



Musquodoboit Valley
Home for Special Care

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Braeside Family Council Meeting

June 19th 2025 via MVMH Boardroom

Status Abbreviation: Present: P Regrets: R

Status	Member	Department	Status	Family Member
P	Allison Robinson	Health Service Manager	P	Wayne
P	Lisa Fitzgerald	Assistant Nurse Manager	P	Debbie
P	Tegan Sibley	Site Secretary (Scribe)	P	Rick
R	Andrea Monk	Activities Assistant		
R	Samantha Shea	Recreation Therapist		

Agenda Items		Discussion Points	Action Plan & Responsibility
1.	Call to Order @ 11:04am		
2.	Attendance		
3.	Review of Previous Meeting Minutes *On page 3/5 there is reference to the HVAC system to be cleaned bi-annual - this can be misinterpreted as every two years vs twice a year. Clarification was provided that they were cleaned twice last year.		
4.	Standing Items		
a.	Activities	-Our Recreation Department works daily with the residents and calendars are shared with the families. -Braeside Bus is currently being serviced. Once completed morning scenic drives will be provided once a week. In the past they were in the afternoon but with the heat and humidity it was changed to the morning. The bus has AC but can be uncomfortable loading/unloading residents in the heat.	
5.	Projects		
a.	Recruitment	-We received a Canada Summer Student grant and hired a summer student to work with recreation! -Lisa Fitzgerald is our new Assistant Nurse Manager. -Brad Burbidge is our new LTC Advisor and oversees the resident billings etc. -A new grad nurse was hired; they were previously part of our CCA team and will be joining us this summer. -There is a 0.8 vacancy for licensed staff. -There are four vacant CCA positions, a total of 2.6. -A housekeeper retired, and an internal staff accepted their position. Also hired two casual housekeepers. -Our LTC Aide position is now a permanent position. Working on their schedule and what best meets the care needs for the residents. -Casual staff members welcomed in all areas. -Recruitment efforts include posting at the YMCA office and local convenience stores. Posting on Career Beacon and looking at other options as well. HANS partners with the Health Association also.	
b.	Website	-The clerk position that oversees the development website is currently vacant. In the interview process.	

Agenda Items		Discussion Points	Action Plan & Responsibility
c.	Capital Funding Requests	<ul style="list-style-type: none"> -A Capital Funding request was submitted for heat pumps, an awning, upgrades to our dining room tables and walkways outside. -Approval was received for 3 heat pumps and 10 window replacement. The heat pumps will be going into the three hallways to increase the air circulation. -Funding is also being carried over from last year for a new Nurse Call Bell system. 	
6. New Business			
a.	Resident Personal Chairs	<ul style="list-style-type: none"> -The Fire Marshall recently completed an inspection and identified that cloth chairs do not meet their requirements or IPAC standards. -This will be updated in the resident handbook. -Feedback was also received that a lot of items in the handbook didn't pertain to residents with dementia. 	
b.	Heat and Humidity	<ul style="list-style-type: none"> -Braeside has a heat and humidity policy, and tools to identify the level of humidity and actions to take. Not sure yet if all our fans are brought out of storage yet. If more fans are needed, we can get more. 	
c.	Mold Update	<ul style="list-style-type: none"> -Last summer a musty odor in the pink dining room, pink tub room and staff lounge was identified. -Air quality testing was completed under the guidance of OH&S and the tub room and staff room were closed for investigation and remediation. -An external company came in; work was completed on the tub rooms drain and ventilation. A deep clean was then done and after was re-opened. -The staff room was taken down to the studs and was renovated and later re-opened after the air quality tests showed no evidence of mold. -The resident room adjacent to the staff room was emptied as access to the adjacent wall was needed to access the sink area. The hoarding included this area in order to remove the drywall. Approval was received from DH&S to complete testing before the room was re-opened. -A deep clean of the ventilation / air ducts was done. 	
c.	Canada Post Strike	<ul style="list-style-type: none"> -Looking at alternative methods for communication to residents families. We're now obtaining email addresses and updating any phone numbers. 	
d.	Resident Assessments	<ul style="list-style-type: none"> -CIHI data was live in December for the public. -There are nine quality indicators that the facility reports on. Audits are completed monthly. Audit data is reviewed in our quarterly QIL meetings. 	<ul style="list-style-type: none"> -Tegan to share the link for the public CIHI data with the meeting minutes

e.	Meals with Family Members	-If families wish to make a request to share a meal with their loved ones, they are to connect with the recreation team or licensed staff. They then will follow up with the kitchen staff and submit the request.	
f.	Footcare	-Currently we no longer have advanced foot care services to due the changes in our staff. Our staff can do basic footcare which is for non-diabetic or for those without certain co-morbidities ie blood thinners. -This has been identified as a gap in service across the board as it is an advanced skill set and requires certification. -Families are encouraged that if you had a foot care service or resource to continue with this.	
g.	Medical Director	-Dr. Katelyn Barnes is on maternity leave but is continuing to be our Medical Director. -Dr. Lorette, Dr. Day and Sarah Newman NP have all been rounding on the residents.	
h.	Licensing	-Annual Inspection was completed on June 2 nd 2025 -The inspector reviews all our documents, charts, care plans, inspections, observe staff etc. and provide any citations/areas of improvement. We then get a report. -While here they noted that Braeside is very clean, and they were happy with the interactions they observed between staff and residents. All our policies and procedures were compliant. They liked our hourly checklists that we have in place for the care team to ensure all safety needs are being met for the residents. -Inspection report should be public, but unsure if its posted before or after we submit our compliance. -Areas of improvement that they observed included: 1) A resident room door was left open while an agency staff was completing care. This is in violation of privacy. This has been discussed since in all our staff meetings as everyone owns the responsibility that if you see a door open and care is being completed, check in and close the door if needed. Checklists are also being developed for our agency staff. 2) Our care plans did not include a focus of risk for the resident's nutrition ie choking. These were completed but not in the resident care plan. Anything identified as a risk must be in the care plan. An audit of all our care plans were since completed. 3) There was a recreation assessment that wasn't completed within two weeks of admission. Discussed this with the recreation team, the assessments were completed but the charts were thinned and may not have been signed off. One of the recreation team members was also off ill for a few weeks and this may have occurred during that time frame.	

		<p>4) Lift and Transfer assessments to be completed upon admission. We are working on our lift and transfer committee and for licensed staff to receive their training. The training dates have been postponed three times so far, but is re-scheduled for next week.</p> <p>5) There were some missing licensed staff signatures in the medication records when medication was given. All processes are in place including audits, handovers, reminders for staff to double check before they leave at the end of their shift etc.</p> <p>6) For every medication record there is to be a resident photo attached as an identifier. There was a resident who was admitted on a Thursday and their picture didn't make it to their chart for the inspection on Monday. It was corrected that day.</p>	
i.	Satisfaction Surveys	-Resident and Family satisfaction surveys will likely be out by the end of the summer.	
7.	Adjournment @ 12:00noon		
a.	Next meeting	November 20 th 2025 @ 11:00am	