

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 3, 2026

OVERVIEW

AgeCare Woodhaven is a 192 bed licensed long term care home in Markham, Ontario, consisting of 191 long term stay beds and one short stay bed. Our residents—ranging in age from 47 to 103—call Woodhaven their home, supported by dedicated teams in a vibrant, diverse community near local amenities, cultural organizations, and Markham Stouffville Hospital. We remain committed to our Mission, Vision, and Values, fostering trust, respect, quality, and teamwork to ensure every resident receives compassionate, person centered care. Guided by these principles, we continuously strengthen well being through enhanced care practices, staff engagement, and strong partnerships with families.

Our Continuous Quality Improvement Committee, led by the Executive Director, includes interdisciplinary staff as well as the Resident Council Lead and Family Council Chair, ensuring decision-making grounded in lived experience. Meeting quarterly, the committee evaluates data, reviews feedback, and monitors progress through audits, compliance reviews, surveys, and trend analysis. Updates are shared through staff meetings, town halls, and resident and family engagement sessions. If a target is not met, strategies are adjusted to ensure continuous improvement and accountability. This structured, collaborative approach supports our commitment to delivering high-quality, safe, and resident-centered care.

In 2025, our home focused on three priority areas:

- (i) reducing emergency room (ER) transfers,
- (ii) improving resident satisfaction with pleasurable dining, and
- (iii) reducing the percentage of long-term care residents who experienced a fall.

Our goal was to decrease ER transfers by 10%. Although we did not achieve this target, we implemented several initiatives to strengthen clinical capacity within the home. Registered staff participated in enhanced education to support complex care needs, including IV therapy, advanced skin and wound care, clinical assessments, and infection management. In addition, several full-time registered staff completed Clinical Leadership training with a focus on developing strong assessment skills.

The home successfully achieved its target for improving overall resident satisfaction with dining services. Resident satisfaction was 34% in the 2024 survey. With a target of 42% for 2025, the home exceeded expectations, reaching 60% satisfaction—an improvement of 26%.

Woodhaven developed a Woodhaven Cookbook featuring residents' personal recipes. Several of these recipes were incorporated into the menu to create a more personalized dining experience and improve overall resident satisfaction. The home also introduced a revised menu format. Residents now have either one primary featured meal or a two-choice entrée option, each paired with a vegetable and starch. A daily sandwich or cold plate is also offered as an alternative option. This updated menu structure enables the dietary team to dedicate more time and attention to preparing the primary entrée, including the use of higher-quality cuts of meat and an overall greater focus on food quality rather than quantity.

In addition, monthly food committee meetings provide residents with a valuable opportunity to share feedback, review upcoming menus, and recommend changes based on their preferences and

suggestions. To further strengthen this process, the department will include the cooks as active participants in these meetings so they can gain a clearer understanding of resident expectations and menu preferences. The department will also continue to encourage open feedback from residents to ensure ongoing improvement and enhanced dining satisfaction.

Another key priority for the home was reducing the overall number of resident falls. We successfully achieved this goal, surpassing our target with a 23.74% reduction in the percentage of residents who experienced a fall. In 2025, the Falls Prevention Program implemented several initiatives aimed at reducing the number of falls and fall-related injuries within the home. The Falls Prevention Committee was re-established and met regularly throughout the year to review fall trends, discuss best practices, and evaluate residents with frequent falls. Monthly Falls Prevention Reports were completed and shared with the interdisciplinary team to increase awareness of trends and identify opportunities for improvement.

Collaboration between the Pharmacist and the Falls Program Lead enhanced our ability to identify residents at increased risk for fractures. Recommendations were made to physicians regarding bone-health-supportive medications where appropriate. The home also saw an improvement in the consistent completion of Post-Fall Assessments and Post-Fall Analyses. Monthly audits of care plans and falls-prevention equipment were initiated to ensure that all interventions were implemented as planned and that equipment remained in good condition. The home also maintains an adequate supply of falls-prevention devices and tools. Falls risk assessments are completed upon admission, after every fall, and whenever a

resident's condition changes. Interventions are developed in collaboration with residents and Substitute Decision Makers (SDMs) to ensure individualized care planning.

Complementing these efforts, the home's Restorative Care Program continues to play an important role in supporting mobility, strength, and overall physical functioning. Residents have access to an in-house gym and physiotherapy (PT) services, which offer structured exercise programs, mobility training, and individualized interventions aimed at reducing fall risk and promoting independence. The integration of restorative care with falls-prevention strategies helps reinforce safe mobility practices and contributes to improved resident outcomes.

For the upcoming year, our CQI Committee has prioritized the following areas: (i) Reducing Antipsychotic Usage without a Diagnosis of Psychosis as our goal is to be below the provincial average (ii)Worsened 2-4 pressure ulcer, and (iii) Improving Resident Satisfaction in the area relating to communication.



Recipe from Woodhaven cookbook

AUGUST | 08 | 2025

Resident Steve's Inspired Greek Style Lunch

Chicken Souvlaki

Ginger Ale

Chicken Souvlaki

Greek Lemon Potato

Greek Salad

Lemon Burst Macaroon





FRIDAY, AUGUST 15TH | DINNER

Connie's Special Recipe from our Woodhaven's Cookbook

Nonna Natalina's Recipe

ITALIAN GRILLED CHICKEN BREAST
SPAGHETTI AL POMODRO
(Spaghetti with Tomato Sauce)
 CAESAR SALAD
 TIRAMISU CAKE

OR

LEMON & HERB CRUSTED TILAPIA
 ROASTED POTATOES
 BISTRO VEGETABLES
 TIRAMISU CAKE



ACCESS AND FLOW

Woodhaven partnered with a Palliative Care Coach from Oak Valley Health to strengthen our palliative and end-of-life care practices. As part of this partnership, we established monthly interdisciplinary palliative care meetings. During these meetings, the team reviews all residents requiring palliative, end-of-life, stable, or transitional care, and identifies any residents, families, or staff members who may benefit from additional support.

The Palliative Care Coach also provides ongoing education to staff on pain and symptom management, palliative care best practices, and strategies for offering emotional and psychosocial support to residents and their families.

In addition to this partnership, Woodhaven has established a dedicated Palliative Care Committee, led by myself and supported

by members of the interdisciplinary team, to further enhance coordination, staff competency, and the overall quality of palliative care provided within the home.

We continue to receive support from our NLOT NP who comes weekly to assess our residents and we currently have a team of 4 doctors who support the Home. We also have in-house lab services, in-house Xray and ultrasound services. Our internal BSO team continues to partner with the regional Geriatric Mental Health Outreach Team to support our residents living with mental health and dementia.

In addition Woodhaven partnered with Mackenzie Health to enhance behavioural support services in the home through the integration of a Behavioural Supports Ontario (BSO) Personal Support Worker (PSW), who provides on-site support approximately two days per week following a structured schedule developed collaboratively by the Mackenzie Health BSO Manager and Woodhaven's BSO Lead. Under the direction of the BSO Lead, the BSO PSW contributes to resident-centered behavioural care by conducting observations, gathering behavioural information, supporting staff with the implementation of individualized strategies, engaging residents in therapeutic and Montessori-based activities, and creating supportive materials such as communication cards and wayfinding visuals. The BSO PSW also participates in interdisciplinary huddles, family care conferences, and BSO rounds to ensure coordinated behavioural care planning. To maintain alignment with long-term care requirements, the BSO PSW completes Woodhaven's LTC orientation, documents according to the home's policies, and supports only residents for whom appropriate consent has been obtained. This partnership

strengthens behavioural care capacity within the home by enhancing early identification of behavioural needs, improving consistency in strategy implementation, and increasing staff competency through direct modelling and collaboration.

Our Infection Prevention and Control Lead works collaboratively with both the regional IPAC Hub and our corporate infection control specialist to ensure strong oversight and continuous improvement in infection prevention practices. The home also utilizes the HealthConnex application, which has become an essential tool in supporting real-time monitoring and trending of infection control data. HealthConnex provides streamlined visualization of outbreaks, symptoms, and risk indicators, allowing the team to identify patterns early and respond proactively. In addition, the integrated MyAudits feature enables immediate, point-of-care auditing across all areas of the home—including but not limited to infection control practices—ensuring timely follow-up, improved compliance, and enhanced accountability.

Woodhaven also rolled out the Skin and Wound Application on PCC in 2025. The Skin and Wound application is an effective digital tool that supports the professional nursing team in accurately tracking, measuring, and managing the healing and progression of skin alterations. This smart technology captures precise wound measurements—including length, width, and surface area—allowing for consistent, standardized assessments that significantly reduce variability and potential human error associated with manual measurement. By storing progress photos and clinical details in one platform, the app ensures that all members of the care team have equal, real-time access to wound progression and can reference changes in appearance, stage, and characteristics

over time. The most responsible physician is also able to access these images remotely when needed, enabling timely review, informed clinical decision-making, and adjustments to treatment plans. Overall, the primary purpose of the application is to enhance resident care by closely monitoring healing trajectories and supporting evidence-based interventions that optimize recovery and promote residents' overall health and well-being.

EQUITY AND INDIGENOUS HEALTH

As part of our Local Service Accountability Agreement with the province, our home has ensured that our managers and front-line team members have completed training related to Equity, Inclusion, Diversity and Anti-Racism and additional training on Indigenous Cultural Safety and Awareness. During the 2024–25 year, front-line team members received both mandatory trainings, with all newly hired employees continuing to receive the same education through the Surge Learning platform as part of their onboarding process. Our goal for 2026 is to use this knowledge to enhance programs and services offered to our residents that respect their individuality.

To further promote cultural awareness, inclusivity, and belonging, our home regularly hosts events that celebrate the diverse backgrounds of both residents and staff. These initiatives include themed meals and celebrations tied to key cultural observances such as Black History Month, Truth and Reconciliation Day, Pride Day, and Chinese New Year—often featuring traditional elements such as the lion dance. We also hold staff cultural potluck lunches, organize cultural wear days that encourage team members to proudly share their heritage, and coordinate resident-focused programs that honour cultural and religious traditions throughout

the year. To ensure person-centered care is embedded from the moment a resident joins our community, the team completes detailed “All About Me” profiles during the admission process. These profiles help us understand each resident’s cultural identity, traditions, values, and personal preferences, allowing us to tailor care approaches and ensure cultural practices are respected and incorporated into daily life. Our home remains committed to fostering a welcoming environment and continues to build community partnerships to support meaningful cultural engagement for everyone. We offer programming that reflects and supports the diverse cultural backgrounds of our community.





PATIENT/CLIENT/RESIDENT EXPERIENCE

We are committed to delivering resident-centered care and continuously improving the quality of services provided within our home.

Residents enjoy a variety of meaningful outings that fostered social connection, community involvement, and overall well-being. Highlights included casino trips, visits to a local conservation area, outdoor picnics, church community events, a fall leaves tour, a Markham Concert Band performance, and a Christmas lights tour. Smaller community outings—such as trips to the library, Tim Hortons, and a local vendor market—further enriched residents' daily experiences.

Resident engagement was also enhanced through the introduction of the Mobii, Zinnia, and Snoezelen carts, which expanded our sensory-based and therapeutic programming. These tools offered individualized opportunities for cognitive stimulation, relaxation, and meaningful interaction, especially for residents needing higher levels of support. Additional resources—including restorative equipment, sit-to-stand trainers, expanded craft supplies, and festive enhancements—further strengthened program quality and resident participation.

Resident and family engagement is a foundational part of our quality approach, and we actively seek their input to guide decision-making and quality improvement initiatives. We maintain an active Resident Council, Family Council, and Resident Food Committee, and we ensure resident and family voices are represented on our Continuous Quality Improvement (CQI) Committee. Feedback is gathered not only through these committees but also through open

communication, audits, concerns and compliments, and resident and family experience surveys. In addition, we host quarterly family orientation sessions for newly admitted residents and their families to strengthen communication, support transitions, and ensure families feel informed, involved, and connected from the outset. Our home also collaborates closely with external partners and aligns our practices with provincial priorities to ensure high-quality, person-centered care for all residents.

Our 2025 resident/family survey was completed July 7th to 25th. Residents who required assistance with survey completion were supported by volunteers or a family member. Our survey was changed in 2025 and focused on 11 smaller key areas in order to gain additional insight into satisfaction in the various areas. We have a few new categories which hadn't been measured in previous years such as IPAC and Contracted Services and we broke out key areas into the smaller categories such as Environment and Housekeeping and Laundry.

We received our results in September of 2025 and shared it with our Resident Council at their council meeting held October 20th 2025 and our Family Council meeting held November 19th 2025. Our team members were updated during our Townhall. Additionally, a copy of the resident survey is posted on the communication board for all residents, families and staff to review.

Based on our 2025 Resident Experience Survey, overall resident satisfaction at Woodhaven was 67%, which is a 19% increase from the previous year. These are derived from responses to four key questions related to satisfaction with the home, recommending the residence, feeling "at home," and feeling part of the community.

Satisfaction by domain showed strong results in several areas, including Recreation (78%), Housekeeping and Laundry (88%), Communication (61%), Environment (85%), Privacy and Choice (73%), Safety (77%), and IPAC (80%), Contracted Services (74%), Your Care Team (71%), and Dining Services (60%). Residents identified the home's greatest strengths are Housekeeping and Laundry, Environment, IPAC and Recreation and Safety. Dining Services scored 65% - substantial improvement from the previous year's 34% - yet it remains one of the lower-scoring areas, and resident feedback continues to point to opportunities to enhance variety, cultural food options, and overall mealtime satisfaction. In 2025, we supported residents' interest in gardening and cooking by creating balcony garden spaces where they grew fresh herbs and vegetables for use in meal service. This hands-on initiative boosted engagement, celebrated their culinary and horticultural passions, and enhanced overall dining satisfaction at Woodhaven. We also hosted special fine-dining experiences for Food Committee residents, including the Bistro Thanksgiving event and the "Woodhaven Steak House," further enriching our dining program and improving resident satisfaction.

Moving forward, our QIP priorities will focus on strengthening communication practices across the home as this domain scored 61% and continuing to advance improvements in dining service quality to ensure more consistent, meaningful resident and family experiences aligned with their preferences.

Our CQI team met and we determined that communication to be a priority focus for 2026. We will also focus on two key indicators which are Falls and Worsening Pressure Ulcers.

The final draft of the Quality Improvement Plan will be reviewed with the residents' and family councils at their next scheduled meeting and they will be given the opportunity to provide feedback and input into additional initiatives that might support our focus areas. The plan will also be shared with the staff at their Team Up meetings at the end of March and the final report will also be posted on the communication board for all residents, staff and families to be able to review. The report will also be posted on our website. The CQI team will monitor the success of the plans will provide quarterly updates on the initiatives and any changes or updates to the plan to our residents, families and staff.

In 2026, Woodhaven will prioritize the implementation of the Imagine— Every Moment Matters initiative as a key quality improvement focus. To support this work, the home will establish an Imagine Committee responsible for guiding the rollout, monitoring progress, and promoting meaningful resident-centered engagement. The home will designate an Imagine Lead and Back-Up, who will complete the eight online modules and participate in the required Train-the-Trainer sessions, enabling them to facilitate in-person training for staff in alignment with the corporate rollout plan. Throughout 2026, the Imagine Committee will meet monthly to evaluate progress, plan staff participation, and explore opportunities to engage residents in more meaningful ways that reflect the person-centered principles of the program. This structured approach ensures that the home builds the internal capacity needed to fully integrate the Imagine philosophy into daily practice and strengthen the culture of inclusive, relationship-based dementia care.



PROVIDER EXPERIENCE

With the ongoing staffing crisis within the long-term care sector continues to challenge our ability to maintain a full staffing complement in the Home. Despite these pressures, 2025 marked a significant improvement in recruitment and retention, demonstrated by our vacancy rate decreasing from 22% in Q2 to 13% in Q3. This progress reflects the impact of our strengthened recruitment strategies and our commitment to workforce stability. To address ongoing staffing needs, we continue to host frequent student placements, many of whom successfully transition into permanent roles after completing their training. We have also remained active participants in the Community Commitment Program for Nurses (CCPN), which offers incentives for nurses who commit to longer-term employment with the Home. In addition, the home has implemented an Employee Referral Program as an added incentive for team members to refer qualified staff to Woodhaven, further strengthening our recruitment efforts and supporting workforce stability. In addition, the home has implemented an Employee Referral Program as an added incentive for team members to refer qualified staff to Woodhaven, further strengthening our recruitment efforts and supporting workforce stability.

Our partnerships with staffing agencies help ensure consistent and safe staffing levels to support residents' care needs. Recognizing the need for sustained recruitment efforts, in 2026 we will continue to expand our hiring initiatives, focusing on the onboarding of new team members and hosting mass hiring days within the Home. These initiatives are designed to streamline recruitment and further strengthen our staffing complement to support high-quality resident care.

Staff well-being and satisfaction remain core priorities. Each year, our organization distributes an Employee Engagement Survey to our staff to obtain a pulse check on their satisfaction with own organization, their employment satisfaction and the work environment. As with our Resident Satisfaction Survey, we measure the percentage of individuals who “Strongly Agree” and “Agree” with the satisfaction survey questions. Our 2025 survey was distributed through an online portal from July 2nd to July 26th. Our employee overall employee engagement score was 64% in response to the following 3 questions: “I am satisfied with my organization as a place to work”, “I would gladly recommend my organization as place to work” and “It rarely crosses my mind to leave my organization and work somewhere else”. These are important indicators when looking at retention and recruitment. Our annual staff satisfaction survey continues to provide valuable insights, and our leadership team routinely reviews these results to implement targeted action plans aimed at enhancing the staff experience. The Social Committee continues to organize meaningful internal and external events to foster a positive, engaged workplace culture. To further support our staff, we continue to recognize daily achievements through WOW moments.

In 2025, we proudly celebrated staff milestones of 5, 10, 15, and 20 years of service at a highly successful Long Service Awards event. Other initiatives—such as our annual Holiday Celebration and Wellness Wednesdays featuring massage chairs and tea—were well received and will continue to guide future wellness and engagement programming throughout 2026.

To strengthen staff engagement and foster a culture grounded in

AgeCare's values of Teamwork, Trust, Respect, and Quality, we are expanding our staff recognition program in 2026. This includes the introduction of the AgeCare Gratitude Tree, which invites residents, families, and staff to submit acknowledgements of team members who demonstrate our core values. Building on this, we are implementing the Living Our Values Committee, a multidisciplinary group that will review nominations each quarter. Staff recognized for exemplifying AgeCare values will have the opportunity to receive prizes, corporate-provided recognition gifts, and formal acknowledgment at the Home. These enhancements reinforce our commitment to celebrating excellence, promoting a values-driven culture, and ensuring our staff feel appreciated, supported, and engaged.

SAFETY

The safety and security of our residents remains a core priority within our home. Resident feedback indicating strong agreement with feeling safe and secure was one of the highest-performing measures in our 2025 Resident Survey. Our home maintains a comprehensive and proactive process for managing resident safety events, which includes timely incident reporting, detailed analysis of contributing factors, and the development of individualized safety plans. Safety events are monitored and trended using PointClickCare, internal workbooks, and Emerging Issue Reporting, enabling both our in-house quality teams and corporate partners to identify opportunities for improvement and implement preventive strategies.

Through Ministry funding initiatives, we have strengthened our safety infrastructure by enhancing Falls Prevention resources, including additional alarms, fall mattresses, hip protectors, and

raised-edge surfaces. We have also implemented an Automatic Drug Dispensing Cabinet for emergency medications and upgraded our electronic medication management system to further support medication safety. In partnership with our pharmacy provider, we complete the ISMP Medication System Safety Assessment annually and participate in electronic medication incident reporting, allowing for deeper trend analysis and root-cause identification. We continue to invest in staff education, including IPAC credentialing for our IPAC Lead, Advanced Wound Care training for our Skin and Wound Champions, and IMAGINE leadership training for both leaders and front-line team members.

Our corporation distributes Safety Alerts and Notifications when safety events in one home may have broader implications across the organization. These alerts are used to review our own processes and to provide team education on risk mitigation and prevention.

In 2025, Medication Administration Scanners were introduced as part of our ongoing Medication Safety initiatives. In addition, our home implemented a wander-guard system integrated into the front-door security infrastructure to support residents at high risk of elopement.

The Home also has an occupational safety committee that meets monthly to ensure a safe working environment for staff. This committee hosts both frontline and management staff and includes a cross section of the disciplines present in the home. We had the opportunity in 2024 to have four members of this committee certified with the PSHSA.

PALLIATIVE CARE

AgeCare Woodhaven is committed to delivering high-quality, compassionate palliative care through the implementation of the Dove Approach to Care - a comprehensive, person-centered model designed to support residents and their families during end-of-life. This approach emphasizes proactive assessment, strong interdisciplinary collaboration, and ongoing communication to ensure each resident's care plan aligns with their values, goals, and wishes.

A key component of our program is the continuous assessment of residents using the Palliative Performance Scale (PPS). Regular PPS monitoring enables early identification of changes in a resident's condition. When a decline is identified, the interdisciplinary team promptly convenes a care conference with the resident (where appropriate) and their family to revisit goals of care, clarify expectations, and establish an individualized end-of-life plan. This ensures a coordinated, resident-focused, and family-inclusive approach.

Understanding the value of early conversations, discussions about palliative care and goals-of-care expectations begin at admission. This proactive approach helps families understand the palliative journey from the outset, reduces uncertainty, and ensures that care remains aligned with the resident's preferences throughout their stay.

To further enhance our palliative care program, AgeCare Woodhaven has partnered with the palliative care coach from Markham Stouffville Hospital throughout 2025. This collaboration will strengthen staff capacity through enhanced education and clinical coaching and will support the implementation of better facilitating timely recognition and intervention for residents

approaching end-of-life.

Our home also remains committed to supporting residents and families emotionally and spiritually. Initiatives include the use of comfort carts stocked with supportive items for residents and families, personalized end-of-life rituals that honour cultural and spiritual traditions, and expanded bereavement supports following a resident's passing. Additionally, AgeCare Woodhaven holds a memorial service to honour and remember residents who have passed away, offering families, co-residents, and staff a meaningful opportunity for reflection and remembrance.

Through these comprehensive initiatives, AgeCare Woodhaven continues to strengthen its commitment to providing compassionate, high-quality, and individualized palliative care, ensuring that residents experience dignity, comfort, and respect in their final stage of life.

POPULATION HEALTH MANAGEMENT

AgeCare Woodhaven collaborates with a broad network of community partners—including Central East HCCSS, the Oak Valley IPAC Hub, the Nurse-Led Outreach Team (NLOT), the LOFT Behavioural Support Team, and Mackenzie Health—to ensure residents have access to a comprehensive continuum of care. These partnerships support coordinated transitions, specialized clinical consultation, and timely access to behavioural, medical, and infection prevention expertise.

The Home continues to experience a significant wait list and remains committed to supporting the community through the provision of short-stay respite services. Reflecting the cultural diversity of both residents and staff, the Home benefits from multilingual team members and residents who can assist with

informal translation when needed, helping to reduce communication barriers and enhance person-centered care.

AgeCare Woodhaven also delivers a range of internal health and wellness programs supported by allied health professionals, including Physiotherapy, Occupational Therapy, Registered Dietitians, Pharmacy Consultants, and Social Work. Each discipline contributes specialized knowledge and recommendations to support the complex needs of the LTC population.

In addition, several team members actively participate in regional communities of practice—such as Regional Health meetings, Public Health forums, and peer networks with leaders in similar roles—which help inform planning, align priorities, and promote shared learning. Our organization also maintains membership with the Ontario Long Term Care Association (OLTCA) and participates in corporate committees dedicated to population health and sector advocacy.

CONTACT INFORMATION/DESIGNATED LEAD

Corey-Anne Rossi - Executive Director
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OTHER

AgeCare Woodhaven was honoured to welcome a delegation of 30 long-term care executives, directors, managers, operators, and nursing home association representatives from Taiwan. Organized in partnership with Accreditation Canada, the visit focused on exploring Canadian approaches to long-term care and learning from our innovations and best practices.

During their time with us, we showcased our journey toward

excellence through accreditation standards and highlighted how we are leveraging technology and AI to enhance resident outcomes. Guests met with residents, families, and team members, and observed demonstrations of several innovative tools—including AI-supported skin and wound management systems, infection prevention and control applications, and a variety of recreation technologies designed to meaningfully engage residents.

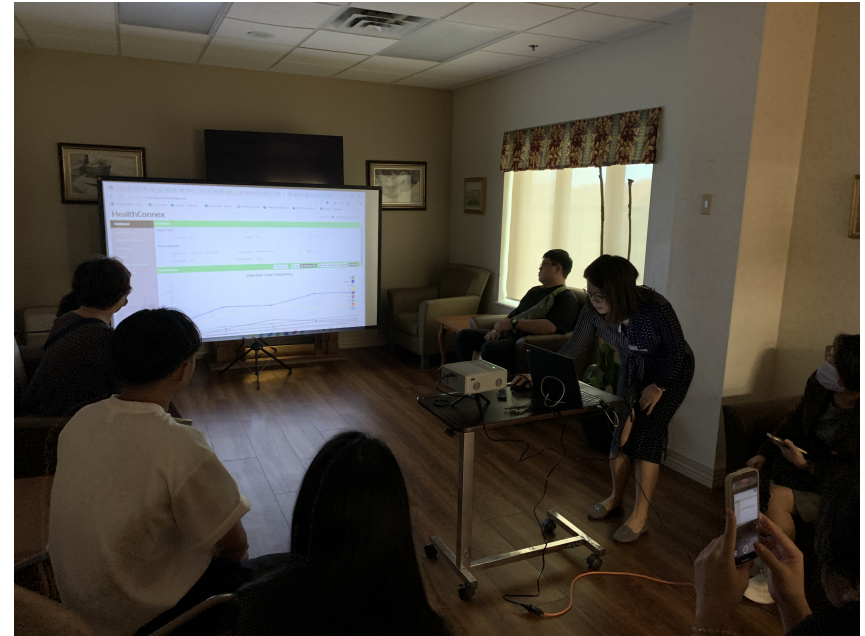
We also featured several of our sensory- and cognition-focused therapeutic resources:

Our Snoezelen Room and snoezelen mobile cart – a multi-sensory environment designed to provide calming, stimulating, and therapeutic experiences through controlled lighting, sound, and tactile elements. This space is particularly beneficial for residents living with dementia, helping reduce anxiety, promote relaxation, and support emotional well-being.

Mobi Interactive System – an engaging platform offering sensory, cognitive, and stimulating activities through games and interactive projections. Mobi is designed to reach residents of all abilities, with a strong focus on supporting individuals living with dementia by promoting movement, engagement, and joy.

Zinnia – an app-based platform integrated into our iPads and Smart TVs, offering a wide range of sensory programs, guided activities of daily living, prompts, relaxation videos, and purposeful programming to support residents throughout the day.

Our residents proudly guided the delegation through AgeCare Woodhaven’s garden, where vegetables grown on-site are incorporated into our meals to provide fresh, home-grown additions. Across AgeCare Woodhaven, residents with an interest in horticulture also have the opportunity to grow their own vegetables and plants on their balconies, which can then be used in meal preparation—creating a meaningful, farm-to-table connection.



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 3, 2026**

Candace Lanthier - DRO, Board Chair / Licensee or delegate

Corey-Anne Rossi - CQI Lead, Administrator /Executive Director

Marleys Shortte - DOC, Quality Committee Chair or delegate

Barbara Murphy - Sr.Director, Other leadership as appropriate
