

Chester Village Long Term Care

RESIDENTS' COUNCIL MEETING MINUTES

Date: Wednesday, April 29th 2026

Time: 2:15 PM

Location: Village Hall

Resident's Councils Representatives:

Heather McCormack (Resident Council Representative)

Thomas Gilmore (Second Representative)

Resident Council Assistant:

Bethesda Galindez (Activation Manager)

Approved Guest(s):

Activation Aide(s) to support meeting. Morgan Geast, Administrator

Residents in Attendance: Agnes A., Bill K., Charles F., Colin B., Daniel A., Diane R., Earl P., Etelka G., Heather M., John L., John W., Khadija H., Lin Fah C., Man-Yee K., Michael B., Peter N., and Thomas G.

CALL TO ORDER: WELCOME, ADOPTION OF AGENDA

Call to Order: 2:15 PM

By: Bethesda G.

OARC Opening Guidelines

Read By: Bethesda G.

Review of Previously Approved & Business Arising from Previous Minutes

The March 2026 meeting reviewed agenda items including the Residents' Bill of Rights, home updates, policies, and quality initiatives. Residents' Bill of Rights #13–15 were read and discussed, focusing on personal possessions, financial management, and citizens' rights. Subcommittee updates included no January meeting for Jade Home, approval of the Spring/Summer menu by the Food Committee, Easter dinner planning, and resident calendar planning completed as part of the QIP. Home updates covered the introduction of the Family and Community Coordinator, administrative leadership restructuring, upcoming activation programs, implementation of the Scent-Free Policy, an updated front entrance door code, approval of the Residents' Council brochure, and progress toward closing the 2025/2026 QIP and preparing for 2026/2027. Resident discussions raised questions regarding balcony accessibility and

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cleanliness, visitor identification, and access to social work services, with responses to be provided separately.

Approved by: Thomas G.

REGULAR BUSINESS

Agenda and/or Business Arising

- Resident Bills of Rights Review
- Home Update and Discussion
- Administrator Updates
- Quality Improvement Plan (QIP) Updates

Residents' Bill of Rights Review

Previously reviewed Residents' Bill of Rights #13-15

Read by: Bethesda G.

Section 4: Right to an quality care and self-determination

16. Proper care and services

“Every resident has the right to proper accommodation, nutrition, care and services consistent with their needs.”

In other words: You have the right to get the care and services that you need.

17. Know your caregivers

“Every resident has the right to be told both who is responsible for and who is providing the resident’s direct care.”

In other words: You have the right to know who is looking after you.

18. Privacy during treatment

“Every resident has the right to be afforded privacy in treatment and in caring for their personal needs.”

In other words: You have the right to privacy when you’re getting or talking about personal care or medical treatment.

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Subcommittee Reports

I. Jade Home Area:

No meeting was held for the Jade Home Area in January. March meeting was related to Calendar Planning Meetings will be held quarterly or more as requested.

II. Food Committee:

a. Residents expressed strong satisfaction with recent menu offerings, particularly the hot cross buns served on Good Friday, with some requesting additional servings, as well as the Easter dinner entrées.

b. Planning for Mother's Day was discussed, and residents selected a themed lunch rather than dinner. Food Services Management will provide table décor, including placemats and napkins, and dessert will include strawberry shortcake and watermelon. A request was raised for a Mother's Day-themed garden tea with traditional tea sandwiches; residents were advised that tea sandwiches could be included on the menu and that the event request would be shared with Activation, along with communication about planned Mother's Day activities.

c. Overall feedback on the new menu has been very positive, with residents enjoying the increased variety—especially breakfast options such as pastries, omelets, and expanded potato selections. One area for improvement noted was the lamb used in the lamb curry; Food Services will source an alternative diced lamb product.

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Home Updates and Discussion

Meet & Greet:

The residents appreciate the Meet & Greet with the management staff. They would like to invite the Volunteer Services Coordinator next meeting.

Program Area: Administration

Administrator, Morgan Geast, is submitting a grant proposal, due May 7th, 2026, to improve accessibility in the Home, such as the balconies in the Home Areas. The administrator would like a letter of support from Residents' Council, which Heather M., the First Representative will review and sign. All residents agreed.

The Administrator updated residents about the Falls Detection Sensor Pilot. Morgan reported that 20 new falls detection sensors have been installed in select resident rooms. These devices are not cameras; they simply track movement patterns to help gather information and better understand fall risks and trends within the Home. Residents inquired about whether falls can be prevented, and both the Administrator and the Resident Council Assistant explained that the Home already uses several fall-prevention measures such as bed alarms, floor mats, and chair alarms. This pilot project will serve as an additional resource to support resident safety.

Furthermore, the Administrator responded to a resident's suggestion about adding another elevator to the building. While Administration explained that installing an additional elevator would require major infrastructure changes, the suggestion will still be forwarded for consideration.

Lastly, the Administrator provided a response regarding the previous inquiry about Visitor Identification Tags. Administration confirmed that visitor ID tags will not be implemented at this time; however, staff, volunteers, and contractors, will be reminded to keep their name tags visible to support resident comfort and recognition. Residents agreed with the suggestion.

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Program Area: Activation

Bethesda, the Activation Manager, will be away for two weeks in May 2026, and Andrea, the Volunteer Services Coordinator will be providing support during that time. The Home is pleased to welcome an increase in pet therapy volunteers, and residents can look forward to Garden Day and the first BBQ of the season on June 3rd. In addition, balcony cleaning time will be added to the May calendar to support resident comfort and enjoyment.

In relation to Dinner Club, residents shared suggestions for upcoming meals, including chicken stir fry with noodles or rice, shrimp dishes, a Chinese Takeout themed menu. Residents were also informed that due to increasing food costs, Dinner Club pricing may increase from \$10 to \$15 depending on the selected menu items. The residents advised that they understand and are okay with the decision.

Program Area: Quality Improvement Plan

A meeting was held to review the results of the Family and Resident Satisfaction Survey in preparation for the 2026/2027 QIP. A letter from our CEO was also shared, outlining the current QIP for 2026/2027. Further details are attached to the minutes.

Resident Discussion(s):

Residents shared that they value a peaceful and enjoyable dining experience. Recently, noise and foot traffic during meals have been disruptive. They would like staff to please be mindful of maintaining a quieter environment during mealtimes, as this contributes significantly to residents' comfort and overall well-being. This inquiry will be forwarded to the Director of Care.

Reply attached to minutes.

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ADJOURNMENT

- **Time:** 3:15pm
- **Adjourned by:** Bethesda G.
- **Seconded by:** Colin B.

NEXT MEETING

- **Date:** May 2026 – Date TBD.
- **Time:** 2:15pm
- **Location:** Village Hall
- **Invited Guests:** Andrea Macina, Volunteer Services Coordinator.

MINUTES APPROVED BY

Heather McCormark, Resident



Resident's Signature

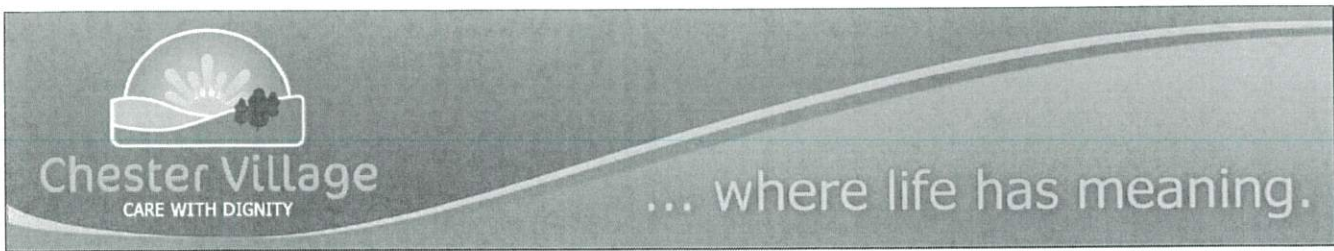
Date: May 11th 2026

Morgan Geast, Administrator



Administrator's Signature

Date: May 11th 2026



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March 31, 2026

RE: Results of the annual Resident/Family Experience Survey

Dear Resident and Family Councils,

Chester Village would like to thank our residents and families for responding to our annual survey. The survey is designed to provide us with information on what our residents and families think is working well at Chester Village and what we need to improve life at our home. This survey is one of the ways we invite input from our community.

The final results of the survey are compared to a number of other not-for-profit long-term care homes in the GTA so we are able to share best practices.

Once again, you have told us that Chester Village continues to do many things well. Feedback shared that residents feel they are treated with courtesy, respect, and kindness, and that staff are caring, supportive, and approachable. Residents and families also spoke positively about the cleanliness of the home, the maintenance of the building and grounds, and the welcoming sense of community. Many respondents expressed appreciation for the activities offered and the efforts of staff to engage residents, as well as feeling that staff take the time to listen.

You have also told us that we could improve in some areas. Therefore, based on your feedback, we will focus on the following quality initiatives over the next year:

- Improving communication, including awareness of who to contact to initiate a concern or complaint, receiving health updates, and ensuring information is explained in a clear and understandable way.
- Improving opportunities for resident involvement in care decisions.
- Improving programs, including access to enjoyable activities and opportunities for engagement on weekends.
- Improving the dining experience, including the quality and variety of food and drinks, and the organization of mealtimes.

Please find attached our 2026/27 Quality Improvement Plan (QIP), which was developed to address the areas identified in the survey. You will also find our Progress Report for last year's quality initiatives so you can see how we did.

If you have any questions or suggestions, please do not hesitate to contact any member of the leadership team. We value your feedback and ongoing involvement.

Respectfully,
C. Marinelli
Cynthia Marinelli, CEO
Chester Village Long-Term Care

~~*[Signature]*~~
Heather McCormack

cc. Resident and Family Councils

Experience | Patient-centred | Custom Indicator

Indicator #4	Last Year		This Year		Percentage Improvement (2026/27)	Target (2026/27)
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Target (2026/27)		
Percentage of residents responding "never/sometimes" to staff support me to access other health professional if needed. (Chester Village)	24.00	12	18.00	NA	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Improve the system to gather information on resident preferences and needs related to health professional services to be used for personalized care planning.

Process measure

- Number of newly admitted residents with appropriately, accurately and timely completed admission assessment and resident and family centred care assessment with personalized care plan reflecting their health professional needs.

Target for process measure

- 100 % of all new admissions.

Lessons Learned

Registered staff currently use the RNAO Clinical Pathways BPG tools, such as the Admission Assessment and Resident and Family-Centered Care clinical pathways. Through these tools, all necessary information is gathered during the admission process and during care conferences where the resident and/or their POA or SDM are present. Staff ensure that residents and their representatives are actively involved in developing a personalized care plan that reflects their preferences and wishes. The plan also includes information about health professional services available within the home, as well as access to external professional services when needed.

Change Idea #2 Implemented Not Implemented In Progress

Identify all resources available for different health professional services, both internally and externally that residents can access.

Process measure

- There will be a new information poster about all the internally and externally offered professional services and how to access them.

Target for process measure

- This information poster will be completed and ready for dissemination by Q2 2025.

Lessons Learned

A printed summary of the various professional services available both within the home and externally is included in the admission package. Residents and their POA or SDM are also informed that these services can be accessed through the nursing station. Additionally, this information is reviewed and discussed during the annual care conference.

Change Idea #3 Implemented Not Implemented In Progress

Increase staff awareness on how to identify the residents health professional needs and how to provide the support to access them.

Process measure

- Conduct registered staff education on all available health professional services offered both internally and externally and how to access the services.

Target for process measure

- 100% of registered staff will be educated on all available health professional services offered both internally and externally and how to access the services by Q2 2025.

Lessons Learned

Nurse managers conducted a brief in-service education session with all nurses to increase awareness of how to identify residents' health professional needs and how to provide appropriate support to help them access these services.

Comment

Current survey results indicate that 14% of residents responded "never" or "sometimes" to the statement "staff support me to access other health professionals if needed." This result is above the target of 12%; however, it represents a 6% improvement.

Indicator #3	Last Year		This Year	
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)
Percentage of Residents responding "never/sometimes" to staff respect my cultural and spiritual values and lifestyles. (Chester Village)	17.00	10	14.00	--
				NA
				Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Provide education to staff to increase awareness of cultural and spiritual values and lifestyles

Process measure

- Number of staff that receive training on spiritual and cultural awareness

Target for process measure

- 100% of staff will receive training on cultural and spiritual values and lifestyles

Lessons Learned

Education was uploaded to surge learning and 90%+ staff completed.

Change Idea #2 Implemented Not Implemented In Progress

Hold resident focus groups to gather perspectives and input on spiritual and cultural needs.

Process measure

- Number of focus groups held

Target for process measure

- 2 focus groups to be held this fiscal year

Lessons Learned

3 resident focus groups were held to provide feedback and gather perspectives.

Change Idea #3 Implemented Not Implemented In Progress

Provide workshops on cultural and spiritual values and lifestyles of residents for all staff

Process measure

- Number of scenario education sessions offered

Target for process measure

- 2 scenario education sessions offered in calendar year

Lessons Learned

Four sessions and huddles were held with front-line staff to provide perspective on the importance of respecting and supporting residents' personal choices, as they relate to cultural and spiritual values and lifestyles.

Comment

Current survey results indicate that 14% of residents responded "never" or "sometimes" to the statement "staff respect my cultural and spiritual values and lifestyles." This result is above the target of 10%, however, it represents a 3% improvement. The home will continue to enhance staff awareness and understanding through initiatives throughout 2026.

Indicator #5	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of residents who responded "never/sometimes" to meal time is pleasurable. (Chester Village)	26.00	20	22.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Provide education to staff on positive interaction with residents and encouragement during mealtimes.

Process measure

- Number of staff attending the education.

Target for process measure

- 80% of PSW and Activation staff and 100% of Dietary staff will receive training on positive interaction and encouragement with residents during mealtimes.

Lessons Learned

Provided multiple in person role playing education sessions including dietary aides, frontline staff, activation aides and residents.

Change Idea #2 Implemented Not Implemented In Progress

Review the current system of information sharing on menu choices and the ordering process and develop a more efficient system.

Process measure

- A new and more efficient menu sharing and ordering system will be developed by end of April 2025. Education of staff about the new system will start by May 2025 and the full implementation by June 1, 2025.

Target for process measure

- New system completely implemented by June 1, 2025.

Lessons Learned

The primary challenge was the mid-year start of a new Food Service Manager, which limited the full implementation of this change idea. The initiative will be reviewed and continued in 2026.

Change Idea #3 Implemented Not Implemented In Progress

Audit the new system of sharing menu choices and ordering process and the positive interactions with the residents by staff during mealtimes.

Process measure

- Audit tool is revised by by end of April 2025. Audits will be conducted 14 times per month in different home areas and different mealtimes.

Target for process measure

- 140 total audits completed from June 1, 2025 to March 31, 2026.

Lessons Learned

The primary challenge was the midyear start of a new Food Service Manager, which limited the full implementation of this change idea. The initiative will be reviewed and continued in 2026.

Change Idea #4 Implemented Not Implemented In Progress

New resident meal survey implemented Jan 2026

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

We now have more data, going forward, to gauge residents acceptance and opportunities for improvement. The questions in the survey related to Satisfaction survey questions so data is more valuable and relevant.

Comment

Current survey results indicate improvement to 22% of residents who responded "never/sometimes" to meal time is pleasurable ". This result is above the target of 20%; however, it reflects a 4% improvement from previous results. Plan for new meal ordering system/process to be investigated and proposed for during 2026/2027 QIP.

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents that responded "Never/Sometimes" to the overall quality of food and drinks I receive is good OR there is a wide variety of foods and drinks offered to me OR mealtime is well organized.	C	% / LTC home residents	In-house survey / 2025	22.00	19.00	Current performance is calculated as the average percentage of residents who responded "Never" or "Sometimes" to three questions on the resident satisfaction survey: whether the overall quality of food and drinks received is good, whether a wide variety of foods and drinks is offered, and whether mealtimes are well organized. The target justification is to reduce current performance from 22% to 19% across the three indicators, representing a 3% improvement that is considered attainable.	

Change Ideas

Change Idea #1 Implementation of resident meal survey, to be conducted tableside during meal service.

Methods	Process measures	Target for process measure	Comments
Survey conducted and data collected. Any 'actions' supporting customer service during meal service done in the moment. Surveys will be conducted by the food service supervisors at different meals services.	Number of Surveys in HealthConnex	Goal of 15 surveys a month	

Change Idea #2 Increase the participation of attendees during menu planning sessions. Increased participation in the menu planning process will give more residents the opportunity to share input and menu ideas.

Methods	Process measures	Target for process measure	Comments
Food Service Manager will host menu planning sessions on each home area.	Number of attendees recorded in planning sessions for new menu.	30 or more total attendees for each menu planning session.	
Communication for residents/staff/visitors on event calendar to increase participation.			

Change Idea #3 Introduce and rollout meal ordering system to improve organization at meal service and support meal service.

Methods	Process measures	Target for process measure	Comments
Food service manager to present proposal options for new meal ordering system, plan stages for rollout with nursing administration, hold training 14 training sessions with support of staff educator for all shifts at each stage, and support pilot/staggered rollout. Create survey to evaluate success of the new system.	Number of proposal(s) submitted to CEO Number of training sessions held Number of surveys developed to evaluate new meal ordering system.	1 proposal 14 training sessions 1 survey	

Change Idea #4 Assign a Lead for each meal service to support organization and rollout of meal service.

Methods	Process measures	Target for process measure	Comments
Work with nursing administration to support to assign rotating PSW shifts as the meal service leader. Revise pleasurable dining audit to include a question on the compliance of the meal lead schedule being followed.	Percentage of compliance of Lead for each meal service to support meal organization and rollout of meal service.	80% compliance of PSW Lead schedule being followed for each audit.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents that responded "Never/Sometimes" to I am aware of who to contact to initiate a concern/complaint OR I receive updates about my health from the health care team OR the health care team explains things to me in a way I can understand.	C	% / LTC home residents	In-house survey / Most recent consecutive 12-month period	25.00	20.00	Current performance is calculated as the average percentage of residents who responded "Never" or "Sometimes" to three questions on the resident satisfaction survey: awareness of who to contact to initiate a concern or complaint, receiving updates about their health from the health care team, and having information explained in a way they can understand. The target justification is to reduce current performance from 25% to 20% across the three indicators, representing a 5% improvement that is considered attainable.	

Change Ideas

Change Idea #1 Create an easy to read poster of organizational contacts and to whom to initiate a concern or complaint.

Methods	Process measures	Target for process measure	Comments
Poster will be posted on the community news board in each home area for all families and residents reference.	Number of Posters posted for awareness.	1 organizational contact poster for concerns and complaints will be posted in each of the 7 home areas.	

Change Idea #2 Staff Educator to attend resident council to review concern and complaint process and identifying appropriate contacts.

Methods	Process measures	Target for process measure	Comments
Staff Educator will attend 2 resident council meetings this year.	Number of resident council meetings attended by the staff educator to review concern and complaint process and identifying appropriate contacts.	Two in a twelve month period.	

Change Idea #3 Physicians, Nurse Practitioner or Nurses will provide quarterly health updates in a way that is understandable to the residents.

Methods	Process measures	Target for process measure	Comments
Create and follow a healthcare update rounding schedule for residents who are identified with a CPS score of 0-2. Physicians, Nurse Practitioners or Nurses will provide quarterly health updates in a way that is understandable to the residents.	Number of residents with a CPS score of 0-2 consenting to receive health updates will receive it quarterly in a way that is understandable to them.	100% of residents with a CPS score of 0-2 consenting to receive health updates will receive it quarterly in a way that is understandable to them.	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents that responded "Never/Sometimes" that there are activities that I enjoy, that I am able to participate in OR I have access to enjoyable things to do on weekends".	C	% / LTC home residents	In-house survey / Most recent consecutive 12-month period.	17.00	12.00	Current performance is calculated as the average percentage of residents who responded "Never" or "Sometimes" to two questions on the resident satisfaction survey: whether there are activities they enjoy and are able to participate in, and whether they have access to enjoyable activities on weekends. The target justification is to reduce current performance from 17% to 12% across the indicators, representing a 5% improvement that is considered attainable.	

Change Ideas

Change Idea #1 Facilitate resident calendar planning meetings within each home area.

Methods	Process measures	Target for process measure	Comments
Resident calendar planning meetings will be held in each home area to identify specific needs and interests, ensuring weekend activities are appropriate, engaging, and enjoyable.	Number of resident calendar planning meetings conducted.	A total of 14 meetings will be held over the 12-month period, with 2 meetings conducted in each home area.	

Change Idea #2 Develop a greater variety of programs and increase access to weekend activities.

Methods	Process measures	Target for process measure	Comments
Using information gathered from resident calendar planning meetings and staff calendar reviews, weekend programs will be tailored to residents' needs and interests. Each home area activity room will develop and enhance access to materials that can be used by residents, staff, and families during times when programs are not scheduled. These programs and materials will be promoted within the home.	Number of home area activity rooms or developed promotional poster.	All 7 home areas will have activity materials accessible to residents, staff, and families, or a minimum of 2 promotional posters will be displayed each month over a 12-month period.	

Change Idea #3 Increase the number of programs offered throughout the month.

Methods	Process measures	Target for process measure	Comments
Reports from resident calendar planning and residents' council meetings will be reviewed with the Activation Manager and the activation department to guide programming decisions and restructure monthly activities to support an increase in enjoyable programs offered throughout the month.	Number of programs offered monthly within the home.	4 additional programs will be offered per month building-wide over the 12-month period.	Reports generated from ActivityPro will monitor the average number of programs offered monthly on the calendar, ranging from large group activities to 1:1 sessions.

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents that responding "never/sometimes" to I am given opportunities to make decisions about my care.	C	% / LTC home residents	In-house survey / Most recent consecutive 12-month period	28.00	23.00	Although there has been slight improvement, 34% of residents in 2024 still reported "Never" or "Sometimes" being involved in decisions about their care, compared to 13% in 2022. This target aims to return to the improved level of performance previously achieved.	

Change Ideas

Change Idea #1 There will be resident focus group meetings that will identify barriers and opportunities related to resident decision making.

Methods	Process measures	Target for process measure	Comments
Nursing Administration team will conduct three resident focus groups within the first half of the year to identify barriers and opportunities related to resident decision making. The information gathered during the focus groups will be used to develop and education plan for residents and staff.	Number of focus groups conducted by the nursing administration team.	3 focus groups will be conducted by the nursing administration team.	

Change Idea #2 There will be educational sessions for residents and staff focused on shared decision making, informed choice and use of care plan.

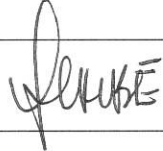
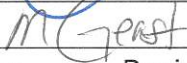
Methods	Process measures	Target for process measure	Comments
The Staff Educator will develop and deliver educational sessions for residents and staff focused on shared decision-making, informed choice, and the effective use of care plans. The outcomes from the resident focus group will be incorporated into the educational content.	Number of educational sessions provided for residents and staff.	5 Educational Sessions for staff and 3 sessions for the residents.	

Change Idea #3 Resident and Family Centered Care assessment (RFCC) and up to date care plan reflecting resident goals, preferences and choices will be completed for all residents.

Methods	Process measures	Target for process measure	Comments
Documentation and admission nurses will complete the resident and family centered care assessment for all current residents prior to the implementation of the RFCC BPG.	Number of resident with a completed RFCC assessment and updated plan of care reflecting goals, preferences and choices.	100% of all residents will have a RFCC and updated plan of care reflecting goals, preferences and choices.	

CHESTER VILLAGE

RESIDENTS' COUNCIL ACTION FORM

Date of Concern: April 29 th 2026	
Department of Concern: Nursing	
Concern Taken By: Bethesda Galindez Resident Review and Approval: 5 Residents Voted to Action Date: April 29 th 2026	
Explanation of Comments/Concerns/Inquiries/Requests:	
Residents shared that they value a peaceful and enjoyable dining experience. Recently, noise and foot traffic during meals have been disruptive. We would like staff to please be mindful of maintaining a quieter environment during mealtimes, as this contributes significantly to residents' comfort and overall well-being.	
Response from Department Head (must be completed within 7 days):	
Director of Care has noted the feedback about maintaining a calm and enjoyable dining environment. Team huddles in each home area will include a reminder for staff to be mindful of noise and movement during mealtimes, helping support a more pleasant dining experience for residents.	
Department Head Signature: 	Date: May 6 th , 2026
Forward to Administrator by:	
Administrator's Comments: Agree with Above and will also remind dept. Managers to discuss at upcoming staff meetings.	
Concern Resolved: <input checked="" type="radio"/> Yes <input type="radio"/> No	
Administrator's Signature: 	Date: May 4 th 2026
Copies to: Administrator	Resident's Council Member(s) Date:

X 