

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 30, 2026

OVERVIEW

Chippawa Creek at Bella Care Residence is a 160 bed long-term care home located in Niagara Falls/Chippawa, Ontario. We are owned by Al and Jenny Jina of Park Place Seniors Living in Vancouver British Columbia. Although they own over 40 senior residences, we are the only home in Ontario. We are committed to giving caring services to clients within our community. Our goal is to provide high quality care, recognizing that each resident is a unique individual with his or her own wants and needs. Most rooms are single occupancy, which is an important factor for privacy in the home. We have 16 beds located in shared rooms in total out of 160. The home is divided into six distinct home areas ranging from 24-28 residents. Each home area includes lounge and activity spaces, as well as a dining space. The home enjoys an enclosed outdoor courtyard, a balcony located on each home area and common rooms for residents and families.

Improving the quality of care we provide to our residents and their families guides everything we do. We are committed to continuous improvement, and on an ongoing basis, we seek new ways to evolve our practices and strengthen our services. We have a partnership with Extendicare Assist who provide us support in Nursing IPAC, Environmental Services, Dietary, and Recreation Department. Our Purpose, Mission, Vision and Values of Chippawa Creek at Bella Senior Care Residence strives to provide enriched life experiences to seniors through innovation and creativity. Our vision is that we are committed to enriching the lives of those we serve by providing a “voice and a choice” with dignity, respect and empathy. Our values provide the framework for the culture of the home. Together we STRIVE for excellence through:
S-safety and Quality

T-Teamwork and Partnerships
 R-Responsibility and Stewardship
 I-Innovation and Creativity
 V-Voices that are respected
 E-Empathy and Trust.

At Chippawa Creek at Bella Care Residence we value our residents and our team who cares for them. We are committed to treating them with dignity and respect in an atmosphere of compassion. As health care professionals, we take pride in being responsive to the needs of those who rely on us.

- Strive to serve our clients with excellence and build strong and mutually beneficial relationships
- Attract, hire, retain, develop and deserve the best people at all levels
- Develop facilities and services that have high quality and exceptional value
- Be good stewards of the company's physical, financial, and human resources
- Treat all people with respect, in a manner we would like to be treated
- Demand the best of ourselves and from others
- Tell the truth and be trustworthy
- Be the difference we wish to see in the industry
- Make sound financial decisions that support our mission
- Honour our words, agreements and promises
- Together we strive for excellence

Quality Improvement

Our Quality Framework outlines the ways in which our home is

supported to achieve success with a focus on quality of life, safety, regulatory compliance, and resident engagement. In alignment with provincial requirements, our home is responsible for directing our quality improvement plan, with the support of a dedicated regional team who assist us with our home's quality initiatives as needed.

Our strategic direction and the initiatives that support the plan also meet or exceed standards set by Accreditation Canada and meet the requirements of our LSAA. Our home's multidisciplinary Quality Improvement (QI) Committee oversees our quality program. It is led by our home's QI lead. Membership includes our home leadership team, each designated program lead, Medical Director, Dietitian, Pharmacy Consultant, resident council representatives, and care team representatives, including a Personal Support Worker and Registered clinical staff. Currently we do not have a family council. Our QI committee meets at a minimum quarterly and uses our CQI Framework to identify key areas for quality improvement in our home, make recommendations, monitor and measure progress, identify and implement adjustments, and communicate improvement outcomes for the current and following year. Results are discussed and shared with residents, families, team members and external partners to support our priorities, targets, and activities. We measure and monitor our quality initiatives using data accuracy and quality indicator results. Our home's quality reports are circulated quarterly and reviewed, to help monitor progress and drive meaningful conversation at our quality committee meetings. Performance monitoring is a key part of our relentless efforts to improve performance and include but are not limited to the following:

- Monitoring key quality indicators

- Internal audits
- External audits
- Annual program evaluations
- Resident and Family Experience Survey results

In 2025, our home's Quality Improvement priority areas included: Falls, Restraints, Pressure Injuries, Palliative Care, and Antipsychotic Medication Use. The following top areas for improvement identified from our 2024/25 Resident and Family experience survey results were:

We are proud of the following achievements and improvements that were implemented based on the 2024/2025 survey results and that were part of our 2024/2025 improvement plan:

- Continue to improve the continence program to ensure residents are wearing correct product and decrease the costs at the same time
- We are looking at ways to increase Diversity, Equity and Inclusion awareness in the home throughout the year
- We have chosen to continue to focus on decreasing falls, restraints, skin and wound, and antipsychotic medication use without an appropriate diagnosis. We will also STRIVE to achieve excellence in Palliative and End of Life Care.
- We have introduced and continue to provide training on "PAIN" as the 5th vital to ensure pain is addressed prior to use of antipsychotic medication. We are looking at strengthening the antipsychotic program for residents receiving antipsychotics without an appropriate diagnosis.
- We will be working with the residents and families to improve the

number of satisfaction surveys returned

Quality Improvement Projects:

Projects Completed 2025

Vineyards Sprinkler Line-

Flood renos · 16- Resident rooms renovated · All new flooring throughout the halls and affected resident rooms · Shower and Tub room renovated · Lounge fully renovated (Floors included) · Mudroom Renovated · Tidy Room/mop sink fully renovated Feb 2024- June 2025

Nursing Stations x 5 · Remaining 5 of 6 nursing stations were fully renovated, new paint, flooring and FRP walls installed in all medication rooms. June- August 2025

Willoughby Lounge Repairs · Window was leaking, causing water damage behind the FRP wall panel. Repaired and restored. June 2025

Staff Lounge/Main Kitchen

Repairs · Leaking faucet caused water damage August 2025

Public washroom repairs on west side of building · West side of building had a toilet overflow that flooded down 2 floors, restoration and renos were required in 3 bathrooms May-June 2025

Grease traps/ Courtyard repairs· Drain in Vineyards servery was leaking, January- March 2025
with minimal access to this drain line, we decided open up the entire courtyard dry wall ceiling and replace with drop ceiling for easier access for future repairs. Grease Trap was replaced for a new unit during this reno.

Servery Renos 3rd floor · 3rd Floor Serveries renovation (Falls and Orchards) were completed. All new dish pit area, new mop sink room, new floors and cabinets. January- March 2025

Willoughby Resident Room · 3 resident rooms were flooded due to an overflowed toilet. Restoration and repairs were made in all 3 rooms April 2025

Small Plumbing repairs On going small repairs, such as DHW line leaks, broken sinks or toilets, clogged toilets, leak taps etc ON GOING

HVAC Preventative

Maintenance On going maintenance and repairs as needed Filter changes quarterly, small repairs to bearings, heat exchangers, thermostats etc ON GOING

- As for 2026, we are still in the planning/approval stages.

Repairs that are booked include-

Hair Dressing salon renovation (Emergency Repairs) currently in

progress Jan 2026- Completed February 2026

Mechanical Building roof replacement (Emergency repairs required) in planning progress scheduled to start Feb 2026 weather pending

Capital Budget requests for 2026 (These get approved by April 2026) Capital Projects budgets are based March to March Not Calendar year. THIS IS A WISH LIST, NOT THINGS THAT HAVE BEEN APPROVED.

Full Roof replacement

Sprinkler line replacement throughout the entire home

Lounge Flooring (4 lounges left, 2nd and 3rd floor)

Camera Installed in 5 Remaining lounges/family rooms

Swipe card access for Medication Rooms

Building exterior to have stucco redone

Our current CMI score remains at 1.3 This score reflects the level of complexity of the residents' medical conditions and care requirements. Our home has successfully managed to provide a high level of care to those with complex care needs. Improved community reputation as evidenced by our waitlist for new applications is approximately 150. Our QI committee has determined that for 2026-2027 our priority areas for quality improvement will include Falls, Restraints, Antipsychotic medication use without a diagnosis, worsening pressure injuries, Palliative Care as well as the following areas from our Resident Experience survey as determined following consultation with our Resident and Family Councils:

1. 100% of residents and families that responded on the survey state they would recommend the home to others
2. Some residents feel they don't get help right away. We will be introducing a "stop and go" model to alleviate response times
3. One of the concerns identified was communication between residents and management needs to be improved. i.e. They want to know what is happening in real time or as close to as possible-we are going to look at doing daily announcements to inform them of the activities and events of the day.

ACCESS AND FLOW

We are committed to working closely with our community partners including our regional Ontario Health at Home team, hospitals and business partners to ensure safe, effective and high-quality care of our residents. We do this through ongoing relationship building and partnerships with health system partners such as local long-term care homes, regional IPAC hubs, Ontario Health teams and various regulatory authorities. (Ministry of Health, Canadian Institute for Health Information, Registered Nurses Association of Ontario to name a few)

In addition, our partnerships extend to our Medical Advisor Attending Physicians, our assigned Nurse practitioner, and our preferred vendor Point Click Care for documentation as we work to improve medication management, clinical care and reduce unnecessary ED visits.

We work together with residents, their families and our health system partners to ensure safe, effective admissions to our home, and understand transitions throughout the system are not easy for those we serve. We work to apply additional care and attention to closely engage and support those in our care at times of change or at times where specialized supports are required in their health

care journey.

Throughout the year, we support and participate in awareness campaigns to educate team members, residents and families. Our home has access to an annual awareness calendar that highlights key health promotion and professional recognition events, which are supported through communication and education, with activities that are tailored to our home's needs and demographics. Some of the campaigns include:

Fall Prevention Month and is aimed at promoting a culture of safety in our home through education, resources and home-level activities, the campaign equips our team members with knowledge and tools to continuously improve quality and safety and engages residents and families as partners in care.

Stick it to the flu: Through our annual influenza vaccination campaign, we aim for 90% vaccination of residents and staff. Our home also hosts on-site vaccination clinics. Hand Hygiene Led by an IPAC support team, this is marked with an intensive focus on tools and education to promote proper hand hygiene practices for our team members, residents and families.

Alzheimer's awareness: We care for a population that is impacted by rising rates of Alzheimer's and dementia. Our home has access to tools and education year-round that help our team members to tailor care to the unique needs of those living with dementia. We are happy to say we have 2 in-house GPA coaches and are able to provide all the staff with GPA training.

Our quality improvement plan is developed in collaboration with our resident and family councils after reviewing the satisfaction survey. We share with and get input from our stakeholders at our Professional Advisory Committee meeting, our quarterly quality improvement committee meeting, our staff meetings, our leadership meetings, family emails, posters and the monthly

newsletter. In the past year, we have increased our staffing levels in the nursing department for RN's, RPN's and PSW's throughout the entire home and added an additional ADOC. We have a very long list of completed quality improvement projects to improve the appearance, and safety of the home. The satisfaction survey results showed the residents and families were overall satisfied. However, two or more surveys were provided in error and stats were skewed due to missing questions. Our restorative program is a huge success, we have 10 psw's trained as restorative aids and are maintaining a CMI of 1.3. We are meeting 3 out of the 4 publicly reported quality indicators:

Falls target 15%, current 13.05%

Restraints target 2.5 %, current 1.1%

Worsening Pressure Injuries target 2.6%, Current 1.7%

Antipsychotic medication use without an appropriate diagnosis target 17.3%, current 29.4%

Stats from CIHI 2024/2025 Fiscal year

EQUITY AND INDIGENOUS HEALTH

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We are committed to improving equitable access, experience and outcomes to reduce health inequities and advance indigenous health in our home.

At Chippawa Creek at Bella we embrace every resident for the individual they are, and care for them as we would our own family. Through culturally diverse programming, menu selection, staff education and meaningful community partnerships, we create a safe and inclusive environment where residents feel valued, respected and empowered to be their authentic selves. This commitment is essential to providing compassionate and equitable

care.

Personalized support ensures residents feel seen, respected and connected to their heritage.

Implementing mandatory training on cultural safety, anti-racism, and the history of Indigenous Peoples in Canada for all staff, fosters awareness and equips caregivers with the skills to address systemic barriers and biases. Identifying and addressing systemic gaps in care, including access to interpreters, culturally appropriate meals and resources, and the provision of trauma-informed care, are skills

taught in staff training. Regularly assessing program outcomes through resident feedback, and staff input, helps us ensure continuous improvement

Some examples of programs we have implemented include: the celebration of Mardi Gras, Shrove Tuesday, Cinco de mayo, Oktoberfest and Holi. We have two different church volunteers coming in

and have our spiritual coordinator who focuses on all religions/ beliefs etc. We also do travelogues to many different places and learn about their cultures, background and celebrations. We have also started to translate the resident council minutes in other languages when requested. We have participated in the Supervised Practice Experience Partnership with the College of Nurses helping the International nurses get their hours required for an Ontario Registration In 2025 we commit to continued support and recognition for diversity and inclusion for staff, residents and families in our home

PATIENT/CLIENT/RESIDENT EXPERIENCE

Chippawa Creek at Bella is committed to integrating patient, family, and caregiver feedback into continuous quality improvement activities. We systematically collect experience data through patient satisfaction surveys, care conferences, council meeting and real-time feedback. This information is reviewed regularly by leadership teams, clinical staff, quality committees and accreditation meetings to identify trends, gaps, and opportunities for improvement.

Survey results are analyzed to better understand the care experience across all service areas. Key themes—such as communication, and patient engagement—are prioritized and action plans are developed for quality improvement initiatives with input from the council(S). (No family council in place at this time)

Our home is committed to fostering a culture of person centered care by ensuring the feedback is used for quality improvements.

PROVIDER EXPERIENCE

EXPERIENCE

Chippawa Creek has many opportunities to engage with staff and leadership in sharing quality improvement goals and commitments. This is achieved through employee engagement surveys, sharing of best practices with other long term care homes, regional quality labs and participation in the Ontario Long Term Care Association Quality Committee and annual quality forums.

Our Worklife Pulse survey provides an opportunity for team members to give their feedback on various issues such as staff satisfaction, innovation, and work environment. Based on previous employee engagement regarding communication, we are continuing our 10 at 10 meetings on Tuesday mornings and a 10 at 2:10 meeting on Thursday afternoon. During this meeting the staff discuss any concerns they have regarding residents, families, health and safety and anything else they need to

bring forward. The management team acts accordingly to address and deal with the concerns.

We have worked with agencies and have hired staff from them once they have completed their required hours. We have collaborated with the unions and have agreed to hire staff into lines

instead of casual. On top of that, we have improved our orientation process to ensure the staff are getting the maximum education prior to starting their positions.

SAFETY

At Chippawa Creek at Bella, we take a system approach to preventing and reducing resident safety incidents. At the core of this approach is system learning and process improvement. Incidents and risks are escalated rapidly, so that they can be addressed and mitigated, with access to specialized support team members if needed.

Safety data is analyzed continually in our home, to identify improvement opportunities. Standardized process, policy, practice and technology improvements are developed in response, and shared through education with our care team. We can attend weekly education and question and answer (Q&A) webinars that are held on safety and clinical practice topics derived from this analysis and are attended by leaders and clinicians from other long term care homes in our network throughout the year.

From front-line to senior leadership, safety incident reporting, awareness and response, is embedded in our roles and daily work. All these program elements, and more, comprise our safety culture

PALLIATIVE CARE

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Residents and families in long-term care deserve compassionate, high-quality care. Our teams collaborate with residents and families

to tailor plans of care that are based on each residents' individual needs.

We have access to enhanced palliative care training for interdisciplinary teams, in partnership with Pallium Canada, enabling high-quality clinical, spiritual and emotional palliative care supports for residents and their families.

The revised policies and procedures were implemented in 2025 with associated staff education and training. The focus will be on earlier awareness and identification of those who require a palliative approach to care through implementation of a standardized Palliative assessment and referral system which is designed to guide staff in addressing the holistic needs and symptom management of each resident.

POPULATION HEALTH MANAGEMENT

Chippawa Creek at Bella Care Residence considers the unique demographics in our home when planning care delivery requirements, programs, resources and external partnerships. In our home our population needs consist of a 28 bed secure unit. To meet the individualized needs of our residents, we have implemented programs such as floral arranging, guided painting, hands on exotics, reptile visits, basketball throw, billiards, and public library service. We also collaborate with our community partners such as BSO, SMHO, our pharmacy and our nurse practitioner.

CONTACT INFORMATION/DESIGNATED LEAD

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OTHER

We are very fortunate to say that our Leadership team consists of an Administrator, Director of Care, Assistant Director of Care, Associate Director of Care, Quality Lead, RAI Coordinator, IPAC Lead, Life Enrichment Manager, Resident Support Services Manager, Food Service Manager, Nursing Unit Clerk Supervisor, Social Work and Admissions Coordinator, IPAC Lead, a psw coordinator and Office Manager. We are all supported by A student Coordinator, an Environmental IPAC supervisor, Food Service Supervisor, an office assistant We have contracts with a Registered Dietitian and a Physiotherapist. We have a great partnership with BSO and SMHO, along with the Alzheimer's Society.

Recently we have started to recognize IPAC champions with their picture in a frame, and a small gift. We are choosing an employee and team of the month in recognition of their dedication and contribution in providing quality care to our residents. To improve staff morale, all staff are acknowledged for their birthdays with a card and a small gift.

We have recently added an ethics committee and a Restorative Care Committee. We are doing very well with restorative and the wellness room. The residents love the environment and thrive mentally and physically.

SIGN-OFF

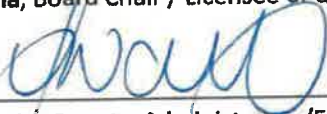
It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on **March 30, 2026**

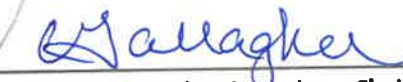
Signed by:



Al Jina, Board Chair / Licensee or delegate



Veronica Swartz, Administrator /Executive Director



Cindy Gallagher, Quality Committee Chair or delegate



Mary Tetlock, Other leadership as appropriate

