

Chester Village Resident Council Minutes **October 23rd 2024 - Village Hall**

Attendees

Colin, Bessie, Thomas, Margaret, Jeanette, Diane, Mandy, Heather, Maria, Khadija, Sandra, John

Morgan Geast (Activation Manager) Claudia (Food Services Manager)

Welcome

Members were welcomed and thanked for attending. The September minutes were read and reviewed.

Business Arising from Previous Minutes

- Concern from September meeting was reviewed and no further concerns at this time.

Food Committee Report

- October Food Committee meeting minutes from were read and reviewed.
- Fall and Winter menu was presented at the October food committee meeting and approved by the committee. It will be presented to the Dietician for final approval. New Fall/Winter menu is set to be implemented November 25th.
- Special meals for November were discussed.
- Next Food committee meeting is scheduled for November 5th at 11:00 am

Concerns Report

- *During outbreaks the residents don't always have the most up to date information about the current status. Could daily communication be given to residents?*
Please see the attached response from Alma Cribbe, IPAC lead and Cynthia Marinelli, CEO.
- *When entering a resident room not all staff are knocking or announcing themselves and at times are not explain why they are in the room.* Please see the attached response from Anna Lei, Director of Care (Clinical and HR) and Cynthia Marinelli, CEO.
- *Resident are finding that a meal times bot options are not always being offered.*
Please see the attached response from Anna Lei, Director of Care (Clinical and HR) and Cynthia Marinelli, CEO.
- The Resident Experience Survey was reviewed by the council. No questions to be added at this time. The Survey will be held the last three weeks of November. Residents will have the opportunity to provide feedback about their overall experience within Chester Village and perspective on specific programs. The survey will be conducted by Survey Monkey. Residents have multiple options to complete the survey all confidentiality. Volunteers and students will be supporting residents using tablets and paper copies if needed.

Quality Report

- The following Resident Rights were read and discussed,
19. Every resident has the right to, **i.** participate fully in the development, implementation, review and revision of their plan of care, **ii.** give or refuse consent to any treatment, care or services for which their consent is required by law and to be informed of the consequences of giving or refusing consent, **iii.** participate fully in making any decision concerning any aspect of their care, including any decision concerning their admission, discharge or transfer to or from a long-term care home and to obtain an independent opinion with regard to any of those matters, and **iv.** have their personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.
- The Council reviewed the latest QIP update and discussed any questions. No follow up required at this time.

Recreation Report


- Events for November and December were highlighted.
- As requested from the October meeting, a representative from Variety Village will do a presentation in January about the services they provide.

Other Business

- None at this time

The meeting adjourned at 3:00 pm. The next meeting will be November 25th at 2:00 pm.

Jeanette Day 
Residents' Council Member

Cynthia Marinelli
CEO 

CHESTER VILLAGE

RESIDENTS' COUNCIL ACTION FORM

Date of Concern: Wednesday October 23 rd		Department of Concern: Nursing	
Concern Taken By: Morgan Geast, staff liaison			
Resident Review and Approval: Signature:		Date:	
Explanation of Concern:			
During outbreaks the residents don't always have the most up to date information about the current status. Could daily communication be given to residents?			
Response from department head (must be completed within 7 days)			
During an outbreak, the unit nurse/ charge nurse will give an update every 2 days to residents in the unit prior to their lunch in the main dining room.			
Department Head Signature: <i>[Signature]</i>		Date: OCT. 28, 2024	
*Forward to CEO by:			
CEO's Comments:			
If possible, this update should be daily during meal time to the non-affected residents so they have a better sense of new cases or possible resolved date.			
Concern Resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No			
CEO's Signature: <i>C Marinelli</i>		Date: <i>October 30/2024</i>	
Copies to: <input type="checkbox"/> CEO <input type="checkbox"/> Resident's Council Executive		Date:	

CHESTER VILLAGE

RESIDENTS' COUNCIL ACTION FORM

Date of Concern: Wednesday October 23 rd		Department of Concern: Administration	
Concern Taken By: Morgan Geast, staff liaison			
Resident Review and Approval: Signature:		Date:	
Explanation of Concern:			
When entering a resident room not all staff are knocking or announcing themselves, and at times are not explaining why they are in the room.			
Response from department head (must be completed within 7 days)			
<i>Concern addressed in the nursing admin meeting on Oct. 29. Nurse managers to share concerns with charge RN and nurses. Random audit to be done during round by nurse managers and charge RN, and to provide feedback ^{to staff} after audit. Concern will also address in the next registered staff and P&W meeting.</i>			
Department Head Signature: <i>[Signature]</i>		Date: <i>Oct. 30, 2024</i>	
*Forward to CEO by:			
CEO's Comments:			
<i>Agreed with action items</i>			
Concern Resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No			
CEO's Signature: <i>C. Maunell</i>		Date: <i>Oct 30/2024</i>	
Copies to: <input type="checkbox"/> CEO <input type="checkbox"/> Resident's Council Executive		Date:	

CHESTER VILLAGE

RESIDENTS' COUNCIL ACTION FORM

Date of Concern: Wednesday October 23 rd	Department of Concern: Nursing
Concern Taken By: Morgan Geast, staff liaison	
Resident Review and Approval: Signature:	Date:
Explanation of Concern:	
Residents are finding that at meal times both options are not always being offered.	
Response from department head (must be completed within 7 days)	
<i>Concern addressed in the nursing admin meeting on Oct. 29. Nurse manager to share concerns with charge RN and nurses. Random audit to be done during mealtime by nurse managers and charge RN, and to provide feedback to staff after audit.</i>	
<i>Concern will also address in the next registered staff + RN meeting.</i>	
Department Head Signature: <i>[Signature]</i>	Date: <i>Oct. 30, 2024,</i>
*Forward to CEO by:	
CEO's Comments: <i>Agreed with action items.</i>	
Concern Resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
CEO's Signature: <i>C. Munnelli</i>	Date: <i>Oct 30/2024</i>
Copies to: <input type="checkbox"/> CEO <input type="checkbox"/> Resident's Council Executive	Date:



We Want to Hear From You RESIDENT Experience Survey 2024

Note re Rating Scale:

Use “don’t know” if you do not know the answer to the question. Use “not applicable” if you do not use that service or the content of the question does not apply to you.

Respect and Privacy	Never	Sometimes	Usually	Always	Don't Know	Not Applicable
1. Staff treat me with respect (i.e., say hello and address me by my preferred name).						
2. Staff respect my privacy (i.e., staff knock before entering my room, close the door when providing care)						
3. I can express my opinion without fear of reprisal.						
Care Provision	Never	Sometimes	Usually	Always	Don't Know	Not applicable
4. Staff are available to me within a reasonable time when I need them.						
5. I receive daily care that meets my needs.						
6. I am given opportunities to make decisions about my care.						
7. Staff respect my cultural and spiritual values and lifestyle. (i.e., holidays, food preference, preferred daily schedule etc.)						
8. Staff support me to access other health professionals if needed.						
Suggestions for Improvement in Care Provision:						

Recreation	Never	Sometimes	Usually	Always	Don't Know	Not Applicable
9. I like the activities provided in this Home.						
10. If you answered never/sometimes, can you suggest activities you would like added to the program?						
Additional Program Suggestions:						
11. There are activities that support my religious/spiritual beliefs.						
12. There are opportunities for me to participate in activities.						
13. I have access to enjoyable things to do on the weekends (e.g., Visiting with family members and friends, reading material, leisure time in the garden, etc.						
Suggestions for Improvements in programs and activities:						
Food and Dining Experience	Never	Sometimes	Usually	Always	Don't Know	Not Applicable
14. The overall quality of food and drinks is good.						
15. There is a good variety of foods and drinks offered to me.						
16. Mealtime is pleasurable.						
Suggestions for Improvement in Food and Dining:						

Home Environment and Services	Never	Sometimes	Usually	Always	Don't Know	Not Applicable
17. The home is clean and tidy.						
18. The building and grounds are maintained.						
19. The temperature in the home is comfortable.						
20. The laundry services are good.						
Suggestions for Improvement in the Home Environment:						
Communication	Never	Sometimes	Usually	Always	Don't Know	Not Applicable
21. I am aware of who to contact for Initiating a concern/complaint.						
22. I receive updates about my health.						
23. My physician explains things to me in a way that I can understand.						
24. Staff listen to me.						
Suggestions for Improvement in Communication:						

Overall Satisfaction	Poor	Fair	Good	Very Good	Excellent	Don't Know
25. How would you rate our home overall?						
26. I would recommend Chester Village to a family member or friend needing long term care.	Definitely No	Probably No	Probably Yes	Definitely Yes	Don't Know	

What are 3 things you like about living at Chester Village?

- a) _____
- b) _____
- c) _____

Home Specific Questions	Never	Sometimes	Usually	Always	Don't Know
27. I can easily identify staff members by name (e.g., by name tag or because they introduce themselves).					
Infection Prevention and Control	Never	Sometimes	Usually	Always	Don't Know
28. Does the home support (e.g., provide assistance or encouragement) during infection outbreaks? (e.g., influenza, COVID).					
29. Does the home provide ongoing communication to you during Infection outbreaks? (e.g., influenza, COVID).					
Infection Prevention and Control Comments:					

Program Feedback

Chester Village has developed a number of programs to manage some clinical issues that can occur in the elderly. We would like your feedback on those programs. If you have experienced any the following issues including Falls, pressure ulcers, incontinence or use a seat belt or tabletop (for safety) ...please rate your satisfaction in the applicable area:

30a) Have you had a fall in the last year?

- Yes
- No
- Don't Know

If "Yes", how would you rate the health care team's efforts in preventing reoccurrence? (e.g. hi/low bed, fall mat, ensuring proper footwear, etc.)

Poor	Fair	Good	Very Good	Excellent	Don't Know

30b) Have you acquired a bed sore in the past year?

- Yes
- No
- Don't Know

If "Yes", how would you rate the health care team's efforts in preventing reoccurrence? (e.g. special mattress, changing position frequently, dietitian consultation, etc.)

Poor	Fair	Good	Very Good	Excellent	Don't Know

30c) Do you use a seat belt, use a bed rail and/or use a detachable tabletop on your wheelchair?

- Yes
- No

If "Yes", how would you rate the health care team's efforts to communicate the risks associated with the use of these devices?

Poor	Fair	Good	Very Good	Excellent	Don't Know

30d) Do you experience pain?

- Yes
- No
- Don't Know

If "Yes" how would you rate the health care team's efforts to manage the pain and keep you comfortable?

Poor	Fair	Good	Very Good	Excellent	Don't Know

30e) Do you use incontinent products?

- Yes
- No
- Don't Know

If "Yes" how would you rate the product in terms of keeping you dry and eliminating leakage onto clothing?

Poor	Fair	Good	Very Good	Excellent	Don't Know

28. My room is on:

- Diamond
- Sapphire
- Topaz
- Ruby
- Jade
- Emerald
- Amethyst

Thank you for completing our survey!