continuous Quality Improvement program. Residents, Families and Staff discuss challenges and successes.

The Leadership team is looking at ways to integrate the home, staff and families in Community initiatives. Donations to local food banks, collecting for Women's shelter and joint fundraising initiatives with the Resident and Family Councils.

Volunteers are an integral part of providing community resource and connection to the lives of the Residents at Cedarwood Village. A plan is in place to increase numbers of volunteers, provide education and community connections with organizations and educational institutions.

The Home has participated in the CARF Accreditation process with successful 3 year award. Residents, Families and staff were encouraged to participate in the process.

Cedarwood Families, Residents and Staff receive communications with the Cliniconex platform, through Point Click Care to provide timely communications as required -ie, outbreaks and emergency management. The Home's website allows for Families and Friends to send an electronic letter or greeting to Residents when they cannot otherwise visit the Home. This allows for the connections to continue when in person visits may not be possible.

To ensure Residents are acknowledged and support through their personhood, an “All about me” program was initiated with the assistance of the Social Worker to encourage residents to share their story and legacy with staff.

PROVIDER EXPERIENCE

Cedarwood Village continues to strive for excellence in Resident Care. The Home regularly reviews the Resident / Family Satisfaction Survey results to collect information about areas of satisfaction that is important to Residents and Families. These results are shared with both the Resident and Family Councils. Annually staff receive education surrounding customer service, Gentle Persuasive Approach techniques and communication skills. These assist in providing the excellence expected. Residents should feel safe and secure in their Home and feel they can express concerns freely. In addition, Cedarwood Village continues to strive to show appreciation to all staff. Lunches, prizes, appreciation notes, are a few. The Home provides an Employee Assistance Program, free of charge to all staff. Special events are provided surrounding mental health supports, healthy choices, diversity and inclusion and overall health. Staff work tirelessly to support Residents in their Home, Cedarwood Village strives to support Staff in their workplace. The topic of mental health has also been added to the agenda for the Occupational Health and Safety Committee and the Labour Management meeting.

SAFETY

The Programs department has been working on new initiatives for the responsive behaviours exhibited on our 2nd floor unit with the addition of hours to aid in the creation of one-to-one programs on the 2nd floor and research ways to engage the residents. Additionally, the home has added Dementiability, Montessori and horticulture programming. GPA education surrounding responsive behaviours is provided for all staff. Home staff have been trained to facilitate these courses and support daily.

One item to note is that an embedded BSO team within Cedarwood Village may create better relationships with the residents and families, as well as with getting staff by-in to interventions that are suggested by the BSO team. Having your own home staff available for consultation and available to witness the responsive behaviours would be very valuable.

All staff complete mandatory annual training on prevention of workplace violence and abuse. A Health and Safety Committee exists at Cedarwood Village to discuss issues of workplace violence, provide education and assistance to staff. Members of the H&S Committee are provided with ongoing education and certification opportunities. There continues to be an established relationship with the Union that supports the home's staff to work within a violence free workplace.

Cedarwood Village continues to follow a minimal lifting policy to aid in the safety for Residents and Staff. Implementation of the SLATE program (Safe Lifts and Transfers for Everyone), successfully determines the safest lift for a Resident, accompanied by the Physiotherapist assessment.

PALLIATIVE CARE

Cedarwood Village strives to support Residents and Families through all stages of care from admission to end of life. The Home is committed to delivering high quality palliative care through a resident centered approach. The Nurse Led Outreach Team (NLOT) from Norfolk County, as discussed previously, assists us in our palliative approach and assessment. The Home has implemented an honour guard whereas at the time a resident leaves our Home, a short story of their life is read as staff honour the resident one last time, lining the halls as they depart the Home covered in a homemade quilt donning our beloved “Peter” the peacock in his memory.

Staff education is provided on palliative care approach and end of life. Consultation with the Social Worker, Nurse Practitioner, Medical Director and the staff to ensure end of life order sets are provided in a timely manner for the comfort of the Resident. Care Conferences also provide an opportunity to discuss end of life wishes, along with advanced directives and funeral arrangements – this ensures the family of the Resident is able to spend valuable time with their loved one at the end of life. This time is often spent in our Comfort Room, a peaceful and private space.

A goal of the palliative program is to increase volunteers available for respite when families require a break, to sit with the resident at their end of life.

POPULATION HEALTH MANAGEMENT

Cedarwood Village strives to assist Residents and their families to continue to feel connected to their community. The Home has partnerships with local groups, schools and community organizations. Health partnerships include, Norfolk General Hospital, Behavioural Supports, Ontario Health Teams, Infection, Prevention and Control Hubs to name a few. With Community partners we are able to provide increased support in the areas of Palliative Care, Wound Care management, disease intervention (MS, Alzheimer’s).

The purchase of a wheelchair accessible van allows for residents to enjoy their community outings more regularly.

Hiring of a Social Worker will assist Residents at the home level to gain access to these Community supports. In addition, the Home has hired a Student Placement Coordinator to assist with student placement and training to those interested in the Health Care profession.

One item to note is that an embedded BSO team within Cedarwood Village may create better relationships with the residents and families, as well as with getting staff by-in to interventions that are suggested by the BSO team. Having your own home staff available for consultation and available to witness the responsive behaviours would be very valuable. This would also allow for daily feedback and intervention support.

CONTACT INFORMATION/DESIGNATED LEAD

Andre Kaniuk - Executive Director

Marci Hutchinson - Administrator

Michelle Hanrahan - Quality Improvement Lead

Paula Thomson - Director of Care

SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

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

Board Chair / Licensee or delegate

Administrator /Executive Director

Quality Committee Chair or delegate

Other leadership as appropriate
