

Trinity Village

By Lutheran Homes Kitchener - Waterloo

2025 Celebrations & Improvements

Date: February 5th, 2026

Department	Celebrations	Improvements
Administration	<p>2025 CBEA awards. 2025 Best Nursing Home award by Readers' Choice in Kitchener-Waterloo - Diamond Recipient. Three Year Term of Accreditation by CARF in five areas: (1) Adult Day Services; (2) Assisted Living; (3) Independent Senior Living; (4) Person-Centred Long-Term Care Community; and the additional recognition, (5) Dementia Care Specialty Program. MSMP/secured architect, charitus, site tours, PM, living wall/vertical growing. Ethics Committee - 3 research projects. Achieved 9 out of the 10 strategic goals for 2025. Replaced Elephas Care AI Technology with an improved AI Technology through AMBA. More staff brought forward technology improvements for TVCC. Improved orientation (adding the extra day). New software to decrease manual work, improve resident care, real-time reporting and improved goal setting (Patient Safety Company, QRM, BrightHR, EPIC, AMBA, CareFall). Improved resident care access. Real time reporting. Improved goal setting. Formed GPA coaches across all departments Updated technology software report. Participated in MSMP project. Closed TVS: residents new home and cleaned out supplies.</p>	<p>Add the CARF section in the annual review workbook to track whether the item is in compliance (item is currently in the Team/Committee annual schedule). Utilize Bright HR more - Investigate the implementation of an online performance review process and to streamline this to ensure all performance reviews are completed within a timely manner. Aligning TV IT policies with HIROC standards. Determine use for TVS iPhones. Realign teams to a unified process and emphasize the importance of meeting deadlines - policy and annual schedule. Reinstate Team Lead Annual Touchbase meeting. Policy and procedure review master document. Disseminate TVS equipment. Introduce club concept, see Beeden section for more information. BrightHR memos. Meetings to continue with our AI lead/co-lead. Complete mandatory reporting on time for ease of flow to Board. Fully completing Annual Review and Goals workbook on time for ease of flow to the Board and Goals, Annual Report, & Mandatory Planning process.</p>
Adult Day Program	<p>Building TEAM connections with 1 new rec staff (July) and coordinator return from maternity leave (Sept). Overall, TEAM has a decent work flow together. New Rec staff starting in the new year. Offering of some new programs.</p>	<p>Continuing to tweak and adjust job descriptions and responsibilities as new staff are hired and as client numbers increase. Fine-tune volunteer role where necessary. Being on top of crafts for holiday market and start projects in the summer. Providing more notice and regular reminders for site-wide events that ADP has opportunity to participate in and to explore all avenues. Work on planning and organizing ahead some more and effectively as a team and being more positive. Difficult sustaining staff in PT role. Complete mandatory reporting on time for ease of flow to Board. Fully completing Annual Review and Goals workbook on time for ease of flow to the Board and Goals, Annual Report, & Mandatory Planning process.</p>

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Beeden Honey	Installed two hives of Buckfast Bees Two hives, installed one gifted hive over at Doon village, had good build-up on one hive was able to share honey with other two weaker hives, bees are very gentle no veil needed to work with them, purchased jars for 2026, labelled plants in pollinator boxes, able to do more programs with the residents in the home areas (4), able to be more consistently out at the bees, added 3 bee stories to social media, had table at Grand Parade brought more awareness to our hives, & added one new member Keith M.	Lost all our hives over the winter 24/25, need to get some honey in 2026 (tell that to the bees), expand the membership continuously, perhaps move from Committee to club format, see what processes can be made faster and more efficient in the bottling etc, more signage to find pollinator boxes, label pollinator boxes as such, Bee updates on Bee Kind board check out the possibility, bee write ups in Horticulture newsletter, include a honey and Hive event Day February (Keep separate from Honey sales), get jar labels done in Q1, bottle our gift box honey in advance (min of 50 jars for 2026) June Aug Oct, check out keystone pollinator Native species for labels of Special jars, carry on with the development of the relationship with Doon Village, & enter honey in Royal Winter Fair for 2026. Complete mandatory reporting on time for ease of flow to Board. Fully completing Annual Review and Goals workbook on time for ease of flow to the Board and Goals, Annual Report, & Mandatory Planning process.
Employee Council	Provided more education about committee in mandatory training, increased awareness about gift fund, & more staff participating in gift fund.	Need more members to join as the work load falls on the same small group of people for events. Brainstorm and ask for volunteers at Mandatory (list positions). Complete mandatory reporting on time for ease of flow to Board. Fully completing Annual Review and Goals workbook on time for ease of flow to the Board and Goals, Annual Report, & Mandatory Planning process.
Environmental	Day and Evening high touch lines added, 5 HRV units installed, moving laundry to day & evening shifts (staff agree with this change), cameras down in laundry to improve staff safety & show sink, & CCTV - AI Camera system (laundry gap) where a staff incident/injury occurred (blind spot covered as per WPV Risk Assessment), crisis button functional in Laundry for staff who work alone (gap as per WPV Risk assessment), moving from Franks to Solenis - safety with chemicals.	Outbreaks adding extra staff on the weekends to reduce/prevent crossover, carpets cleaned more often/winter entrance cleaning, rooms are cluttered - need to be cleaned/audited more often, cord control in the resident rooms, front door - broken, & code drill communication and expectations for department - Get Ready app (JHSC initiative). Complete mandatory reporting on time for ease of flow to Board. Fully completing Annual Review and Goals workbook on time for ease of flow to the Board and Goals, Annual Report, & Mandatory Planning process. More carpets.
Finance	Monthly financial analysis, monitoring and reporting with feedback to managers, timely submission of extensive external reporting (COVID, IPAC, PSW Wage Enhancement, OHS Trial Balance & SRI & ARR, Occupancy Reports, Charitable Return, HST, Lab Costs, ORCA), Financial Audit & Budgets & Cashflow, etc. Analysis of TVS operations completed and recommendation on closure approved by Board. TVS transition plan for closure (anticipated closure date Jan 26 actual December 2025) went smoothly with residents, families and staff. A Finance and HR staff was hired during 2025 to help alleviate the additional work load within the Finance and HR Department. Training in Life Lease model was completed with the Finance Department during 2025. In addition, a decision was made to hire a realtor to help with the management of Townhouse sales. Tracy Spencer, Finance Manager, promoted to Chief Financial Officer on 04 01 2025.	Continue to be proactive with process improvements and technology optimization (CCIM GP, Maintenance Care, PCC, Payroll and GP Integration) Continue to revise and develop payroll audits. Timeline for reporting to ERM dashboard as the timeline is skewed with how the reporting system works with financial reports - data not available until a month afterwards.

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Health & Safety	Online H&S incidents, new CCTV AI camera system, education at Mandatory training (Jeopardy), GPA coaches (as per H&S recommendation), orientation - adding Taple Top exercise, codes - more physical codes in the building to ensure training, improved trust and transparency with incidents - increased reporting, & GPA training sessions-4.	Get more members certified, audit drills - Get Ready App (to be implemented 2026), emergency Code preparedness [staff awareness] (Get Ready App), response time to H&S incident sign-offs (NSG), Working Crisis Buttons, number of modified/injuries that have occurred - NSG has had an increase.
Horticulture	Had four staff - 2 summer Student roles, one 8-month contract and 1 full time for programming in TVCC and looking after TVCC gardens, consistency of staffing was really good, veg garden set up in neatly raised rows by volunteer Andy Runstedler and really appreciated by residents who came out, mulching in community garden and herb garden esp with cardboard/burlap cut down on weeding and watering leaf mulch in haven was great too, irrigation - enough staff to keep it on in a very dry summer, schedule from kyle worked very well, front new stonework on the berm really appreciated by residents, garden market was consistently offered over the summer, flower cart went very well. hard to keep empty vases on it, people really loved the new look of the revamped cart, flower cart patio being opened up was such an improvement; so many compliments and increased the useage that area by 150%, recording compliments more consistently done in the summer, having each our own beds for maintenance worked well, garden award competition towards the end of the summer was a chance for summer staff to really look at SOP and improve their gardens over the summer, planting the gardens as a single group allowed us to get familiar with each garden, finished planting mid June, planters created little plantscape oases to be discovered and were loved by people, water features were well loved expecially community little library in front of the Studios used by both TVCC and TVT team worked well together ie when brown planter box tipped over everyone came to each other's assistanc to get it cleaned up; when tractor got stuck in a tight spot, everyone came and assisted in turning tractor and trailer around good to have people who have eye's on the community garden to let us know the good things happening like Neil weeding the raspberries all the time and the bad things	Improve signage to indicate to residents etc where to pick flowers improve cut flower options for residents by increasing Number and kind of plantings, get more cut flowers into events and offered as table centrepieces (attach oportunity to catering form?), have specific staff focused on the garden market to expand market and offerings, explore with Nutrition staff how to increase the garden veg in the diet of residents, explore totes on the berm with drip irrigation to relieve amount of staff time and improve plant outcomes onthe sloped berm during droughty times (1/3 of 1 summer staff time dedicated to watering the berm), weekly garden walks with summer staff with their individual gardens, rhubarb thieved regularly develope and even, one on one garden walks with residents, offer garden tours twice during summer for new residents, develop an evening in the summer garden with music, flowers and summer food and drink, keeping track of how the veg garden is growing at the same time as we are recording harvest, have slot/ mailbox on little library for monthly Hort newsletter, maintain better records on garden planner, need to get a TVCC volunteer for indoor plant library, revamping all current indoor plantscapes to have burlap and coco coir and signs.Complete mandatory reporting on time for ease of flow to Board. Fully completing Annual Review and Goals workbook on time for ease of flow to the Board and Goals, Annual Report, & Mandatory Planning process.
Horticulture	happening like the rhubarb thief. Kept things in shed and garage neater this year, programming - there was more consistent programming except for July group size usually 8-10 people (need the rec staff or volunteers there to help with hands on stuff), having the initial planning meeting with Rec staff was so helpful, having the initial plan for the year helped to structure programming, lots of photo opportunities with the programming ie plug prog. and bee prog. expanded programming in Cherry Orchard, getting Wayne involved in plant care on the patios really boosted the results, lots of compliments and staff sitting our on balconies, bee program was the biggest hit, Horticulture physical newsletter in September, October seemed to be well received, Outdoor Haven design project had decent progress during hte months we worked on it, committee was useful in giving timely feedback, time for working on project was sufficient having the summer to engage in horticulre was a good foundation for the project, & could have startedon Haven piece a month or so earlier.	Implement modified boxes to see how Sparky responds, sweetheart meanace for sure, system to expand plant library and garden interests consistently with new residents in both TVCC and TVT, create some sort of template on social media and physical "newsletter" to engage residents with the gardens on a regular monthly basis recognizing that we are working with multiple generations who access media differently ask Camila relocated golden rod, & compile stats into one location/imrpove CQI storage. Complete mandatory reporting on time for ease of flow to Board. Fully completing Annual Review and Goals workbook on time for ease of flow to the Board and Goals, Annual Report, & Mandatory Planning process.

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Human Resources	Bright HR-Uploaded all new hire paperwork for all new staff from Oct 2025,improved staff memo distribution via BrightHR, full day orientation fully implemented, new Finance & HR admin assistant helps with workload, fully moved to all HR requests in Maintenance care, more organized filing, now have an orientation bin for paperwork which makes preparing packages easier, increased recruiting which resulted in less agency RPN's, all lines went permanent which helps retention/recruitment, Heart of the Matters organized the HR office and cage, implemented changes that improved orientation paperwork process, reduced the amount of agency RPN's from 22.4% to 6.1%, and Staff memos in Bright HR.	Creating a better system for when employees leave (Exit checklist) Mass hiring process (create a cap of 10 for orientation - create a cap for hiring process as well), Bright HR - investigate orientation/recruitment process, Resident Wellness Survey Question 5 - "I feel that staff are well trained" Lack of staff participation for employee experience survey, we are looking at introducing the Employee experience survey during 2026 Mandatory Training week to enhance participation, & work from home policy (question 1: where do the completed logs go and question 2: how to ensure they're working from a safety perspective)). Investigate user-friendly access (Baby ware) control systems and assess the implications of transitioning the TVS system to TVCC. Look at updating the qualifications for CO job postings/lines (experience, training, resume required) - bring this up at mandatory training, & education from H&S experts.Complete mandatory reporting on time for ease of flow to Board. Fully completing Annual Review and Goals workbook on time for ease of flow to the Board and Goals, Annual Report, & Mandatory Planning process.
IT	All good things from 2024 also in 2025, huge internet improvement with fibre, able to do more remote work, & achieved 60% remote work as per goal (good baseline to keep).	Internal communication, particularly staff changes need to be communicated immediately and software updates (not as prevalent), & standardizing communication expectations with changes. Complete mandatory reporting on time for ease of flow to Board. Fully completing Annual Review and Goals workbook on time for ease of flow to the Board and Goals, Annual Report, & Mandatory Planning process.
Nursing	Education in Nov with hands on mannequin training - good feedback, labs 3 times a week and lab book update, 2 mornings and 1 afternoon (gave residents the ability to sleep in), new cameras that occurred - helped from a staff and resident safety perspective, SUPP lines being perm has increased consistency and reduced incidents with residents, night float PSWs added for workload assistance and breaks, orientation increase for staff (PSWs) with the additional hands on training day started in December, residents attending orientation and Nov training was a benefit, phones on home area - increased communications - float phones, floor supervisors on the weekends - very helpful, PSW meetings increased from once a month to 3 times a month on their shifts, & float RPNs have been very helpful for workload and communications.	Communicate the meetings, increase float and casual involved in the meetings, have SUPP PSW staff meetings - separate from PSW meetings, reduce the MWF meetings to 2 a week, reduce the Fri ones and keep Monday and Wednesday, PSW meetings increasing amount of staff attending, extra phones for home area in addition to the float ones there, and review/update the right to refuse list (Admissions). Complete mandatory reporting on time for ease of flow to Board. Fully completing Annual Review and Goals workbook on time for ease of flow to the Board and Goals, Annual Report, & Mandatory Planning process.

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Nursing - BSO	<p>Team expansion with an evening BSO PSW staff, had evening BSO recreation support for a number of months, resident Care Plans in compliance as per the Fixing LTCH's act, DocIT interventions in place to reflect care plans, Updated Life Story to My Personhood for all new resident admissions, (2-3 residents per month), supported the Supplemental Staffing program, Coaching staff, updating policy, keeping Green Folders up to date according to Ministry Compliance Order, Meaningful moves for internal transfers onto and off of Cherry Orchard, Mandatory Training with hour and a half BSO sessions with PSW's and RPN's, Orientation one hour BSO experiential sessions with new onboarding staff, created a back up copy on Microsoft Teams, had DOCit Team fix the glitch in the APP, encouraged PSW's to write DOCit comments in App and followed up on comments made accordingly, reviewed and replied to all DOS reports with referrals according to information received, provided personalized care/interventions for all BSO residents, & transitioned 8 BSO residents into Home successfully, GPA training updates for staff. Nine GPA Coaches trained in 2025, addition of sensory scapes on Cherry Orchard and Walnut Grove, orientation with Care Partners/ BSO presentation, use of sleep kits, weighted blankets and white noise machines, use of Music players and Music Therapy for BSO Caseload, use of plant lending library for some of our BSO Case Load residents, CARF Dementia Care Specialty received with 3 year Accreditation, new BSO staff training completed with BSO Foundations, Ufirst, Person Centred Language, signed up for Dementiability and GPA in new year, & weekly Supplemental/1:1 Meetings.</p>	<p>Continue training staff on accessing DOCit for BSO Tips and writing Comments, encourage and support Person Centred Language training for all staff and Person Centred Language Poster for all units, continue to work on improving staff capacity to manage responsive behaviours, possibility of BSO Champion PSW to cover BSO PSW vacation and sick days, hire BSO Recreation Staff, continue to provide regular GPA education for PSWs. Is there possibility of including other disciplines? (RPNs, RN), increase staff knowledge of ELPAS and ability to respond to alerts in a timely manner, train BSO team on EV2 and Elpas systems for Elpas badge maintenance and develop protocol for monitoring, develop a checklist for the Quarterly RAI assessment schedule (look at care plan, behaviours, elpas, etc.), SMMSE admission and annual- review for BSO committee to take this on from recreation department (look at training for team), all admission on antipsychotic medication without a diagnosis, complete an assessment [to be developed - to review potential diagnoses, potential for deprescribing - without a diagnosis checklist], BSO team to ensure completion of checklist (follow referral process as needed for diagnosis), create checklist for parameters for deprescribing and an option to acknowledge those that need antipsychotic but will not meet criteria for diagnosis (due to quality of life), baseline required for ELPAS wander alert bracelets and number of alerts in system so easier for staff to manage, quarterly Antipsychotic Review Meetings, and ensure these are occurring. Complete mandatory reporting on time for ease of flow to Board. Fully completing Annual Review and Goals workbook on time for ease of flow to the Board and Goals, Annual Report, & Mandatory Planning process.</p>
Nursing - Falls & Restraints	<p>Reduction of average number of different residents who fell, improvement of documentation with falls (risk Management). Education provided for all nursing staff, alarms PSWs, documentation RN/RPN, multidisciplinary input and investigation to help support residents in reduction of falls, cameras added, less blind spots, reduction in workload for staff if resident fall can be watched and a HIR ruled out.</p>	<p>Implementing actionable items - post fall debriefs, med review (pharmacy), submit med review requests to pharmacy for residents with higher risk falls medications, & have seen an increase in falls. Implement CareFall App physical & cognitive fall risk assessment & improvement/maintain strength to reduce falls and provide improved assessment. Complete mandatory reporting on time for ease of flow to Board. Fully completing Annual Review and Goals workbook on time for ease of flow to the Board and Goals, Annual Report, & Mandatory Planning process.</p>
Nursing - MART	<p>Alphabet soup - noted increase in med incidents but noting less cost for shredding due to plastic as well as ensuring accuracy in med administration.</p>	<p>Laxative review for satchets vs bottles and ordering process to review with staff. Complete mandatory reporting on time for ease of flow to Board. Fully completing Annual Review and Goals workbook on time for ease of flow to the Board and Goals, Annual Report, & Mandatory Planning process.</p>

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Nursing - Palliative	PAC is discussed more often with families and residents, PAC check list in use, helpful in care plans, & December Donna came for registered staff training on medications.	EOL education follow up with staff, PSWs, audits on EOL residents for the hourly checks as well as medications used, family surveys for residents who have passed away, ensuring delivery and review of the surveys recieved, & bedside lights for residents, currently we only have overhead and this may hinder a positive EOL experience. Complete mandatory reporting on time for ease of flow to Board. Fully completing Annual Review and Goals workbook on time for ease of flow to the Board and Goals, Annual Report, & Mandatory Planning process.
Nursing - RAI MDS	Changed over to the interRAI education occurred for the new process.	Audits for the staff charting increase education for staff on coding/charting. Complete mandatory reporting on time for ease of flow to Board. Fully completing Annual Review and Goals workbook on time for ease of flow to the Board and Goals, Annual Report, & Mandatory Planning process.
Nursing - Skin & Wound	RPNs getting more comfortable with using skin and wound app, and resolving assessments.	Getting more chronic wounds and supplies for high intensity funding, tracking and auditing wounds and assessments for completeness, education for staff on prevention and following protocols, & auditing the wounds and staff follow up. Complete mandatory reporting on time for ease of flow to Board. Fully completing Annual Review and Goals workbook on time for ease of flow to the Board and Goals, Annual Report, & Mandatory Planning process.
Nursing - TENA	The new Tena Check is easier to navigate and will make ordering Tena product easier for staff and less time consuming.	Need Tena Reps for all home areas and days and evenings. Complete mandatory reporting on time for ease of flow to Board. Fully completing Annual Review and Goals workbook on time for ease of flow to the Board and Goals, Annual Report, & Mandatory Planning process.
Nutrition	Photo catalogue of all meals to assist multicultural and new staff (to ensure consistency with plating and meals), full time FSS role, increase in usage in the Village Café Festive Meal Vouchers, retired the Resident Mealtime Satisfaction Survey and incorporated questions into Wellbeing Survey, review and revision of all nutrition department audits and created in Surge QRM, maintenance Care requests for Nutrition Supplies, shared more NUT stats on the House Report Card. Cafe broke even.	Better camera views in serveries. Camera footage in dish rooms would be beneficial through CCTV-AI, audit Extra items in MealSuite vs placing As instead of items, audit tablet usage: timing of orders placed, if showplates are being shown, accurate order entries- instead of ordering all, and use of notes section, using the audits in Surge QRM, inconsistency of fridge temperatures, 1st floor servery is not locked (staff safety - WPV assessment), CCTV-AI does not cover the back of the elevators/entrance to first floor servery, & staff delivering food to TVT does not have a communication device (phone) in case of emergencies.

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Programming	<p>All site wide events were well organized, More volunteers to assist in programs, different types of music programs were well received; Classical music (symphony members) initiative good feedback. Very good feedback from classic rock concert, more family attendance in bigger events (basketball night, Grand Parade, Oktoberfest, OMA (added another Facilitator). OMA run again in Fall 2025, food programs (pancake breakfasts etc), Spotify (registered accounts/no ads), continued freedom/flexibility to continuously provide spontaneous programming, horticulture programming; plantscapes, lending library, Planters outdoors look great and seasonal, Better Impact switch -increased communication. Mass communication able to reply, volunteer appreciation event held in 2025 after a few years (post pandemic), Music Therapy students in the summer, the addition of the Evening Recreationist role, Welbi updates to make it easier. calendar to website - live, reports now linked to RAI, Feet to Fire program- residents enjoyed being able to open up freely within sessions; enjoyed the story telling aspect of the program, Grand Parade was successful, well organized. Oktoberfest was good; well attended, organized, good help during this event, Oktoberfest costumes, men's Group well attended, Resident Council is very robust; RC elections, communication, Bible Study program started; led by residents, New AC on bus and extra fans, Festive Market and bake sale; positive feedback on community engagement event, Christmas house celebrations went well; Kim Atkins, education on The Role of Recreationist in Palliative Care was helpful, the amount of supplies are great; great support from program manager, Dog Show was very well attended, sensory Scapes - Added a second copy of the Record, monthly birthdays held by each home area on the house (5 celebrations instead of 1 large</p>	<p>BBQs rained out/or hot weather. in 2026 plan for spontaneous BBQs according to the weather, less visits from St Johns Therapy Dog. Aim for more therapy dog visits, robots have been an issue with constant technical issues/malfunctions, residents do not touch robot on their own. Only used for birthdays, In Touch Link in room TV channel, residents are not using the channel, hard to navigate and change channel as 2 remotes are needed, the switch to new PCC RAI MDS is awful, not as easy to report on; i.e positive outlook, finding meaning in every day life. Some residents are not showing in the RAI calendar. (residents who have been here long time), McGregor carollers -did not seem very well prepared and engaging this year, since we do not hand out calendars to families; families ask for a printed calendar still; staff find that families do not go in myPortal often to see updates, third floor continues to have no shade. Sails were not installed by maintenance this year, open BSO Rec line (August to December), the bus is not getting used as much, outings in summer had to be cancelled due to hot weather; look at more spontaneous outings in the summer, it might be more challenging with recruiting volunteers last minute, ceramic program-third party came in but residents only rolled the clay; were not given the opportunity to paint or glaze their product. Nice to offer it again but allow residents to paint; more engaged, many spiritual care activities got cancelled during the year, Remembrance Day better on home area; a lot of effort to bring people down for a short period of time. Coordinate to attend TVTRA 4/5x's per year, forms combined, local events with welbi input. Complete mandatory reporting on time for ease of flow to Board. Fully completing Annual Review and Goals workbook on time for ease of flow to the Board and Goals, Annual Report, & Mandatory Planning process.</p>
Programming	<p>one in the gathering place), new orientation boards look great, casual Recreationist, reorganizing the closets in the rec room and basement, new umbrellas courtyard and Haven, drink cooler., & lots of photos taken of all our events/programs (Marketing Supervisor).</p>	
TVS/TVT Administration	<p>TVS/TVT in depth operational review of processes, TVS resolved rent strike/eviction, closure of TVS, improved TVT services, & TVT full deck evaluation.</p>	<p>TVT: Evaluate unit backlights, front garage light fixtures, & carbon monoxide evaluation (add an additional detector to each unit). Complete mandatory reporting on time for ease of flow to Board. Fully completing Annual Review and Goals workbook on time for ease of flow to the Board and Goals, Annual Report, & Mandatory Planning process.</p>