



ADMINISTRATION REPORT

To: St. Lawrence Lodge Committee of Management

Submitted by: Lisa Harper RN BScN, MN

Prepared on: February 15, 2026

Committee of Management Meeting Date: February 24, 2026

Re: Information Items

Update from Infection Prevention and Control

Outbreak Status

We presently have one resident that has a confirmed case of Influenza A. In the broader community, Covid 19 is circulating at low levels, Influenza A is circulating at moderate levels, and RSV is circulating at very high levels.

Masking

Universal masking was implemented on December 12 for all staff and visitors and will continue to be required while disease positivity in the community remains high. As we continue to be in the respiratory season, N95 fit-testing clinics continue to be conducted, with fit testing also incorporated into staff orientation to ensure continued readiness.

Vaccination and Seasonal Preparedness

Residents continue to receive their annual influenza vaccine, their every 6 months Covid-19 vaccine, as well as their RSV vaccines. Standard immunizations, including tetanus and Pneumovax, continue to be administered as required. Influenza vaccine continues to be offered to the staff; present percentage of staff having received their influenza vaccine is 75.25%.

Construction

IPAC continues to be involved in all construction/renovation activities as per CSA Standards.

Quality Improvement Initiative: Hand Soap & Hand hygiene education

As part of our ongoing commitment to patient safety, staff well-being, and operational efficiency, we are implementing a quality improvement initiative to transition from our current liquid body

February 15, 2026



wash/shampoo product to a dedicated foaming hand soap across all clinical and public handwashing stations. This change is rooted in evidence-based infection prevention practices, product performance, cost efficiency, and improved user experience. The transition also presents an important opportunity to reinforce hand hygiene education, a critical component of reducing healthcare-associated infections (HAIs).

Clinical Services Update

Occupancy Targets

Within the home, there are **ten empty** beds, indicating an occupancy rate of 95.5%. All empty beds are matched to external applicants, and/or internal relocations.

	January 31, 2026	Year to Date
Discharges *	13	13
Admissions	10	10

*(Discharges can be related to end of life, and/or if a resident relocates.)

Ontario Health at Home continues to collaborate with the Home to ensure reporting requirements are completed and admissions are secured in a timely manner. A review of the past five years is currently underway to assess average numbers of deaths, discharges, and admissions. This analysis will support more accurate year-over-year comparisons and help identify emerging trends or deviations from expected patterns. The findings will be used to inform planning, resource allocation, and ongoing monitoring efforts.

Based on data on the Health Partner Gateway (HPG) Portal for potential admissions, the following individuals show on our waitlist:

	Basic	Private	Individuals on the HPG Portal for STLL
Male	109	44	
Female	129	107	
Total			330
Crisis Application			16
Spousal Reunification			3
Veteran Priority Access			0

*(These numbers may reflect duplicate choices in accommodation, as potential admissions can apply for both Private and Basic accommodation).



Case Mix Index (CMI) – interRAI Platform

Every resident assessment generates a Case Mix Index (CMI). The CMI is used to calculate the amount of funding required to care for the residents based on their current needs. It is important to capture changes in condition and reassess residents to ensure the home is capitalizing on funding opportunities. InterRAI LTCF (The "New RAI" is the successor to the RAI-MDS 2.0 and is a comprehensive, standardized assessment instrument for evaluating the needs, strengths, and preferences of individuals in long-term care settings).

Quarter	Case Mix Index (CMI)
April 1, 2025 – June 30, 2025 (Q1) – RAI MDS	1.1351
July 1, 2025 – September 30, 2025 (Q2) - interRAI	Unavailable
October 1, 2025 – December 31, 2025 (Q3) - interRAI	1.492
January 1, 2026 – March 31, 2026 (Q4) – interRAI	To be Determined

During the third quarter, our team achieved a Case Mix Index (CMI) score of 1.492, a result that reflects both exceptional performance and the continued rise in resident acuity across the long-term care sector. Notably, this score was obtained despite the use of a shortened three-day assessment look-back period, rather than the traditional seven-day window. This condensed timeframe requires, heightened vigilance, accuracy, and consistency in documentation—and the team’s success under these conditions highlights their strong clinical judgment and disciplined assessment practices.

The high CMI score provides clear evidence of the increasing acuteness of residents in long-term care, as well as the growing complexity of care needs being managed daily. A significant contributing factor continues to be the high number of residents engaged in restorative programs, which are consistently and accurately captured by staff. This not only reflects the residents’ needs but also demonstrates the team’s commitment to ensuring that all care interventions are properly documented and aligned with regulatory expectations.

Overall, this quarter’s CMI performance speaks to the strong clinical culture, attention to detail, and dedication of the RAI team. Their ongoing efforts ensure that resident needs are fully represented while supporting appropriate resource allocation for the home.

Director@LTC.net Updates

January 30, 2026 - Generator Requirements and Proactive Compliance Inspections in 2026

A memo was released from the Long-Term Care Operations Division Assistant Deputy Minister, Sandra Lawson, on the topic of generators in long-term care homes and the associated proactive inspections planned for 2026.

February 15, 2026



Proactive inspections are standardized to ensure that homes are in compliance with requirements under the Fixing Long-Term Care Act, 2021 (FLTCA) and Ontario Regulation 246/22 (Regulation). These proactive inspections are unannounced and occur on a regular basis—at a minimum once per year.

An additional focus for this year will be the compliance with generator requirements under section 22 of the Regulation including the safe operating conditions of generators. Under this section, as of January 1, 2025, all homes must be served by a generator that is always available on-site, regardless of the home’s bed classification. This existing requirement replaced the previous exemptions under section 22 of the Regulation which expired on December 31, 2024. As the Ministry’s Inspectors are visiting homes to conduct inspections, a compliance assistance approach will be implemented to provide homes with greater transparency and clarity to help improve compliance outcomes.

Facility and Equipment Project Update

Technology & Infrastructure

Ongoing review of technology needs continues, with a focus on improving network stability and strengthening operational infrastructure. February included working on assessing equipment performance, reviewing access points, and identifying potential upgrades that would support improved workflow efficiency across departments.

Emergency Preparedness — Spa Room Communication

Speakers are being installed in all spa and tub rooms to ensure nursing and support services staff can hear emergency broadcast announcements while continuing to provide resident care. This communication enhancement will strengthen emergency response, improve staff/resident safety, and aligns with whole-home communication protocols. Installation is underway and expected to be completed at end of February.

A handwritten signature in black ink that reads "Lisa Harper".

Lisa Harper RN BScN, MN
Administrator

February 15, 2026