

**FAMILY ADVISORY COUNCIL MEETING
MINUTES
Monday, January 12, 2026
6:45 pm to 8:30 pm**

PRESENT: Gary Fleischmann (Co-chair); Shalom Schachter (Co-chair); Cheryl Lipman(A3); Ella Levitin (A5); Eileen Shapero (A6); Linda Hurlburt (A7); Joan Shiner (A7); Donna Davis Young (Community); Andrea Gregor (Community); Renie Hotz (Community); Rene Pardo (Community); Brenda Vernon (Community); Mide Seyi-Ajayi; Lori Socket

REGRETS: Kevin Gilhooly (Co-chair); Alexis Dawson (A2); Heather Rich (A3); Gilad Samuel (A3); Barbara Cook (A4); Tammy Joffe (A4); Vladimir Radian (A4); Denise Stanich-Land (4); Marcia Gilbert (Community); Simone Mamann (Community); Annie Papernick (Community); Helen Pogrín (Community); Shari-Ann Rosenberg (Community); Sharona Safran (Community) Are these the only remaining members of the fAC or are they only the ones who advised in advance they were not attending? If the former do we have an urgent need to increase our ranks?

GUESTS: Jessica Valleau, LTC

Manager The FAC meeting was held via on-line zoom.

1. **Approval of Agenda and Minutes**

1.1 **Approval of Agenda of January 12, 2026**

*It was duly MOVED and regularly SECONDED that the Agenda of the Family Advisory Council as amended held on January 12, 2026, be approved. **MOTION CARRIED.***

1.2 **Approval of Minutes of November 10, 2025**

*It was duly MOVED and regularly SECONDED that the Minutes of the Family Advisory Council held on September 8, 2025, be approved. **MOTION CARRIED.***

1.3 **Matters arising from Minutes**

It was requested that we circulate the minutes for approval in a more timely manner when the next meeting occurs after 2 months.

1.4 **Notification**

1.4.1 **New Member Update/Drive**

There is an on-going drive for new members. This is mainly done through the FCC. There are some communication efforts that we have initiated. Also, when you are visiting in the Apotex, as an FAC member, you can approach potential new members to discuss joining the FAC.

1.4.2 Requirement for Cameras On

The camera's video to be on except in cases where malfunction or bandwidth are concerned. Your presence on camera represents consent to be recorded.

1.4.3 Receptive of the FAC to New Concerns

The chairs are always open to members comments and questions in the open floor section of the meeting. If members wish to bring attention to concerns at upcoming meetings, they should be submitted at least 9 days prior to the meeting to ensure that the agenda incorporates your topics.

1.4.4 Eileen's survey call

Please complete the survey attachment and email it back to the FAC chairs.

2. Standing/New Business

2.1. Concerns of Members

2.1.1. Open floor

Information Sign

When you walk in the Apotex entrance there is an information sign, but no one is ever there. Also, by the Arts and Crafts room, there is a billboard pointing to the empty information desk. This causes frustration.

2.1.2. Closed Meeting topics

We had some technical issues at our December closed meeting but we did accomplish things. The prominent topics included the TV program issues, finance issues – flow of information and clarity, social media. Discussion ensued regarding different types of social media apps such as WhatsApp between meetings.

2.2. Guest Presentation

2.2.1. Falls program Jessica Valleau

Jessica Valleau is the manager on Apotex 4 as well as the lead for the Falls Management program for the Apotex. A copy of her presentation was pre-circulated to the FAC committee. The Falls program is an interdisciplinary approach which includes the nurse at the floor level who does most of the preliminary risk assessments, physician, physiotherapist, occupational therapist, for strengthening/equipment (bed mats, alarms, walkers), recreation team, and PSW. Each manager runs a falls huddle with their team once per month. The falls committee meets quarterly.

Falls mats

There are 2 types of mats used. One is a soft full-length mat which covers the full side of the bed. The other types is smaller and has an alarm which goes off when pressure is put on it. Both need to be recommended by the PT or OT. Injury minimization is prioritized over fall prevention (e.g., hip protectors, mats reduce impact);

Certain floors seem to have more of a propensity for falls than others. This changes based on the demographics of the floors. Also, it looks like most falls occur in the client room.

There are different technologies we have explored regarding monitoring in the room such as voice-activated audio but do not use for a variety of reasons.

Bed Levels

The question was raised as to whether it is possible to lower all beds for people who may get up at night. Bed height is assessed by PT and OT and we follow their instructions.

When there is a fall:

The nurse will do a head to toe assessment after each fall. The resident is also placed on a head injury routine, unless it was a witnessed fall and the resident is not on any blood thinners. If the nurse has further concern, they will contact the RN or physician.

Compliance Order re: unwitnessed falls

Jessica worked with the other managers on the critical incidents regarding the unwitnessed falls from our recent compliance inspection. Jessica could not provide details as to why the staff did not follow protocol as these staff were not on her floor. The protocol of checking on residents on the night shift varies with the residents needs. Some are on ½ hour monitoring, while others get checked every hour.

Use of volunteers

It was recommended that we use volunteers to check each room every 15 minutes and report back to the nurse if there is an issue.

2.3. **Tracker items for review**

2.3.1. **Resident Engagement – TV lounge programming review**

This issue was discussed at the December closed meeting. We had proposed that there be a working group with representatives of the FAC and the Apotex to see if we can come up with a more meaningful programming. Mide was requested to address this with Cyrelle and Rachel. The issues included inappropriate programming and blank screens. On the 3rd floor, the space is not being used at all and could be used for people to congregate.

2.3.2. **Resident Well-being: IPAC and flu season**

This is a very active flu season in the community. Fortunately, we have had low case numbers in the Apotex. There is an 86% vaccination rate in the Apotex. Apotex audits that people are wearing their masks, and doing program hygiene. Apotex also can run swab tests in the ~~Apotex~~ the home through a special arrangement with Toronto Public Health and provide treatment more quickly. A concern was raised that one member's husband was unresponsive, and untested on-site before hospital transfer (positive Influenza A)—Mide undertook to investigate specifics offline.

2.4. **Committee Work**

2.4.1. **Discussion on platform options for ongoing dialogue/connections outside of FAC meetings**

The options we are looking at WhatsApp, Messenger, Slack. There are issues with privacy and data sharing. We looked at ease of use and privacy. WhatsApp and Messenger are poor regarding privacy. Gary will circulate the table of pros and cons for each app.

Slack is the one we are recommending. Gary will provide guidelines as to how to set this up.

2.4.2. **Communications – access to digital boards**

We are waiting for a response to our request if we can have access to the communication screens in Baycrest.

2.4.3. **Family Care Connection (FCC) status report (Andrea)**

Thank you to our 4 amazing volunteers – including Cheryl and Renie. We are working hard to call all families of new members. Since May, we made 64 calls in 2025. We need something about the FCC on the website for the new launch in January.

2.4.4 **Other reports**

Pain/Palliative: Andrea will be exiting following her post-2-year term, she praised end-of-life handoffs (24/7 RNs, morphine education). We urgently seek replacements to provide for ongoing input of our family experiences.

Other recaps (Skin/Wound, Food, Quality) were made available through circulated reports.

2.5. **Heritage**

2.5.1. **Jewish Spiritual Needs**

The Chanukkah and Christmas celebrations went very well. Staff and volunteers went around to each dining lounge for the 8 nights of Chanukkah. Singing/prayers were led by young volunteers (20s-30s), latkes/donuts fostering resident engagement despite some volunteers' unfamiliarity. There was an ecumenical Christmas service. Thanks to the spiritual care team. We will be sharing Tu B'Shevat activities shortly.

2.6. **Governance**

2.6.1. **Terms of Reference**

We have done a lot of work on revising the Terms of Reference. We are providing one last opportunity for people to review before we present this for adoption. The document was circulated with the following changes: raise the quorum to 15-20% plus a co-chair, change the term persons of interest to caregiver and minimum attendance requirement set at half the meetings. The vote will be at the February meeting.

2.7. **Baycrest Operations**

2.7.1. **Inspection Report from December 1st**

There was a discussion on the recent public ministry report, which was circulated to the FAC. Each case was looked at by the managers at the time of the incident. With regard to written notifications, the Ministry does not require follow up on our end, but we still do, for continuous quality improvement. For the compliance order, all that the Ministry required us to do was to complete the re-education. The question was posed as to whether the cause for failure to conduct post fall monitoring was really that the RN and RPNs didn't understand or remember the protocol and was any consideration given to the possibility that the staff are overworked and the Home is understaffed.

2.7.2. **Baycrest Updates**

Staffing – 2024 Average Hours of care

There was a public report published at the close of the year on the hours of care provided at each home for 2023/24. There was a gap between what was provided and what is required. Discussion was also held regarding the 4 hours of care in Section 8 of the Act, where ~~we are~~ Apotex is providing about 3.8 hours. Mide conceded that the 4 hour average is no longer sufficient given the increase over time in average resident acuity. The CMI, Case Mixed Index, is a measurement of acuity, based on a standardized assessment tool. This will be a matter for further discussion and advocacy.

Fire Inspection

The only response we get from the fire department is a pass/fail. The Apotex passed the inspection held last fall.

Finances

We are looking at setting up a working group regarding the gap in rate reductions. We have 2 members in the Apotex to lead the group and set the scope of the work involved. They will then be able to reach out to FAC to have members sit on this committee.

The appointment of a New Nurse Practitioner Sharneen Panjwani (ex-Kensington) was welcomed; Lisa will explain how this position will be integrated into the care operations.

2.8. **Advocacy**

2.8.1. **Pilot Project**

The pilot project for cultural homes is being expanded in February to include all cultural homes. There was advocacy from the homes, and the associations. Our members contributed to this.

2.8.2. **Follow up to meeting with Laura Smith**

We are waiting for Laura Smith to provide us with feedback to the issues we raised at our meeting with her. Their internal discussions are still continuing.

2.9. **Gratitude**

Gary thanked nutrition & food, music, and staff as his loved one expressed her happiness with the Apotex.

NEXT MEETING

The Family Advisory Council will next meet on Tuesday February 10, 2026 at 6:45 pm. on zoom.

**FAMILY ADVISORY COUNCIL MEETING
MINUTES
Tuesday, March 9, 2026
6:45 pm to 8:15 pm**

PRESENT: Gary Fleischmann (Co-chair); Shalom Schachter (Co-chair); Cheryl Lipman(A3); Barbara Cook (A4); Denise Stanich-Land (4); Ella Levitin (A5); Eileen Shapero (A6); Joan Shiner (A7); Donna Davis Young (Community); Andrea Gregor (Community); Linda Hurlburt (Community); Brenda Vernon (Community); Mide Seyi-Ajayi; Lori Socket

REGRETS: Kevin Gilhooly (Co-chair); Alexis Dawson (A2); Heather Rich (A3); Gilad Samuel (A3); Vladimir Radian (A4); Marcia Gilbert (Community); Renie Hotz (Community); Tammy Joffe (Community); Simone Mamann (Community); Annie Papernick (Community); Rene Pardo (Community); Helen Pogrin (Community); Shari-Ann Rosenberg (Community); Sharona Safran (Community)

GUESTS: Rachel Gavendo, Manager, Recreation, Arts & Life

Enrichment The FAC meeting was held via on-line zoom.

1. Approval of Agenda and Minutes

1.1 Approval of Agenda of March 9, 2026

The draft agenda was expanded to include mention of the recent report from the Food committee the new neighbourhood entry signage and the QIP consultation.

*It was duly MOVED and regularly SECONDED that the Agenda of the Family Advisory Council as amended held on March 9, 2026, be approved. **MOTION CARRIED.***

1.2 Approval of Minutes of February 10, 2026

*It was duly MOVED and regularly SECONDED that the Minutes of the Family Advisory Council held on February 10, 2026, be approved. **MOTION CARRIED.***

1.3 Matters arising from Minutes

No issues arising from the minutes.

1.4 Notification

1.4.1 New Member Update/Drive

Gary introduced the 3 new family members. For the new member drive, we are using 5 different methods, including the FCC, notices on the webpage, contacts in the mailbox and phone extension, word of mouth and presence on the digital board and in the newsletter.

1.4.2 Requirement for Cameras On

The camera's video to be on to support engagement except in cases where malfunction or bandwidth are concerned.

1.4.3 Consent to be recorded

Your presence on camera represents consent to be recorded for the purpose of AI generated FAC minutes, otherwise members can attend with audio off.

1.4.4 Receptive of the FAC to New Concerns

The chairs are always open to members urgent concerns arising at the last minute in the open floor section of the meeting. If members wish to bring attention to concerns at upcoming meetings, they should be submitted at least 9 days prior to the meeting to ensure that the agenda incorporates your topics.

1.4.5 Options for Identification Signs for the Units

We were given 3 options to vote on signs to identify the units. Please respond to either Lori or Cyrelle. Baycrest will not be replacing the tiles, but supplementing these with the new signs.

These new signs will be placed on the doors to the units.

2. Standing/New Business

2.1. Concerns of Members

2.1.1. Elevator outages

This is on the agenda as item 2.3.1

2.1.2. Information Booth

There are signs to the information booth at entrance #7. These booths are never manned. This is confusing for people who are entering here, but are looking for the hospital. It was pleasant to see security taking names of visitors this past weekend.

2.2. Guest Presentation Rachel Gavendo

2.2.1. Apotex Recreation Update

Rachel presented an update on the Therapeutic Recreation department. A copy of her presentation was pre-circulated to the FAC.

Rachel described the recreation model: two full-time TRs per floor plus a shared part-time TR for weekends, with evening/stat-holiday coverage and a small central team. TRs participate in assessments, care planning, weekly rounds and family meetings, and use ActivityPro to track participation and flag residents at risk of social isolation, aiming to keep this under 25 residents per floor.

New initiatives include staff training (aromatherapy, compassionate touch, expressive movement, therapeutic drumming), OB interactive projector tables on all neighbourhoods, refreshed elevator-nook lounges with rotating themes, added art in dining rooms/TV lounges, and the restoration of monthly evening concerts via donor funding.

Discussion ensued around the Obies. It was noted by FAC members that they are not being used on each unit. Rachel will connect with the recreation staff to encourage use of the Obies.

The Alexa's are not being used in all the dining rooms. Baycrest recently completed an audit of all the Alexa's and found that some were missing, and Baycrest is changing our subscription in order to play on all Alexa's at any time. Members requested clearer indication of programs suited to residents who are legally blind or hard of hearing; Rachel will explore simple coding while urging direct communication with floor TRs to customize calendars and activities case-by-case. Please encourage the staff to use these.

A Family Portal allows SDMs (with consent) to see calendars and 30-day program history; about 22 families are enrolled, and the group wants calendar/portal links more prominent on the website and mentioned during FCC calls.

Programs for special needs, such as hard of hearing or vision impaired, should be identified on the calendars.

FAC members gave gratitude to the recreation staff, especially on Apotex 3, 4 and 7.

Mide explained how additional funding for recreation staff comes through the Allied Health envelope to supplement the funding from the Programming Envelope. The home is advocating to have this funding rolled into base funding and noted that services such as music therapy and the creative arts studio rely entirely on donors. He also stated that the average per resident per day therapeutic recreational services is 52 minutes far in excess of the Section 9 provincial target of 36 minutes. Each staff person on each unit provide 5 hours of service per day including part time staff.

TV Lounge challenges - The Apotex signed on another round of the Memory Lane TV on floors 4 to 7, stressing shifting TV-lounge use from default CP24 to a shared responsibility among all staff. As well, they added artwork to the lounges. Recreation staff are encouraged to use those spaces for activities. It was requested that the Recreation staff as well as family members be consulted on what to watch on the TVs.

2.3. Tracker items for review

2.3.1. Elevators

There are still 2 elevators that are out of service. It was also noted that there was not sufficient signage to re-direct people to the north bank elevators. Baycrest is waiting for parts for the circuit boards for elevators #1 & 2. Apotex elevators are over 20 years old; replacing seven elevators is estimated at \$3.5–\$4 million. The Foundation is now earmarking donor funds to go elevator replacement before anything else. The stairwells can be used to go down, however you cannot enter the stairwell from the main floor to go up. Fire response follows hospital practice: residents generally remain in rooms with fire-rated doors and horizontal evacuation between fire zones, with vertical evacuation as needed. This is being looked at by the Baycrest security department including exploring keypad access and better signage. .

At entrance #7, it is difficult to bring someone in with a wheelchair due to uneven stones. Mide will look into this.

2.3.2. **Security**

Due to the incidents happening in the community, Baycrest has increased the security at the entrances to the building. They are working with the Jewish Security Network. Currently, the only entrances now in use are at Apotex #7 and Bathurst St.

The empty Apotex-7 information booth continues to be problematic; leadership is exploring placing a security guard there who can both monitor video feeds and assist visitors, acknowledging that this security presence is not provincially funded. Apotex-7 currently has security; Apotex-8's sliding door serves Wheel-Trans and family pickups, and any additional control there must balance safety with accessibility and comfort. Potential new federal funding for security at Jewish institutions will be monitored.

2.4. **Committee Work**

2.4.1. **Misc – WhatsApp FAC Community**

The WhatsApp community has been established and is up and running but is not yet being used. It will be up for 3 months and then evaluated to see if it adds value to our group.

2.4.2. **Communications – New Website**

Gary met with Kimberley Taylor of Baycrest regarding the intranet. We are going to cross-link FAC information on the website. She will help re-write the section of the website on the FAC. There will be information on the digital display and in the newsletter.

The newsletter will feature short profiles (e.g., of co-chairs and leads); members also suggested brief pieces on positive recreation experiences.

2.4.3. **Family Care Connection (FCC) status report (Andrea)**

Ella spoke on the benefits of receiving the call and assistance from FCC. They provided information and support when her loved one was moving in. Many thanks to Andrea and to Shalom.

In 2025, since April, there were 61 calls made. In 2026, there were 32 calls made. There were only 2 families who did not return their calls. Reach out to Andrea if you feel there is someone who can benefit from a call from the FCC.

2.4.4. **Quality Report (Gary)**

Gary pre-circulated his report from the the Quality Committee meeting. Included in his report was a description of the Quality Improvement Plan for the Apotex.

2.4.5. **Ongoing request/campaign for working groups**

We will continue to reach out to FAC members to sit on an Apotex committee. Gary will circulate the meetings as they are scheduled.

2.5. **Heritage**

2.5.1. **Jewish Spiritual Needs**

Plans are underway for Pesach. Mide will forward the plans including Passover services and seders on days 1 and 2, including when and where they are occurring. There will be an additional evening seder starting at 8:30pm which will be longer than the others. Shalom noted that on the 8th last day of Passover, there is a remembrance Yizkor service.

2.5.2. **Diverse Spiritual Needs**

It was noted that it is now the month of Ramadan for any Muslim residents which there are currently 3. As well, there will be an Easter service March 31st. Also, on Good Friday, the food services will be offering fish to those who require it. The Apotex team has been collecting demographic data for all the residents. Jewish residents remain at about 72%. A full religious demographic breakdown (numbers and percentages) will be shared with FAC..

2.6. **Baycrest Operations**

2.6.1. **Use of Psychotropic Drugs**

There was a news report last week on the use of Antipsychotic medications in long-term care homes. The average number of residents in the Apotex on Antipsychotic medications without an appropriate diagnosis is 19.5% while the accepted provincial standard is 15%. Most of these residents that trigger this indicator live on the Transitional Behavioural Support Unit (TBSU) and Mental Health Support unit. The Apotex has a team which looks after this program, including Dr. Feldman, Tejas Patel and Sian Harrylal received an Excellence Canada innovation award and is part of the Quality Improvement Plan. We will invite them to the June FAC meeting.

2.7. **Advocacy**

2.7.1. **General Update**

Shalom attended last week's meeting of the Toronto Board of Rabbis. At this meeting were guests from the Committee for Israel and Jewish Affairs, This group helps facilitate meetings between Jewish organizations and elected representative. Shalom asked that they assist the FAC to set up a meeting with the Minister to discuss terms of admission, the extra costs of kosher operations and the general issues of adequacy of staffing and the adequacy of program funding.

2.8. **Guests**

Next month Anne Max will be attending our meeting. Anne is retiring as the Holocaust Coordinator at Baycrest. We will also reach out to Sian and Cyrelle regarding the Quality Improvement Plan.

In May, Cynthia Santos, Manager of Outpatient Services will attend the FAC.

2.9. **Gratitude**

Andrea thanked the chairs for providing the FAC with upcoming guests. Shalom sent his appreciation to everyone attending the FAC meeting.

NEXT MEETING

The Family Advisory Council will next meet on Monday April 13, 2026 at 6:45 pm. both in-person and on zoom.

Baycrest

FAMILY ADVISORY COUNCIL MEETING MINUTES

Monday, February 9, 2026

6:45 pm to 8:30 pm

PRESENT: Gary Fleischmann (Co-chair); Kevin Gilhooly (Co-chair); Shalom Schachter (Co-chair); Ella Levitin (A5); Eileen Shapero (A6); Joan Shiner (A7); Donna Davis Young (Community); Andrea Gregor (Community); Helen Pogrin (Community); Brenda Vernon (Community); Mide Seyi-Ajayi; Lori Socket

REGRETS: Alexis Dawson (A2); Cheryl Lipman(A3); Heather Rich (A3); Gilad Samuel (A3); Barbara Cook (A4); Vladimir Radian (A4); Denise Stanich-Land (4); Marcia Gilbert (Community); Renie Hotz (Community); Linda Hurlburt (Community); Tammy Joffe (Community); Simone Mamann (Community); Annie Papernick (Community); Rene Pardo (Community); Shari-Ann Rosenberg (Community); Sharona Safran (Community)

GUESTS: Lisa Marcovic, Director of Care and Resident

Experience The FAC meeting was held via on-line zoom.

1. Approval of Agenda and Minutes

1.1 Approval of Agenda of February 10, 2026

The draft agenda was expanded to include mention of the recent report from the Food committee and the QIP consultation.

It was duly *MOVED* and regularly *SECONDED* that the Agenda of the Family Advisory Council as amended held on February 10, 2026, be approved. MOTION CARRIED.

1.2 Approval of Minutes of January 12, 2026

It was duly *MOVED* and regularly *SECONDED* that the Minutes of the Family Advisory Council held on January 12, 2026, be approved. MOTION CARRIED.

1.3 Matters arising from Minutes

No issues arising from the minutes.

1.4 Notification

1.4.1 New Member Update/Drive

Linda Klbert and Tammy Joffey are now community members. There is an on-going drive for new members through a four-pronged strategy. This is mainly done through the FCC. Also, the newly reworked website highlighting FAC role/contact info (edits still in progress for clarity), when you are visiting in the Apotex, as an FAC member, you can approach potential new members to discuss joining the FAC. We are working on a presence in the digital boards as well.

1.4.2 Requirement for Cameras On

The camera's video to be on except in cases where malfunction or bandwidth are concerned. Your presence on camera represents consent to be recorded for the purpose of AI generated FAC minutes.

1.4.3 Receptive of the FAC to New Concerns

The chairs are always open to members urgent concerns arising at the last minute in the open floor section of the meeting. If members wish to bring attention to concerns at upcoming

meetings, they should be submitted at least 9 days prior to the meeting to ensure that the agenda incorporates your topics.

1.4.4 Condolence Statement

From time to time we experience the loss of loved ones of our FAC members. We need to create a policy where we either announce the loved one's names or respect their privacy and not mention names. It was suggested that chair can reach out to the affected FAC member and ask their preference.

1.4.5 Quality Improvement Plan 2026

Shalom participated in a meeting with members of the Resident Advisory Council (RAC) where the Quality Improvement Plan for 2026 was discussed. There were five items identified for work throughout the coming year. The Apotex leadership was very responsive to the questions being raised at the meeting. Shalom noted that the draft QIP even included efforts to improve one factor where the Apotex performance was already above the norm. Once we finalize the indicators and the change ideas, the plan will be re-circulated to the FAC.

2. Standing/New Business

2.1. Concerns of Members

2.1.1. Wristband

Who assesses residents for wristbands?

Wristbands use is assessed and are for people who are at risk of leaving the building unsafely. The assessment is a collaborative approach with PSW, nurse, doctor, behaviours support team leads. This is re-evaluated on a regular basis. Alerts go to the nurse's phones with multi-tiered interventions tried first, alerts trigger at unit doors (beep/manual override at keypad/nursing station), elevators (doors won't close, needs companion bypass), building exits (security final line, all access points); Security provides reports on all activities. Bands do not work if attached to legs or wheelchairs.

2.1.2. Devices for non-english speaking residents

There is technology for translation from many languages. The vendor of the technology ~~we~~ Apotex currently uses is leaving the Canadian market and ~~we are~~ Apotex is looking at other options with new vendor presentations reviewed last week. ~~Our~~ Staff currently use other strategies such as transliteration charts, or iphone apps.

2.1.3. Trees in the Sharp Atrium

There is a plan in place for the replacement of the trees in the Sharp Atrium.

2.2. Guest Presentation Lisa Marcovici

2.2.1. Nurse Practitioner Update

~~we~~ Apotex hired a new Nurse Practitioner, Sharmeen Panjwani. Her office is on the 7th floor. She started on December 15th, and works with us Monday to Friday 8:30am to 4:30pm. Her role is to support residents, families and staff members. She would provide assessments and management of acute or episodic health concerns with proactive interventions. She would follow up with nurse's concerns. She monitors the residents who are at risk of complications. She supports residents who are palliative or at end of life. She collaborates with the physician.

2.2.2. Care Plan / Kardex Update

This has been a highly successful initiative to date. ~~We have~~ Apotex has streamlined the process for incorporating resident and family input to the resident's care plans, and making them individualized and readily available to the point of care staff to guide the care that they are providing. ~~we~~ Apotex improved the process of communicating with the residents and POA of care. The Kardex, which is an abbreviated care plan, is available at the nurse's station. At change of shift, the Kardex is reviewed by point of care staff. In 2025, the number of residents and POAs engaged in care plan reviews was 443. In 2025, the number of POAs who declined a care plan review was 31.

Kudos were given to the 3 documentation nurses on Apotex 7. They are fabulous and work hard.

2.3. Tracker items for review

2.3.1. Hoyer Lifts

Hoyer lifts are the patient lifts we use for patient transfers and mobility assessments. ~~we~~ Apotex started replacements of old equipment in 2024, when ~~we~~ Apotex replaced them equipment on Apotex 2 and 3. In 2025, ~~we~~ Apotex replaced equipment on Apotex 4. These new lifts have covers on the electronics and so can be used in both the shower room and the resident room; they are light and easily maneuverable. Last year, the lifts were funded through capital replacement funds through the ministry and through a donor fund. Two-person policy revised via staff/PT working group (no solo use allowed, orientation/training updated); older (>7yrs/high-repair) units decommissioned, parts stockpiled; annual reviews continue ~~we are~~ Apotex is still exploring the use of ceiling tracks but to date there are no funds to do the preliminary engineering assessment.

2.3.2. **Resident Engagement**

Resident engagement around TV lounge programming is not solely the responsibility of the Recreation team. Apotex 7GS has been successfully using the TV lounge programs. A working group has been formed coordinated by Rachel Govendo/Cyrelle, and we hope to use nursing staff champions to support this initiative. Rachel has been invited to the March meeting and will address this as well as update on the Obies. We can also add ~~information about~~ a request to solicit family input for the TV programs to the Apotex newsletter.

There also needs to be more activities for visually and hearing impaired residents. ~~we are~~ Apotex is also reaching out to CNIB. It was also suggested that residents enjoy listening to music on a radio.

2.3.3. **Resident Centred Care**

~~We have~~ Apotex has made a lot of progress with resident-centred care. Recently, ~~we are~~ Apotex is planning training programs with the Centre for Learning Research Institute (CLRI), which is a provincially funded program. ongoing journey with strong progress,

2.4. **Committee Work**

2.4.1. **Misc – WhatsApp FAC Community**

The WhatsApp community has been established and is up and running. There can be subgroups for discussions of different types of interests. Its use will be evaluated in a few months to see if it should be continued. Formal communications to the Co-Chairs should continue to be sent by email

2.4.2. **Communications – New Website**

The new website is up and running and is a huge improvement. Please check out the pages regarding the FAC and the FCC, as we can still provide updates to the site; submit edits to Kimberly Taylor; FAC is also advocating for presence on digital boards/pillars/media on concrete.

We are still not getting any suggestions for newsletter submissions. Please forward any anecdotal experiences to be shared in the newsletter (e.g., spontaneous Sunday piano concerts by resident families at Bathurst entrance) to spotlight FAC/recruit.

2.4.3. **Family Care Connection (FCC) status report (Andrea)**

We have a new person join the FCC. There have been 24 admissions since the beginning of the year. We try to call 2-3 days before residents move in, to supplement information given by the social workers. We have made 77 calls since the FCC was started. One example of assistance is with family transition support (e.g., emotional reunifications like siblings/fathers/twins on same floor/unit).

2.4.4. **Food**

Barbara's report which was circulated just prior to the meeting noted fresh muffin aromas enhance homyness (travels areas); resident requests for cafe-like bagels (cost-prohibitive, likely past memories not downstairs cafe).

2.4.5. **Ongoing request/campaign for working groups**

Barbara has taken on the role of lead for the TV Lounge programming and Financing working groups.

Barbara attended a food committee meeting. Her notes were circulated prior to the FAC meeting.

2.5. **Heritage**

2.5.1. Jewish Spiritual Needs

For Tu BiShevat there was a program in the Culture Hub. Plans are in place for Purim. Parade flyer out for review; groggers stocked for participation. Floor Shabbat pilots: rabbi to go to floors Friday mornings (floors select times to avoid conflicts, pastries included) ~~Discussion was held about the new on floor Shabbat programs~~ This was announced in th Baycrest newsletter. FAC requested periodic updates from Rachel Feldman (Spiritual/Cultural Care Coordinator) or Michael Ferman

2.6. Governance

2.6.1. Terms of Reference

There have been some last minute edits made to our Terms of Reference, which were circulated prior to the FAC meeting (quorum increased from 10% to 15% with minimum attendance of 4 members plus a Co-Chair). It was note that this is a living document which can be reviewed every couple of years.

*It was duly MOVED and regularly SECONDED that the Terms of Reference, be approved with changes. **MOTION CARRIED.***

2.7. Baycrest Operations

2.7.1. Kosher Kitchen Update

The fundraising for the work to be done to update the kosher kitchen has been ongoing for both operating and capital costs. The operating budget has a \$2 Million annual shortfall because kosher food costs 40% more as well as staff costs (mashgiach) and non capital equipment (eg dishes etc). ~~There is also the need for~~ The extra funding cost for kosher food which is not supported by government. There are now going to be targeted fundraising efforts to support the operationalization of being a kosher facility. We are working with COR to ensure our kashrut obligations are being maintained and to explore where savings can e secured (using frozen fruit and vegetables to reduce staff inspection costs).

2.7.1.1. Resident Placement Concerns

People are sometimes misplaced upon admission or when residents are moved to other floors at times. People are often moved due to a change in their level of cognition or behavioural issues. ~~We~~ Apotex continues to work with the placement officers at Ontario Health at Home to secure more comprehensive and accurate assessment data to enable mopre appropriate placement upon admission.

2.8. Advocacy

2.8.1. Pilot Project

The pilot project for cultural homes is to be expanded to each ethnic home in February this month. ~~we are~~ Apotex is still waiting for the process from the Ministry. ~~we are~~ Apotex is currently at 72% jewish in our home. Incoming bed-match swaps with geographic peers pending ministry process (pre-admission, not current residents). The Co-chairs are in dialogue with the Ministry political officials on how we can more effectively fulfill our mandate under the Act genrally as well as specifically regarding the Jewish identity of the home..

2.9. Gratitude

Gary is grateful to Anne Max, who works with the Holocaust survivors retiring after - 30yrs. Apotex has around 41 Holocaust survivor residents. Anne will be attending our March meeting.

~~The~~ Rabbi Ari from Scottsdale Arizona who led last week's Shabbat service was very good.

NEXT MEETING

The Family Advisory Council will next meet on Monday March 9, 2026 at 6:45 pm. both in-person and on zoom.