

Pioneer Manor 2023 1st Quarter Report

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Report Summary

This report provides information regarding a quarterly update with respect to operational issues, activities, and accomplishments in support of resident safety goals, objectives, and good news stories for Pioneer Manor.

Relationship to the Strategic Plan, Health Impact Assessment and Community Energy & Emissions Plan (CEEP)

This information report supports Council's Strategic Plan in the areas of Asset Management and Service Excellence and more specifically in Creating a Healthier Community through alignment of the Population Health Priorities of Families, Holistic Health, and the Age Friendly Strategy.

Financial Implications

There are no financial implications associated with this report.

Executive Summary

This report provides a status update on various topics, such as good news stories, operational activities, accomplishments, and updates for the first quarter of 2023. Pioneer Manor is committed to providing a safe, healthy, and respectful environment for residents, families, visitors, and employees. The Home strives towards finding a balance between resident safety and that their quality of life is not being adversely affected by the current safety measures.

Good News Stories

Hospice Volunteer Program

Pioneer Manor is pleased to share a new partnership with Maison McCulloch Hospice. The Home is working in collaboration with Maison McCulloch to pilot a hospice volunteer project to enhance the palliative care program. The primary goal is to draw upon the vast knowledge and expertise from the Maison McCulloch Hospice to further enhance Pioneer Manor's palliation program. One goal is to recruit ten (10) volunteers to receive 30 hours of palliative care training through Maison McCulloch that will be accessible to help provide a

connection to residents and families during end of life. This program is currently in use at the Maison McCulloch Hospice and will compliment end of life services already provided at Pioneer Manor. Additionally, Maison McCulloch Hospice will assist in facilitating future palliative care education sessions for staff, and Resident and Family Councils. Pioneer Manor is very excited with building a strong community partnership with the Hospice to further enhance palliative care services for our residents.

Physician Recruitment

The Home is pleased to share four (4) new attending physicians have joined the team. These physicians will be working under the medical direction of Dr. St. Martin, Medical Director. The Home is delighted to have them join our ever-growing health care team and each physician will be an asset to the team.

- Dr. Julie Poulin started on January 11, 2023 and is responsible for the Trillium Home Area. Dr. Poulin is a family physician currently working at Northeastern Ontario Medical Offices (NEOMO) and is a physician at St. Joe's Continuing Care Centre.
- Dr. Zach Strong began on February 02, 2023 and is responsible for the Park Place Home Area. Dr. Strong is a community physician, and a hospitalist at Health Sciences North (HSN).
- Dr. Gino Ubriaco started on March 07, 2023 and is responsible for the Lodge 2 Home Area. Dr. Ubriaco is a Sudbury native who completed his undergrad in Australia, is part of the NEOMO and has worked in the hospice and LTC setting.
- Dr. Kaitlin Sheridan started on April 03, 2023 and will be responsible for the Tulip Home Area. Dr. Sheridan is a Northern Ontario School of Medicine (NOSM) graduate who completed her Post-Residency Graduate Year 3 in Geriatrics. Dr. Sheridan completed most of her training as an undergrad at Pioneer Manor and continues to work with the Northeast Specialized Geriatric Centre (NEGSC).

Sunrise Juices Conversion

Food Services is pleased to share the introduction of Sunrise Juices Ltd. 100% pure fruit juice concentrates within the Home. By converting to a juice concentrate, Pioneer Manor is providing a higher-quality juice which appears to be well received by the residents while also saving approximately \$15,000 annually. In addition to the financial benefits the change has a significant impact on the environment and on the local landfills. It is estimated that Pioneer Manor will decrease its use of plastic juice containers by 15,000 annually as well as a decrease of 2,125 packaging boxes. The risk of muscular skeletal injuries in the workplace is further mitigated due to the considerable reduction in heavy packaging boxes being handled and distributed throughout the Home.

Pioneer Manor Provincial Funding Increase for Staffing 2023/24

On March 17, 2023, the Province announced the next round of funding to increase hours of direct care provided by front line staff in the Long-Term Care setting as outlined in the 2023/24 LTC Staffing Increase Funding Policy. Pioneer Manor will receive an additional \$7 million for nurses, PSWs and allied health professionals. Committee will recall from previous resolution, FA2021-78, that the funding is part of the larger provincial staffing strategy known as the "Long-Term Care Staffing Increase Funding Policy". On April 17, 2023, Community and Emergency Services Committee will receive an information "Pioneer Manor 2022 4th Quarter Report" that provides a staffing breakdown from the funding allocation. Staff are working with Finance to ensure budget revisions are made and will coordinate to bring forward a motion to an upcoming Finance Administration meeting to authorize hiring in accordance with the provincial 2023/24 LTC Staffing Increase Funding Policy which must be used to increase the direct care time for residents. Pioneer Manor will continue to bring regular reporting to the Community and Emergency Services Committee on funding outcome.

Ministry of Long-Term Care Local Priority Funding

In the fall of 2022, the Ministry of Long-Term Care (MLTC) established a Local Priorities Fund (LPF). This funding enables targeted one-time investments in specialized staffing, equipment, and services to support the specialized needs of existing and new long-term care (LTC) residents, prevent unnecessary hospitalizations and enable better transitions from hospital to LTC homes. Pioneer Manor submitted an application for funding and was successful in obtaining \$183k one-time investment for the fiscal year 2022/23. Staff undertook an analysis to ensure the City's submission met the key funding principles of demonstrated need, no duplication, high likelihood of success and value for money. The funding will be used to upgrade an outdated resident safety wandering system and to expand bariatric care. Currently, Pioneer Manor has 20 bariatric beds accounting for 5% of the Home's population. This new funding will enable the home to purchase approximately 30 more modular bariatric beds allowing for 12% of beds to be reconfigured to meet a more diverse and complex resident population. Implementing an enhanced resident wander system, more modular bariatric beds, assistive devices, and lifting equipment will allow the Home to be more responsive in providing quality care. The funding will support the following enhancements:


Description	Funding Amount
Resident Wandering System (front door alarm upgrade)	\$52,099
Bariatric Beds and assistive devices	\$81,501
Ceiling Lifts	\$27,606
Floor Lifts	\$21,999
Total:	\$183,205

Pioneer Manor receives Accreditation with Commendation

An on-site survey was conducted by Accreditation Canada from February 27 to March 1, 2023, for Pioneer Manor to attain final Accreditation status. We are pleased to share that Pioneer Manor has received Accreditation with Commendation status from Accreditation Canada. This is a significant improvement from 2018, with the home moving from "Accredited" to "Accredited with Commendation." This is reflective of the quality care being provided by our professional staff. Accreditation Canada is an independent, not-for-profit organization that accredits health care and social services organizations through a comprehensive program. The Home's performance is evaluated every three to four years against national standards of excellence that examine all aspects of health care, patient safety, ethics, staff training and partnerships. Organizations that become accredited with Accreditation Canada do so as a mark of pride to create a strong and sustainable culture of quality and safety, while encompassing a person-centered approach that includes the participation of families in the circle of care.

There is a follow-up requirement that must be met within the specified timelines to maintain the "Accreditation with Commendation" status. Pioneer Manor has until March 2, 2024, to submit evidence that the Home has met the standard requirements outlined in 3.1 of Leadership Standard for Small, Community-Based Organizations which is ensuring '*Quality improvement is identified as a strategic priority*'. Pioneer Manor will be required to develop a divisional strategic plan that aligns with the CGS strategic plan, as well as the Home's quality improvement initiative, strategic direction, goals and objectives which are specific to the long-term care sector. As a point of interest, had Pioneer Manor had an individualized strategic plan prior to the Accreditation process, the Home would have received the highest status "Accredited with Exemplary Standing". To obtain the highest standing 95% of high-priority criteria's and 95% for all other criteria in each national standard grouping must be met. In 2023, Pioneer Manor demonstrated evidence which met 97% of the high priority criteria areas and 94% of the other national standard criteria. With an individualized strategic plan, the results would have increased to 98% of the high priority criteria areas being met and 96% of the other national standards criteria areas being met.

A summary highlighting the key achievements, strengths, and opportunities for improvement that were identified during the on-site survey (Appendix 1). Accreditation Canada has also shared positive feedback received from staff, families, and community partners:

<p>COVID made us a stronger team” “United at all levels of the organization” “My co-workers feel like family” “Patients get the best care when we work together” “Everyone went the extra mile” “Always happy to see how well my wife is cared for” “An exemplary LTC Home- friendly, warm and welcoming”</p>	
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Capital Bed Redevelopment

Bed redevelopment continues to advance through the Ministry of Long-Term Care’s (MLTC) review and approval process. In fall of 2022, the MLTC approved the City’s Submission Standard “Operational Plan” allowing the City to progress to the next stage and submit the final construction documents and request of a formal Development Agreement. Currently, the working drawings are with the Ministry, and the City is awaiting a development agreement that outlines the terms and conditions of the provincial funding, final approval of the construction documents and approval to proceed to tender. Work on the tender documents has begun so that the construction documents may be tendered as soon as possible following Ministry approval.

On November 25, 2022, the Province introduced a fixed, time-limited funding supplement to the Construction Funding Subsidy (CFS) with a goal of accelerating development and redevelopment of long-term care beds. The City applied for eligibility to access the revised funding policy and received approval from the Ministry of Long-Term Care (MLTC). As part of the funding, construction must start no later than August 31, 2023.

Changes to COVID-19 IPAC Measures

The Home is pleased to share that the Ontario government has announced on March 22, 2023, updated guidance regarding COVID-19 IPAC measures in Long-Term Care Homes. Pioneer Manor has reviewed the updated documents and has implemented the provincial changes with success as of April 3, 2023. Below is a summary of these changes:

IPAC Measure	Change to Practice
Rapid Antigen Testing (RAT) at front and back entrances to Pioneer Manor	Testing is no longer required for staff, students, volunteers, support workers, caregivers, and visitors to enter Pioneer Manor
Active screening at front and back entrances to Pioneer Manor	Active screening (answering questions to a screener) is no longer required. Pioneer Manor is promoting self-monitoring for symptoms of respiratory infection and other infectious diseases to prevent the spread of illness.
Visitor log requirements	Pioneer Manor must maintain a visitor log of all visits in the Home. The visitor logbook will be located at the front entrance. The required information will consist of name and contact information of the visitor/caregiver, time and date of the visit, and name of resident visited.
Masking requirements (Indoors)	Masking requirements remain in place for all staff, students, volunteers, visitors, etc. while inside Pioneer Manor.
Masking requirements (Outdoors)	Residents, caregivers, and visitors may visit outdoors without a mask on. Staff must wear a mask when near residents outdoors.
Temperature checks for Residents	No longer required. Residents will be monitored for signs/symptoms of respiratory/enteric illness.
Visitors during outbreaks	There is no limit on the number or type of visitor a resident may receive while on isolation or during an outbreak.
Activities for Residents	Activities may be held without need for social distancing between residents. Offsite excursions may resume for residents.
Testing of Staff (Symptomatic)	Staff are to self-monitor for signs/symptoms of respiratory/enteric illness and are not to enter the building if symptomatic. Staff are to follow up with their supervisor regarding isolation requirements and returning to work. Rapid Antigen and PCR testing as directed by IPAC team.
Assessment Centers	Will be closing by June 30 th , 2023, across the province.

Staff break rooms	Maximum capacities for break rooms continue – social distancing remains in effect for all staff using these rooms.
Use of goggles in outbreak areas	No longer a requirement for staff to wear goggles during an outbreak – goggles are required when providing direct care to a suspected/confirmed case of COVID-19 case.

Inspections

All Long-Term Care homes across Ontario are inspected - with or without notice, by various Ministries and Agencies in response to critical incidents or to discuss complaints/concerns. Additional scrutiny also ensures compliance with various directives and/or bylaws and work is being conducted in accordance with legislation and regulations.

During the first quarter of 2023, the following number of inspections occurred at Pioneer Manor. The Home has addressed all identified areas.

	Inspections	Outcome
Ministry of Long-Term Care	1	4 WNs
Mandatory Critical Incident System	5	None substantiated
Ministry of Labor	1	2 areas of remedy for staff education
Public Health (IPAC)	4	No violations
Public Health (Institutional Food Safety Compliance)	4	1 area for remedy

2020 to 2023 Ministry of Long-Term Care Inspection Analysis

As of April 11, 2022, the *Fixing Long-Term Care Act, 2021* (FLTCA) and *Ontario Regulation 246/22* have replaced the previous *Long-Term Care Homes Act, 2007* (LTCHA) and *Ontario Regulation 79/10* as the governing legislation for long-term care in Ontario. If an inspector or the Director under the Act finds non-compliance, they consider the scope and severity of the non-compliance, and the compliance history (up to three years) of the Home to determine the appropriate compliance actions to take under the new FLTCA. Outlined below is Pioneer Manor's non-compliance history from 2020 to 2023. See Appendix 2 below for potential outcome when the Home is found to be non-compliant with the act or regulations. The following chart indicates that the Home demonstrates a trend of reducing areas of non-compliance.

	2020	2021	2022	2023 (Q1)
Remedied Non-Compliance	N/A	N/A	2	0
Written Notification	16	12	7	4
Voluntary Plan of Action	9	10	1	0
Compliance Order	3	0	0	0
Director's Order	0	0	0	0
Total Areas of Non-Compliance	28	22	10	4

Concerns/Complaints

During the first quarter of 2023, the following number of complaints were received by the Home, investigations and responses provided as per the *FLTCA, 2021* and *Ontario Regulation 246/22*.

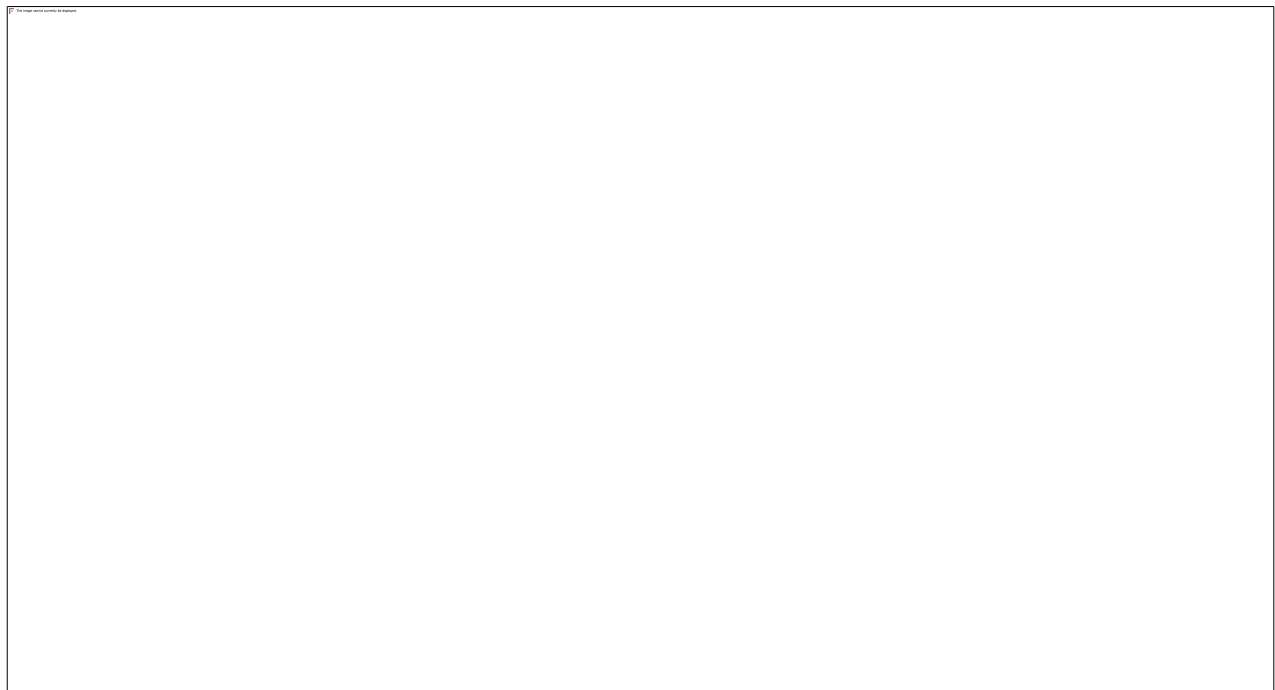
	Number Received	Outcome
Resident and or Family Members	4	Investigations and written responses provided.
Resident Council	0	The Home continues to encourage resident participation in different committees within the Home. Noted significant increase in resident participation.
Family Council	4	Follow up provided.

Key Performance Indicators

Long-Term Care Home Availability (as of March 17, 2023)					
Facility Name	Beds	# On waitlist for Basic Bed	# On waitlist Private Beds	Average beds available/month	Total # waiting
Pioneer Manor	433	446	264	14	622
Sudbury/Manitoulin	1555	1399	863	45	2262

Resident Care Stats (433 Residents)		2021	2022	2023
Admissions	Total	136	165	34
Discharges	Total	2	6	1
Deaths	Total	126	154	35
Internal Transfers	Total	132	126	28
Occupancy Rate	Required to maintain >97%	98.8%	96.63%**	98.35%

** Based on 429 beds as 4 beds utilized for IPAC and admissions purposes during first three quarters of 2022.



Infection Prevention and Control (IPAC)

Tracking of infection control rates and analysis of the information to identify clusters (note inherited cases are brought into the Home from the community) continued during the first quarter of 2023.

IPAC Education

The IPAC team have begun organizing interactive in person activities for staff, residents, and visitors to promote proper IPAC practices within the Home. The first educational session “Glow Germ” provided a visual demonstration on the importance of handwashing. Prior to the activity taking place, the management team lightly dusted high touch surfaces within the Home with Glo Germ dust. When individuals arrived at the education booth, they were asked to wash their hands and then place their hands under a black light to observe if any remaining Glo Germ dust was present. The second educational session ‘Show Me Your Skills’ provided staff an opportunity to learn the importance of proper donning and doffing PPE and to demonstrate the proper sequence of donning and doffing. The activities were very well received by everyone who participated, and it provided an opportunity for positive reinforcement of IPAC practices. Further IPAC education sessions will be held throughout the 2023 year.

Outbreaks

During an outbreak, additional precautions put in place included visitor restrictions, whereby residents of the specific Home Area were permitted to receive only one (1) essential visitor at a time. All staff working in the area were required to use N95 respirators as well as eye protection when working. In addition, eye protection was implemented facility wide when outbreaks were expanded to multiple Home Areas. All symptomatic residents and identified close contacts were placed on isolation. Staff members who tested positive for COVID-19 were isolated and off work for the duration of their ten-day isolation period from the workplace. As per the most recent Ministry of Health COVID-19 Guidance document, only symptomatic residents will undergo testing for COVID-19 and multiplex respiratory virus PCR (MRVP).

Type of Outbreak Declared	Outbreak Declaration	Outbreak Declared Over	Duration (Days)	Number Impacted:		
				Home Area(s)	Residents	Staff
Metapneumovirus	6-Jan-23	28-Jan-23	23	1	5	0
COVID-19	17-Feb-23	14-Mar-23	26	3	18	0
RSV	20-Feb-23	15-Mar-23	24	2	7	0
RSV	16-Mar-23	29-Mar-23	14	1	2	0
Enteric	20-Mar-23	3-Apr-23	15	1	23	0

** One (1) resident death was identified where COVID-19 was a contributing factor.

2023 Resident Falls and Injury Prevention Program

To prevent resident falls and injuries, residents are provided with different types of sensors. At the end of Q1, the below number of residents were provided sensors:	
Chair or chair pad sensors	102
Bed sensors or bed pad sensors	165
Infrared sensors	8

Monthly audits of universal precautions were completed by committee members. Among the concerns needing attention were loose bed rails, light not working, call bell in washroom not working, bedrail photo missing, and mats left on floor. All areas of concerns were reviewed, and issues addressed.

Facility Services

A generator test was completed during each month of the first quarter of 2023. Remedial painting continued throughout the Home and the washer/dryer set for resident usage in the Pine and Poplar Home Area has been replaced.

Emergency Preparedness

As per the FLTC Act, 2021, the Home is required to review, update, and test our emergency and pandemic plan. Recently, Pioneer Manor posted online the emergency plans and have begun the internal and external annual review process with community partners. As part of the review process and will be conducting a tabletop exercise on April 27, 2023, to test the efficiency of the pandemic plan with the participation of external stakeholders.

During the first quarter of 2023, fire drills on all three shifts occurred each month. There were eight (8) code whites [situation with an actual or potential violent or out of control person], and one (1) code red [smoke alarm].

ACCREDITATION REPORT

Highlights Since Last Survey		
Strengths		Challenges
<ul style="list-style-type: none">• COVID Pandemic response and IPAC expertise• Physical plant improvement i.e., DHW and HVAC• Redevelopment of new long-term care expansion• Restructuring of leadership team• Team-based approach• Commitment to safety and quality improvement• Culture		<ul style="list-style-type: none">• Increasing complexity of residents• Uncertainty of Ministry funding• Outdated physical plan
Overall Observation		
Strengths		Challenges
<ul style="list-style-type: none">• Community Partnerships• Committed, engaged and ‘can do attitude’• Transparent leadership... ‘working multi-skilled leaders’• COVID planning, response, and approach• Person centred care and NODD principles• Fixing Long-Term Care Act & Regulation Response• Medical services and access to specialty care• Professional development & tuition reimbursement• Municipal infrastructure supporting operations• Culture - team, quality, safety		<ul style="list-style-type: none">• Increasing complexity and acuity of residents• Funding• Fixing Long-Term Care Act and Regulations• Managing expectation of families• Managing expectations of employees• Post pandemic/endemic response• Change fatigue• Redevelopment of Campus
Accreditation Canada Priorities	Strengths	Challenges
1. Patient Safety	<ul style="list-style-type: none">• Incident reporting including medication errors improvement• IPAC response, especially during pandemic• Safety Planning• Programming i.e., wounds & falls• Improvements in Suicide Risk Assessment and Do Not Use Abbreviations	<ul style="list-style-type: none">• Ongoing rehabilitation & mobility of residents• Increasing activities including in-room activities
2. Resident and Family Centred Care	<ul style="list-style-type: none">• Resident and Family Councils• Open interior environment and accessible outdoor Spaces• Engaged families who value responsiveness	<ul style="list-style-type: none">• Ongoing meaningful engagement of residents and Families• Family Council Committee structure
3. Ethics	<ul style="list-style-type: none">• Ethical framework• Realistic approach to ethics• Education and training	<ul style="list-style-type: none">• Build compliance with the framework and tool kit• Ethical conversations throughout the organization• Research activities
4. Risk Management	<ul style="list-style-type: none">• Organizational assessment and response to risk• Auditing processes and reporting	<ul style="list-style-type: none">• Changing requirements for staff and resident safety during the pandemic

	<ul style="list-style-type: none"> • Use of technology i.e., automated digital scheduling system • Strong communication recognizing the care transition • BOOMR medication reconciliation program 	
5. Quality Improvement	<ul style="list-style-type: none"> • Culture of improvement • Strong partnerships • Data driven • Continuous quality improvement and sustainability 	<ul style="list-style-type: none"> • Enhance sharing the initiatives and best practices 'tell your story' • Create a quality communication boards to share with staff, residents, and families • Align Mission Vision and Values within the Strategic Plan

The Ministry's inspection program focuses on ensuring that licensees comply with the FLTCA and protecting and promoting the quality of care and quality of life for residents. This is achieved by performing unannounced inspections and enforcement measures as required and ensuring that actions taken by the government are transparent. The new proactive inspections program adds to the current program and allows the Ministry inspector to proactively visit each LTC home every year, all the while continuing reactive inspections to promptly address complaints and critical incidents.

The *FLTCA 2021* includes new and strengthened compliance and enforcement tools to improve resident care and safety. These tools will be used as part of the Ministry of Long-Term Care's (the ministry's) inspection program, which aims to hold licensees to account for the care they provide.

If an inspector or the Director finds non-compliance, they take into account the scope and severity of the non-compliance, and the compliance history of a licensee to determine the appropriate compliance action(s) to take under the FLTCA (*FLTCA, 2021, 154-161*).

Compliance and Enforcement Tools under the FLTCA

1. Remedied Non-compliance (RN) **[New]**
 - Provides a way for an inspector to address very low-risk instances of non-compliance during an inspection without having to take further compliance action.
 - Can only be used when a licensee is able to demonstrate they have remedied the non-compliance during an inspection and the inspector is satisfied that the non-compliance caused no harm and created no risk of harm to a resident.
2. Written Notifications (WN)
 - Used to communicate a finding of non-compliance.
 - Unlike the (former) LTCHA, the FLTCA does not allow the inspector to issue a voluntary plan of correction as a possible compliance action.
3. Compliance Orders (CO) **[Updated]**
 - Requires a licensee to do anything or refrain from doing anything to achieve compliance with the FLTCA. In addition, must prepare, submit, and implement a written plan for achieving compliance.
 - 2 new aspects of CO that may direct licensee to take a certain action, such as, arrange for specific staff to receive training or allow the ministry/agents/contractors to perform any work or activity at the LTC home at the licensee's expense.
4. Administrative Monetary Penalties (AMP) **[New]**
 - Intended to encourage compliance and increase accountability for repeated non-compliance through non-punitive monetary penalties.
 - Must be issued if the licensee has not complied with a CO made under the FLTCA; or has not complied with a requirement under the FLTCA and it results in a CO being issued and the licensee has received at least one other compliance order for non-compliance with the same requirement within a three-year period.
5. Order Requiring Management **[Updated]**
 - Licensee to retain a temporary manager to assist in managing the LTC home (entire operations or specific issues related to the operations i.e., IPAC, financial or clinical operations). In circumstances present in a LTC home that are harmful to the health, safety, or welfare of residents; or if there is an emergency, for example, an outbreak of disease or a pandemic.
6. Increased Fines for Offences **[New]**
 - Maximum fines upon conviction of an offence under the FLTCA have doubled. If convicted, fines can be issued in the amount of:
 - ✍ \$200,000 for an individual's 1st offence and up to \$400,000 for subsequent offence.
 - ✍ \$500,00 for a corporation's 1st offence and \$1,000,000 for subsequent offence.
7. Investigations
 - Expanding capacity to investigate and lay charges for offences when appropriate.
8. License Suspension and Supervision **[New]**
 - May suspend a licensee and appoint a LTCH Supervisor to take over the operations of the home.

References

- <https://news.ontario.ca/en/release/1002840/ontario-connecting-long-term-care-residents-to-more-hours-of-direct-care> (March 17, 2023, Ontario News Release)
- <https://www.ontario.ca/page/better-place-live-better-place-work-ontarios-long-term-care-staffing-plan> (Ontario's LTC 2021/25 Staffing Plan)
- [https://ltchomes.net/LTCHPORTAL/Content/2a.%202023-24%20LTC%20Staffing%20Increase%20Funding%20Policy%20\(revised\)%20English.pdf](https://ltchomes.net/LTCHPORTAL/Content/2a.%202023-24%20LTC%20Staffing%20Increase%20Funding%20Policy%20(revised)%20English.pdf) (2023/24 Ministry LTC Staffing Increase Funding Policy)
- <https://www.ontario.ca/laws/statute/21f39#BK15> (*Fixing Long-Term Care Act 2021*, section 8 – references allocation of new funding to increase direct care, targets, and timelines)
- <https://pub-greatersudbury.escribemeetings.com/Meeting.aspx?Id=be728ddf-a18e-4ff5-883e-2e0e303f60fc&Agenda=Agenda&lang=English&Item=17&Tab=attachments> (April 17, 2023, Pioneer Manor 4th Quarter Report)