

THE REGIONAL MUNICIPALITY OF NIAGARA AUDIT COMMITTEE AGENDA

AC 1-2024 Monday, February 12, 2024 1:00 p.m. Council Chamber - In Person and Electronic Meeting Niagara Region Headquarters, Campbell West 1815 Sir Isaac Brock Way, Thorold, ON

To view live stream meeting proceedings, please visit: niagararegion.ca/government/council

Pages

1. CALL TO ORDER

2.	DISC	LOSURES OF PECUNIARY INTEREST		
3.	PRE	SENTATIONS		
4.	DELE	EGATIONS		
5.	ITEM	IS FOR CONSIDERATION		
	5.1	AC-C 1-2024 Corporate Audit Plan 2024-2026	3 - 10	
		A presentation will precede the consideration of this item.		
6.	CON	SENT ITEMS FOR INFORMATION		
	6.1	COM 1-2024 Approval of the 2022 Long Term Care Home Annual Report Audits	11 - 193	
		This item was forwarded to the Audit Committee for information by the Public Health and Social Services Committee at its meeting held January		

7. OTHER BUSINESS

9, 2024.

8. NEXT MEETING

The next meeting will be held on Tuesday, May 21, 2024, at 1:00 p.m. in the Council Chamber.

9. ADJOURNMENT

If you require any accommodations for a disability in order to attend or participate in meetings or events, please contact the Accessibility Advisor at 905-980-6000 ext. 3252 (office), 289-929-8376 (cellphone) or accessibility@niagararegion.ca (email).

Internal Audit Workplan

Audit Committee

AC-C 1-2024 Feb. 12, 2024

Hari Vemuri, Manager Internal Audit





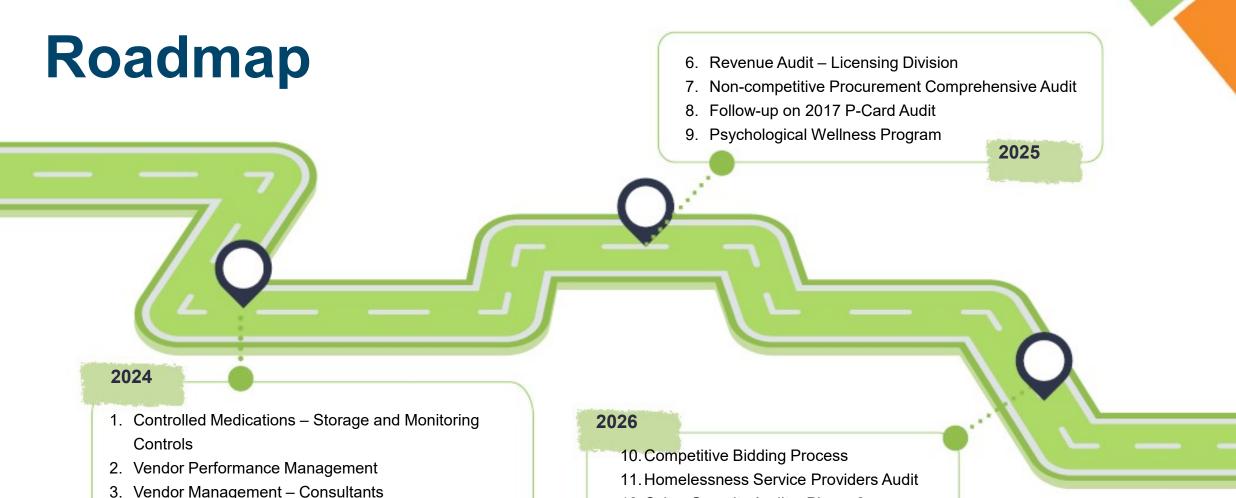
Internal Audit Workplan

2024-2026

February 12, 2024







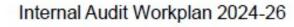
Vendor Management – Consultants

2

- Contract Compliance Waste Management 4.
- 5. Child Care Centres CWELCC Compliance Audit

- 12. Cyber Security Audit Phase 2
- 13. Travel and Expenses Policy









Consulting Projects

Planned Projects

- Procurement and operation of wastewater vacuuming vehicle (Q1 2024)
- Control Reviews for Brownfield Tax Assistance Program (BTAP) and Tax Increment Grant Program (2025)
- Transit Commission Performance Management (2026)









Subject: 2024-26 Internal Audit Workplan Report to: Audit Committee Report date: Monday, February 12, 2024

Recommendations

1. That the draft 2024-26 Internal Audit Plan **BE APPROVED**.

Key Facts

- The 2024-2026 Internal Audit Plan was developed with input from the Audit Committee, the Corporate Leadership Team, and selected directors, as well as a thorough risk assessment of the organization and review of internal audit plans from other Ontario municipalities.
- The purpose of this Internal Audit Plan is to provide independent and objective assurance and consulting services that will enhance the organization's operations and internal control systems.
- The Audit Plan may be amended during the year due to emerging risks that may arise.

Financial Considerations

The total budget for 2024 for external consulting support is set at \$202,000, which staff believe is sufficient to ensure the completion of the workplan. In addition, follow-up audits will be performed internally to ensure all audits are completed within budget.

Analysis

The Internal Audit Department of Niagara Region is dedicated, to providing objective assurance and consulting services to add value and improve Region operations. The Manager of Internal Audit has a professional obligation to create a comprehensive risk-based yearly audit plan, which is in line with the recommendations of the Institute of Internal Auditors (IIA) and the Chartered Professional Accountants (CPA) of Canada. This audit plan will cover all of Niagara Region's processes, its programs and functions, but excludes local Agencies, Boards, Commissions and local area municipalities.

The Internal Audit Plan for 2024-2026 has two primary goals:

• to assure the Audit Committee and Management that internal controls are effectively functioning within the areas of review, and

• to provide recommendations to Management (where necessary) to optimize operations, reduce risks, and close any control gaps.

Our auditing process follows a risk-based approach, beginning with a risk assessment to identify potential hazards and determine associated controls. Typically, controls related to only high and medium risks will be tested. Internal controls are tested in a variety of ways and often the approach is dependent upon specific circumstances. Our audit approach typically includes:

- Observation
- Inspection
- Re-performance/re-calculation
- Analytical procedures
- External confirmation
- Inquiry

The Internal Audit Plan identifies thirteen projects and a consulting engagement to be completed by the Manager of Internal Audit with the assistance of external consultants. The table below lists the projects for 2024-2026:

	Project	Proposed Timing
1	Controlled Medications – Storage and Monitoring Controls	2024
2	Vendor Performance Management for Tier 1 Contracts	2024
3	Vendor Governance and Relationship Management for Consulting Services	2024
4	Waste Management Contractor Performance and Compliance Evaluation	2024
5	Child Care Centres – CWELCC Compliance Audit	2024
6	Revenue Audit – Licensing Division	2025
7	Non-competitive Procurement Audit	2025
8	Follow-up Audit: P-Card Audit (2017)	2025
9	Psychological Wellness Programs	2025
10	Competitive Bidding Process	2026
11	Homelessness Service Providers Audit	2026
12	Travel and Expense Policy and Procedures	2026
13	Cyber Audit – Phase 2	2026

The Audit Plan will also include the following consulting engagements:

- 1. Control Reviews for Brownfield Tax Assistance Program (BTAP) and Tax Increment Grant Program (2025)
- 2. Performance metrics of the Niagara Region Transit Commission (2025-26)

Furthermore, at the request of Councillor Gale, Internal Audit will select samples to cover the Water and Wastewater Division's purchase and operation of vacuum trucks in the upcoming 'Vendor Performance Management for Tier 1 Contracts' audit.

In addition to performing independent and objective audit projects, the 2024-2026 Internal Audit Plan also sets time aside for:

- 1. Following-up on prior audit findings/recommendations
- 2. Reporting regularly to the Audit Committee
- 3. Conducting an Internal Quality Assessment
- 4. Providing advisory services to Management and external stakeholders in the areas of risk, internal controls, corporate governance, and investigations (as requested)
- 5. Assisting the External Auditor (as requested)
- 6. Administrative time

The Manager of Internal Audit will provide the Audit Committee with regular status updates on each approved audit project, as well as completed Audit Reports. Throughout 2024 or beyond, staff will be responsive and flexible to accept new assurance or advisory projects identified by the Audit Committee or the Corporate Leadership Team. The Internal Audit Plan will be re-evaluated and re-balanced on an annual basis by the Manager of Internal Audit, with a focus on high-risk processes, programs, and functions.

Alternatives Reviewed

For the majority of audits, an external audit firm will be engaged. It is proposed, based on available funding, that the Manager conduct the follow-up audits internally.

Relationship to Council Strategic Priorities

The current Council's Strategic Priority of Effective Region includes the identification and approval of Internal Audit, as well as related audit functions, such as Value-formoney (VFM) audits and compliance reviews. This initiative is focused on driving continuous improvement in processes, optimizing service delivery through shared services, ensuring fiscal responsibility, and investing in a skilled workforce for Niagara Region.

Other Pertinent Reports

NA

Prepared by:

Hari Vemuri, CPA, CISA Manager, Internal Audit Audit Department **Recommended by:** Todd Harrison, CPA, CMA Commissioner, Corporate Services/Treasurer

Submitted by:

Ron Tripp, P.Eng. Chief Administrative Officer



COM 1-2024 January 9, 2024 Page 1

Subject: Approval of the 2022 Long Term Care Home Annual Report Audits Report to: Public Health and Social Services Committee Report date: Tuesday, January 9, 2024

Recommendations

- That the 2022 draft audited Long-Term Care Home Annual Reports for the year ended December 31, 2022 (Appendices 1-8 to Report COM 1-2024), BE APPROVED;
- 2. That staff **BE DIRECTED** to co-ordinate with the auditor to finalize the statements as presented; and
- 3. That this report **BE FORWARDED** to the Region's Audit Committee for information.

Key Facts

- The purpose of this report is to obtain approval for the draft audited Long-Term Care Home Annual Reports in accordance with the requirements set out by the Ministry of Long-Term Care.
- As per Financial Reporting and Forecasting Policy (C-F-020), other financial statements or schedules performed for Ministry funding purposes, will be recommended for approval to Council by the standing committee with oversight of the program. Upon approval by Council, the department commissioner, or delegated authority, and the Treasurer will be authorized to sign the auditor's representation letter to obtain the auditor's signed report. The approved statements will then be forwarded to Audit Committee for information.

Financial Considerations

The annual reports have been prepared in compliance with the financial reporting guidelines and policies stipulated by the Ministry of Long-Term Care. The annual reports are prepared specifically for the purposes of assisting the Region in complying with the Guidelines. As a result, the Report may not be suitable for another purpose. The long-term care home annual reports are prepared using the 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines dated June 30, 2023, issued by the Ministry of Long-Term Care and financial reporting provisions of the Hamilton Niagara Haldimand Brant Local Health Integration Network (the

"LHIN")/Ontario Health Service Accountability Agreement dated April 1, 2019 (collectively referred to as the "Guidelines").

The Long-Term Care Home Annual Reports enable the Ministry to calculate the allowable subsidy for the funding period. The Ministry will review the audited reports and calculate the allowable subsidy to determine if there is any receivable or payable amount related to funding for the year ended December 31, 2022.

Analysis

The audits of the Long-Term Care Home annual reports were completed by Niagara Region's external auditors, Deloitte. The auditors have indicated that, based on their review, nothing has come to their attention that causes them to believe that this information is not, in all material aspects, in accordance with the Ministry requirements identified.

The recommendation for approval by Council of the annual reports performed for Ministry funding purposes rests with the Committee to which the department responsible for the funding reports. Then the Treasurer and the department's Commissioner will be authorized to sign the auditor's representation letter to obtain the signed audit report. Upon approval by Council, these schedules are referred to Audit Committee for information.

As of December 31, 2022, an estimated returnable of approximately \$639,000 (or 0.56% of the total Long-Term Care budget) was reflected in the Niagara Region's consolidated financial statements. This returnable is subject to Ministry review and approval, therefore the actual amount to be repaid to the Ministry in the future may be different than the above stated estimate. Any difference between the estimate and the allowable subsidy calculated by the Ministry will be adjusted in the year that the Ministry determines the final settlement. The repayable amount is a result of unspent funding issued by the Ministry specifically for a one-time program titled Temporary Retention Incentive for Nurses. The goal of this program was to provide support to registered nursing staff and encourage staff to continue working to help maintain safe staffing levels and the operation of critical frontline services during the pandemic. The Ministry distributed funding to long-term care homes based on an estimate of future expenses, this returnable represents the excess of funding above total expenditures. Expenditures were not at the discretion of the Niagara Region but rather funding was distributed to

employees based on certain eligibility criteria including hours worked and employment status for defined periods as outlined in the Ministry funding policy.

Alternatives Reviewed

Provide a brief analysis of the possible alternatives and explain why they are not recommended.

Relationship to Council Strategic Priorities

Providing formal financial reporting to Council and the public supports the Council Strategic Priority of being an Effective Region.

Other Pertinent Reports

None.

Prepared by:

Donovan D'Amboise, CPA, CA Acting Associate Director, Reporting & Analysis Corporate Services Recommended by: Adrienne Jugley Commissioner Community Services

Submitted by:

Ron Tripp, P.Eng. Chief Administrative Officer

This report was prepared in consultation with Jordan Gamble, CPA, CA, Program Financial Specialist.

Appendices

Appendix 1 2022 Long-Term Care Home Annual Report – Deer Park Villa

Appendix 2 2022 Long-Term Care Home Annual Report – Douglas H. Rapelje

- Appendix 3 2022 Long-Term Care Home Annual Report Gilmore Lodge
- Appendix 4 2022 Long-Term Care Home Annual Report Linhaven
- Appendix 5 2022 Long-Term Care Home Annual Report The Meadows of Dorchester
- Appendix 6 2022 Long-Term Care Home Annual Report Northland Pointe
- Appendix 7 2022 Long-Term Care Home Annual Report Upper Canada Lodge
- Appendix 8 2022 Long-Term Care Home Annual Report The Woodlands of Sunset

COM 1-2024 Appendix 1

Deloitte.

Deloitte LLP Bay Adelaide East 8 Adelaide Street West Suite 200 Toronto ON M5H 0A9 Canada

Tel: 416-601-6150 Fax: 416-601-6151 www.deloitte.ca

Independent Auditor's Report

To the Ontario Ministry of Health and the Ontario Ministry of Long Term Care

Opinion

We have audited Sections A through F, Section I, and Section O of the accompanying 2022 Long-Term Care Home Annual Report of the Regional Municipality of Niagara – Deer Park Villa (the "Region") and notes to the Annual Report including a summary of significant accounting policies (collectively referred to as the "Report").

In our opinion, the Report for the Regional Municipality of Niagara – Deer Park Villa for the year ended December 31, 2022 is prepared, in all material respects, in accordance with the financial reporting provisions of the 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines dated June 30, 2023 issued by the Ontario Ministry of Health and the Ontario Ministry of Long Term Care and financial reporting provisions of the Hamilton Niagara Haldimand Brant Local Health Integration Network (the "LHIN") Service Accountability Agreement dated April 1, 2019 (collectively referred to as the "Guidelines").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Report* section of our Report. We are independent of the Region in accordance with the ethical requirements that are relevant to our audit of the Report in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 of the Report, which describes the basis of accounting. The Report is prepared to assist the Region in complying with the Guidelines. As a result, the Report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Report

Management is responsible for the preparation of the Report in accordance with the Guidelines and for such internal control as management determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Region's financial reporting process.

Auditor's Responsibilities for the Audit of the Report

Our objectives are to obtain reasonable assurance about whether the Report is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this Report.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Region's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants [DATE]

Ontario Ministry of Long-Term Ministere des Soins d

 2022 Long-Term Care Home Annual Report

 For the period from
 2022-01-01
 to

2022-12-31

Iterative des Sont de lorgue durée Facility # Operator Name HN3448 Deer Park Villa - The Regional Municipality c OH Region Name Hamilton Niagara Haldimand Brant Local Health Integration Network Operator Name Deer Park Villa - The Regional Municipality of Niagara

Section A - Level of Care (LOC) Actual Resident Occupancy, Resident Revenue and Resident Bad Debt

Section A - Level of Care (LOC) Actual Resident Occupancy, Resident Revenue and Resident Bad Debt Resident Days							Resident Revenue							Total Revenue					
	Current Revenue Period	January 1 to January 31, 2022 (1a)	February 1 to March 31, 2022 (1b)	April 1 to June 30, 2022 (1c)	July 1 to September 30, 2022 (1d)	October 1 to December 31, 2022 1(e)	Total Days (1f)	Basic Fees January 1 to January 31, 2022 (2a)	Basic Fees February 1 to March 31, 2022 (2b)	Basic Fees April 1 to June 30, 2022 (2c)	Basic Fees July 1 to September 30, 2022 (2d)	Basic Fees October 1 to December 31, 2022 (2e)	the premium charged above the maximum daily rate of	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) February 1 to March 31, 2022 (3b)	to the premium charged above the maximum daily	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) July 1 to September 30, 2022 (3d)	premium charged above the	Basic Revenue	Preferred Fees (4b=3a+3b+3c +3d+3e)
A001	Long-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	496	937	1,467	1521	1585	6,006	30,261	60,123	91,46	, 93,928	100,173	12,567	25,132	38,506	39,560	42,228		
A002	Long-Stay - Semi - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	279	523	701	736	736	2,975	16,979	33,178	43,59	45,306	46,523	3,360	6,945	8,571	8,923	9,165		
A003	Long-Stay - Basic (Include residents where a placement coordinator has deemed that the resident who requested basic should be placed in a preferred room, and Co-payment waiver residents who requested basic but were placed in a preferred room.)	341	663	1,152	1145	1186	4,487	15,388	30.067	50.93	56,295	60.499							
A004	Long-Stay two-bed room (Shared by spouses)						0		50,007	50,55	50,235	00,433							
A005	Short-Stay - Respite Care bed converted into a long-stay bed (include long-stay residents occupying converted short-stay respite care beds during the COVID-19 period)						0												
A005a	Specialized Unit - approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0												
A005b	Specialized Unit - not approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0												
A006	Total Level of Care Long-Stay, Short Stay-Respite Care Beds converted into long-stay beds and Specialized Unit beds. (Sum of lines A001 through A005b)	1,116	2,123	3,320	3,402	3507	13,468	62,628	123,368	185,993	195,529	207,195	15,927	32,077	47,077	48,483	51,393	0	0
A007	Interim Short-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0												
A008	Interim Short Stay - SemI-Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0												
	Interim Short Stay - Basic	0	31	91	92	92	306	0	1891	567	5,674	5,815							
A010 A011	Interim Short-Stay - two-bed room (Shared by spouses) Total Level of Care Interim Short-Stay beds (Sum of lines A007 through A010)	0	31	91	92	92	0 306	0	1,891	5,674	5674	5815	c	0	(0	0	19,054	0
A012	Convalescent Care Beds converted into long-stay beds. Include long- stay residents occupying converted convalescent care beds during the COVID-19 period.						0												

A015	The uncharged portion of resident accommodation fees arising from the variance between the maximum basic accommodation fee which should be charged to residents without an approved rate reduction and the basic accommodation fee charged if the basic accommodation fee charged is less than the maximum basic accommodation fee and, the variance between the Director approved reduced basic accommodation fee and the basic accommodation fee charged if the basic accommodation fee charged is less than the Director approved reduced basic accommodation fee .	

				Resid	lent-Days		
	Actual Occupancy of Awarded Beds and Replacement "D" beds, and Replacement "B", "C" and Upgraded "D" beds during the Fill rate period and the Pre-Move Occupancy Days for Classified "D" Replacement beds. (to be completed by Licensees operating such beds)	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A020a	Actual Resident-days in lines A001 through A005 that was attributed to the Fill-Rate period for awarded beds and replacement "D" beds, replacement "B", "C" and Upgraded "D" beds, the Pre- Move Occupancy Days for Classified "D" Replacement beds						a
A020b	Actual Resident-days in line A005 that was attributed to awarded beds and replacament "D", replacement "B", "C" and Upgraded "D" beds during the Fill rate Period and the Pre-Move Occupancy Days for Classified "D" Replacement beds						a
				Resid	lent-Days		
	Orientation/Fill-rate Period - Interim Short-Stay beds	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A021a	Actual Interim Short-Stay bed resident-days in lines A007-A010 during the Fill Period						0
		Resident-Days					
	Actual occupancy of beds approved for Occupancy Reduction Protection (ORP)	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A022a	Actual Resident-days in lines A001-A004 during ORP Period						0
A022b	Actual Resident-days in line A007-A010 during ORP Period						0

			Resid	lent Days		
Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting period		February to March (1a)	April to June (1b)	July to Septemb er (1c)	October to Decembe r (1d)	Total Days (1e)
A023a	Actual resident days in line A003 (Long-stay basic beds) that was attributed to occupied 3rd and above beds in ward rooms.					0
A023b	Actual resident days in line A005 (Short-stay respite care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					0
A023c	Actual resident days in line A009 (Interim short-stay basic) that was attributed to occupied 3rd and above beds in ward rooms.					0
A023d	Actual resident days in line A012 (Convalescent care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					0

				Resid	ent Days		
	Reimbursement for lost preferred revenues as per Section 3.2 of the COVID-19 Emergency Measures Funding Policy. Use lines A024a to A024d as applicable, to report the resident days eligible for reimbursement of lost preferred revenue for the period January 10 December 31, 2022. Eligiblemes Funding Policy (COVID-19 CovID-19 Lengency) Measures Funding Policy (COVID-19 Policy), a placement coordinator deems that an applicant who has requested a basic room should be placed in a platferrad room; and 2) where 16 a resident is experiencing a COVID-10 CovID-19 CovID-19 Emergency Measures funding Policy (COVID-19 Policy), a placement coordinator deems that an applicant who has requested a basic room should be placed in a platferrad room; and 2) where 16 a resident is experiencing a COVID-10 CovID-30. The resident days for the period where the fees for perferred accommodation are waited until the resident table for the not home post-activerak. The Ministry will reimburse the maximum cost difference slipulated by the Co-Pag Bulletin between a basic room and on resident days that may have received reimbursement of lost preferred revenue through the High intensity Needs Fund.	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A024a	For Newer beds - Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue. Do not report on resident days related to the Co-payment waiver program or, lost preferred revenue reimbursed through the High Intensity Needs Fund.						0
A024b	For Older beds - Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue. Do not report on resident days related to the Co-payment waiver program or, lost preferred revenue reimbursed through the High Intensity Needs Fund.						0
A024c	For Newer beds - Semi-Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue. Do not report on resident days related to the Co-payment waiver program or, lost preferred revenue reimbursed through the High Intensity Needs Fund.						0
A024d	For Older beds - Semi-Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue. Do not report on resident days related to the Co-payment waiver program or, lost preferred revenue reimbursed through the High Intensity Needs Fund.						0

Newer beds – beds classified as "NEW" or "A" according to ministry design standards. Older beds – beds classified as "B", "C", "Upgraded D" or "D" according to ministry design standards

A024d	For Older beds - Semi-Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue. Do not report on resident days related to the Co-payment waiver program or, lost preferred revenue reimbursed through the High Intensity Needs Fund.						0	
Newer b	ds – beds classified as "NEW" or "A" according to ministry design standards.							
lder be tandare	is – beds classified as "B", "C", "Upgraded D" or "D" according to ministry design s			Baai	dent Davs			
	Reimbursement for lost preferred revenues - Co-payment Waiver Program.			Resi	Jeni Days			
	Use lines A024e through A024h, as applicable, to report the resident days eligible under the Co-payment Waiver Program for emburssement of lost preferred revenue for the period January 1, 2022 to September 30, 2022 where the fees for preferred accommodation are waived. Report only on eligible resident days where the license of the LTC home to which a resident is admitted on or before April 10, 2022 under the special pandemic admission rules for patients in public hospitals set out in s. 242 of the Ontario Regulation 246/22 (e.g. at the time of admission the home was not the resident's first choice). The Ministry will remisure the maximum cost difference stipulated by the Co-Pay Bulletin between a basic room and preferred room rate to the licensee for the period the resident occupies a preferred room. DO NOT report on resident days already reported in section C and on resident days that may have received reimbursement of lost preferred revenue through the High lintensity Needs Fund.	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)	
A024e	For Newer beds - Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue.						0	
A024f	For Older beds - Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue.						0	
A024g	For Newer beds - Semi-Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue.						0	
A024h	For Older beds - Semi-Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue.						0	

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Facility #

2022 Long-Term Care Home Annual Report For the period from 2022-01-01 to 2022-12-31

Ministry of Long-Term Care Ministère des Soins de longue durée

Operator Name HN3448

Deer Park Villa - The Regional Municipality of Niagara

Section A - Level of Care (LOC) Actual Resident Occupancy, Resident Revenue and Resident Bad Debt, continued

Prior Period Revenue	Revenue	For Ministry Use Only
A030 Basic Revenue: July 1, 1994 to December 31, 2021	0	

	Resident Bad Debt on 2022 Basic Accommodation Fee	For Ministry Use Only	
A040	Basic Accommodation Fees - Bad Debt	0	
A041	Collection Costs	0	
A042	Total Bad Debt Costs (A040 + A041)	\$0	

Section B - Actual Other Recoverable Revenue

Sect	ion B - Actual Other Recoverable Revenue		
	Description	Revenue (1)	For Ministry Use Only Recoverable Revenue (2)
B001	Interest Earned	0	
B002	Other LTC Home funding provided by Government	0	
B003	Other: Provide Description	0	
B004	Total - Actual Other Recoverable Revenue (Sum of lines B001 through B003)	\$0	

2022 Long-Term Care Home Annual Report For the period from 2022-01-01 to 2022-12-31

Ministry of Long Torry Corry	
Ministry of Long-Term Care	
Ministère des Soins de longue durée	

 Ministere des Soins de longue durée
 Operator Name :

 Facility #
 Deer Park Villa - The Regional Municipality of Niagara

 Section C - Actual Expenditures - Nursing and Personal Care

	Nursing and Personal Care (NPC)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
C001	Salaries	1,802,773		1,802,773				0	
C002	Employee Benefits	390,033		390,033				0	
C003	Purchased Services	1,276		1,276				0	
C004	Medical and Nursing Supplies	21,284		21,284				0	
C005	Equipment	15,132		15,132				0	
C006	Physician On-Call Coverage	14,697		14,697				0	
C007	Other	7,032		7,032				0	
C008	Expenditure Recoveries (enter as negative)	(2,128)		(2,128)				-	
C009						\$0	\$0	\$0	

Note: Claim-based not to be included.

	Global Level of Care Funding		LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C010	Report the total eligible expenses in relation to the Global LOC per diem funding initiative o March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nu expenses. Note: The expenses must also be reported on lines C001 through C009, as appl funding is allocated to the Other Accommodation envelope; unused funding may be retaine expenses reported on lines C010, D009, and E004 will be used to inform the allocation of th across the NPC, PSS and NS envelopes	rsing and Personal Care icable. 32% of the Global LOC d by the home. The total	107345	

	Registered Nurse (RN) and Registered Practical Nurse (RPN) - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
	Report the total eligible expenses funded from the RN & RPN - BSO initiative. Note: The expenses must also be reported of	n	
C011	lines C001 through C009, as applicable. The total expenses reported on line C011 will be used to determine any unused		
	funding from the RN & RPN - BSO initiative.		

		Personal Support Worker (PSW) - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)	
ſ		Report the total eligible expenses funded from the PSW- BSO initiative. Note: The expenses must also be reported on lines			
	C012	C001 through C009, as applicable. The total expenses reported on line C012 will be used to determine any unused funding			
		from the PSW - BSO initiative.			

	Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: RN/RPN and PSW	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C013	Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for RN/RPN and/or PSW FTE's, and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C013 will be added to the expenses reported on line D011 to determine any unused funding		

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C014	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines C001 through C009, as applicable.		

	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)
C015	Report the total eligible expenses from the NPC envelope and funded directly from additional funding provided for designated specialized units. The expenses must also be reported on lines C001 through C009, as applicable.	

Ministry of Long-Term Care
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 Ministere des Soins de longue duree

 Facility #
 Operator Name :

 HN3448
 Deer Park Villa - The Regional Municipality of Niagara

 Section D - Actual Expenditures - Program and Support Services

	Program and Support Services (PSS)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
D001	Salaries	180,071		180,071				0	
D002	Employee Benefits	39,550		39,550				0	
D003	Purchased Services	48,248		48,248				0	
D004	Supplies	3,150		3,150				0	
	Equipment	0		0				0	
D006	Other	1,120		1,120				0	
D007	Expenditure Recoveries (enter as negative)			0				0	
D008									

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D009	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Program and Support Services expenses. Note: The expenses must also be reported on lines D001 through D008, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes		
	Additional Healthcare Personnel - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D010	Report the total eligible expenses funded from the Additional Healthcare Personnel - BSO initiative. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D010 will be used to determine any unused funding from the Additional Healthcare Personnel - BSO initiative.		

	Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: Additional Healthcare Personnel	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D011	Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for Additional Healthcare Personnel FTE's and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D011 will be added to the expenses reported on line C013 to determine any unused funding.		

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D012	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines D001 through D008, as applicable.		

	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)
D013	Report the total eligible expenses funded from the Designated Specialized Units - Additional Funding . The expenses must also be reported on lines D001 through D008, as applicable.	

Facility# HN3448

Ministry of Long-Term Care

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Section E - Actual Expenditures - Nutritional Support

Deer Park Villa - The Regional Municipality of Niagara

Operator Name :

	Nutritional Support	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
E001	Nutritional Support	277,339		277,339				0	
E002	Expenditure Recoveries (enter as negative)	(65,588)		(65,588)				0	
E003									

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)	
E004	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nutritional Suport expenses. Note: The expenses must also be reported on lines E001 through E003, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes			

Section F - Actual Expenditures - Other Accommodation

		LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
F001	Housekeeping Services (HS)	189754		189754				0	
F002	Building and Property - Operations and Maintenance (B&P-OM)	161600		161600				0	
F003	Dietary Services (DS)	345471		345471				0	
F004	Laundry and Linen Services (L & LS)	25901		25901				0	
F005	General and Administrative (G&A)	398740	363517	762257				0	
F006	Facility Costs (FC)	449003	11182	460185				0	
F007	Total Other Accommodation Expenditures (Line F001 through Line F006).	\$1,570,469	\$374,699	\$1,945,168		\$0	\$0	\$0	
F008	Total Inadmissible Expenditures, Other Accommodation (includes expenditures reported in line F005 and F006, as applicable, for honorariums, donations, mortgage interest, interest on operating line of credit, other interest, amortization and depreciation.	377373		377373				0	
F009	Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	\$1,193,096	\$374,699	\$1,567,795		\$0	\$0	\$0	

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
F01	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Other Accommodation expenses. Note: The expenses must also be reported on lines F001 through F009, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes		

Municipal Property Tax	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
Report the total eligible municipal property tax. The expense must also be reported on line F006 and will be used to determine the eligible Municipal Tax Allowance.		

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
F012	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines F001 through F006, as applicable.		
	Designated Specialized Units Additional Funding	LTC beds only (exclude interim beds and Convalescent Care	

	Designated	Specialized Units - Additional Funding	Beds) (1)
F	013 Report the t must also b	otal eligible expenses funded from the Designated Specialized Units - Additional Funding . The expenses e reported on lines F001 through F009, as applicable.	

2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care	For the period from	•	######################################
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HN3448	Deer Park Villa - The Regional Municipality of Niagara		

Section I: Part A.

Line Ia01a- The Nurse Practitioner in Long-Term Care Home Program

In accordance with the Long-Term Care (LTC) Nurse Practitioner (NP) Program Funding Policy, report on line 1a01a Salary, Benefits, and Overhead expenditures for the Nurse Practitioner position. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures	Expenditures for 12 months, January 1, 2022 to December 31, 2022							
			Overhead						
			Expenses -						
	Salary	Benefits	operating	Total Expenditure					
la01a					\$0				

Line Ia01b- Attending Nurse Practitioner in Long-Term Care Home Initiative

In accordance with the Attending Nurse Practitioners in Long-Term Care Homes Initiative Funding Policy, report on line 1a01b Salary, Benefits, and Overhead expenditures for the Attending Nurse Practitioner position. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022					
			Overhead			
			Expenses -			
	Salary	Benefits	operating	Total Expenditure		
la01b				\$0		

Line Ia01c- Falls Prevention Equipment Funding Program

In accordance with the Falls Prevention Equipment Funding Policy complete the attestation below as applicable. DO NOT REPORT THE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

Y/N

la01c	Funding for the January 1, 2022 to December 31, 2022 period has been used for equipment intended to	
	reduce falls or injuries from falls (Y / N).	

Line la01d - Designated Specialized Unit - One-time Start up Funding

In accordance with the Policy: Designation/Revocation of Specialized Units report One-time Specialized Unit Start up costs on line 1a01d. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022	Total Expenditure
la01d		

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HN3448	Deer Park Villa - The Regional Municipality of Niagara

Section I: Part A. (continued)

Line la01e1 - Additional COVID-19 Prevention and Containment Funding

This section refers to the ADM letters of May 7, 2021, August 26, 2021, February 4, 2022, March 21, 2022, for the provision of \$191,595,600, \$346,463,900 (\$56,001,200 for 2020-21 and \$290,462,700 for 2021-22), \$247,000,000 (\$45 million for 2020-21 and \$201,982,800 for 2021-22) and \$143,500,000 (\$7,869,200 for 2020-21 and \$135,614,300 for 2021-22), respectively and the Minister letter of December 22, 2022 for the provision of \$182.1 million in additional one-time emergency funding to long-term care homes.

Report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line la01e1. Please note that this instruction applies to incremental expenses not already reported IN SECTIONS C THRU F OR ELSEWHERE IN SECTION I of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01e1	Expenditure for the January 1, 2022 to March 31, 2022 period	200085

Line Ia01e2 - Additional COVID-19 Prevention and Containment Funding

This section refers to the ADM letters of May 2, 2022, September 1, 2022 and Minister letters of December 22, 2022, March 31, 2023 and June 26, 2023 for the provision of \$130,044,000, \$146,622,200, \$182.1 million, \$161,686,800 and \$181,100,000 respectively in additional one-time emergency funding to long-term care homes.

Report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line Ia01e2. Please note that this instruction applies to incremental expenses not already reported IN SECTIONS C THRU F OR ELSEWHERE IN SECTION I of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

Refer to the Long-Term Care Home Annual Report: Technical Instructions and Guidelines for guidance on the conditions of funding and eligible expenses.

			Total Expenditure
la01e2	Expenditure for the April 1, 2022 to December 31, 2022 period		534130

Line Ia01h1 - Personal Support Worker Temporary Wage Enhancement

This section refers to (a) the ADM letter of November 23, 2021 on the provision of \$164,729,100 in Personal Support Worker Temporary Wage Enhancement funding to long-term care homes and (b) the November 2020 Long-Term Care PSW Temporary Wage Enhancement Funding Policy. For the January 1, 2022 to March 31, 2022 period, report PSW Temporary Wage Enhancement expenditures on line Ia01h1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01h1	Expenditure for the January 1, 2022 to March 31, 2022 period	27146

Line la01h2 - Personal Support Worker Temporary and Permanent Wage Enhancement

This section refers to (a) the ADM letter on April 27, 2022 on the provision of \$314,281,000 in Personal Support Worker Temporary Wage Enhancement funding and Personal Support Worker Permanent Wage Enhancement funding to long-term care homes, (b) the April 2022 Long-Term Care PSW Temporary Wage Enhancement Funding Policy, and (c) the April 2022 Long-Term Care PSW Permanent Wage Enhancement Funding Policy . For the April 1, 2022 to December 31, 2022 period, report Personal Support Worker Temporary and Permanent Wage Enhancement on line Ia01h2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		I otal Expenditure
la01h2	Expenditure for the April 1, 2022 to December 31, 2022 period	123871

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HN3448 Deer Park Villa - The Regional Municipality of Niagara

Section I: Part A. (continued)

Line Ia01i1- Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of March 19, 2021 on the provision of \$61,373,400 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line Ia01i1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01i1	Expenditure for the January 1, 2022 to March 31, 2022 period	66230

Line la01i2 - Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of May 2, 2022 on the provision of \$61,428,600 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line Ia01i2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation, plus the amount of funding approved for carry over from the April 1, 2021 to March 31, 2022 period to the April 1, 2022 to March 31, 2023 period.

32919

		Tot	al Expe	nditure
la01i2	Expenditure for the April 1, 2022 to December 31, 2022 period			32919

Line Ia01j1 - Infection and Prevention Control - Personnel and Training

This section refers to the ADM letter of July 16, 2021 on the provision of up to \$30,000,000 in one-time funding during the 2021-2022 funding year to support infection prevention and control capacity in long-term care homes including retaining IPAC professionals and providing IPAC training to LTC home personnel. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Personnel and Training expenditures on line Ia01j1a and Ia01j1b respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01j1a	Expenditure on Personnel for the January 1, 2022 to March 31, 2022 per	3552
la01j1b	Expenditure on Training for the January 1, 2022 to March 31, 2022 period	4654

Line Ia01j2 - Infection and Prevention Control - Personnel

This section refers to the ADM letter of May 2, 2022 on the provision of up to \$20,000,000 in one-time funding during the 2022-2023 funding year to support infection prevention and control capacity in long-term care homes to retain IPAC professionals. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Personnel expenditures on line Ia01j2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01j2	Expenditure on Personnel for the April 1, 2022 to December 31, 2022 per	io 11838

Line Ia01j3 - Infection and Prevention Control - Training

This section refers to the ADM letter of September 29, 2022 on the provision of up to \$26,170,000 in funding for the 2022-2023 funding year to support infection prevention and control training and education. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Training expenditures on line la01j3. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01j3	Expenditure on Training for the April 1, 2022 to December 31, 2022 perio	15511



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Ministry of Long-Term Care	For the period from	2022-01-01	to	#########		
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Facility #	Operator Name :					

Section I: Part A. (continued)

HN3448

Line Ia01k1 - New Long-Term Care Minor Capital Program

Deer Park Villa - The Regional Municipality of Niagara

This section refers to the (a) ADM letter of March 19, 2021 on the provision of up to \$23,911,600 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line la01k1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01k1	Expenditure for the January 1, 2022 to March 31, 2022 period	8065

Line Ia01k2 - New Long-Term Care Minor Capital Program

This section refers to the (a) ADM letter of May 2, 2022 on the provision of up to \$26,922,000 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line la01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period vill be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation, plus the amount of funding approved for carry over from the April 1, 2021 to March 31, 2022 period to the April 1, 2022 to March 31, 2023 period.

Total Expenditu	re
Ia01k2 Expenditure for the April 1, 2022 to December 31, 2022 period	8020
TRUTKZ Expenditure for the April 1, 2022 to December 31, 2022 period	8020
	002

Line Ia01m1 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$21,053,600 in funding for the Medication Safety Technology Program, and (b) the April 2021 Long-Term Care Medication Safety Technology Program Funding policy. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line la01m1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01m1	Expenditure for the January 1, 2022 to March 31, 2022 period	820

Line Ia01m2 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$28,261,500 in funding for the Medication Safety Technology Program, and (b) the April 2021 Long-Term Care Medication Safety Technology Program Funding policy. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01m2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation plus the amount of funding approved for carry over from the April 1, 2021 to March 31, 2022 period.

Ia01m2 Expenditure for the April 1, 2022 to December 31, 2022 period	5007	Total Expenditure		
	5967	5967	Expenditure for the April 1, 2022 to December 31, 2022 period	la01m2
		5967	Expenditure for the April 1, 2022 to December 31, 2022 period	la01m2

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2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care Ministère des Soins de longue durée

For the period from lurée Operator Name :

Deer Park Villa - The Regional Municipality of Niagara

2022-01-01

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to

Section I: Part A. (continued)

Line Ia01p1 - Clinical Decision Support Tools Program

This section refers to the ADM letter of September 29, 2021 on the investment of up to \$3,070,000 in funding in the use of clinical decision support tools to improve the quality of care for residents. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01p1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01p1	Expenditure for the January 1, 2022 to March 31, 2022 period	2118

Line Ia01p2 - Clinical Decision Support Tools Program

This section refers to the ADM letter of May 2, 2022 on the investment of up to \$6,140,000 in funding in the use of clinical decision support tools to improve the quality of care for residents. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01p2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 period in the 2023 reconciliation.

			rotal Expenditure	
la01p2	Expenditure for the April 1, 2022 to December 31, 2022 period		6354	

Line Ia01q1 - RN, RPN and PSW Staffing Supplement, AHP Staffing Supplement and Supporting Professional Growth Fund

This section refers to the Minister and ADM letters of October 15, 2021 for the 2021-22 fiscal year on the investment of up to \$227,187,500 to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses and Personal Support Workers (RN/RPN/PSW), up to \$42,802,600 to increase the provincewide average hours of direct care by Allied Health Professionals (AHP) and up to \$10,000,000 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the January 1, 2022 to March 31, 2022 period on lines Ia01q1a, Ia01q1b and Ia01q1c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the November 1, 2021 to December 31, 2021 period and matched against funding provided for the November 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the January 1, 2022 to	
la01q1a	March 31, 2022 period	99773
	AHP Staffing Supplement expenditure for the January 1, 2022 to March 31, 2022	
la01q1b	period	13554
	SPGF expenditure for the January 1, 2022 to March 31, 2022 period	
la01q1c		5243

Line la01q2 - RN, RPN and PSW Staffing Supplement, AHP Staffing Supplement and Supporting Professional Growth Fund

This section refers to the Minister and ADM letters of March 15, 2022 and November 22, 2022 for the 2022-23 fiscal year on the investment of up to \$640,169,300 and up to \$33,304,700 respectively to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses, Personal Support Workers (RN/RPN/PSW) and Allied Health Professionals (AHP), and up to \$10,000,000 and up to \$1,316,600 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the April 1, 2022 to December 31, 2022 period on lines la01q2a, la01q2b and la01q2c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the April 1, 2022 to	
la01q2a	December 31, 2022 period	219014
	AHP Staffing Supplement expenditure for the April 1, 2022 to December 31, 2022	
la01q2b	period	41264
	SPGF expenditure for the April 1, 2022 to December 31, 2022 period	
la01q2c		4179

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Facility #

HN3448

2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care Ministère des Soins de longue duré

Operator Name :

2022-01-01

to

2022-12-31

Deer Park Villa - The Regional Municipality of Niagara

For the period from

Section I: Part A. (continued)

Line Ia01r1 - Temporary Retention Incentive for Nurses

This section refers to the ADM letter of April 26, 2022 on the investment of up to \$56,847,500 in funding for Temporary Retention Incentive for Nurses for 2021-22. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01r1. The expenditure relates to nurses working during the period between February 13, 2022 and April 22, 2022 and employed as of September 1, 2022. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01r1	Expenditure for the January 1, 2022 to March 31, 2022 period	31734

Line Ia01r2 - Temporary Retention Incentive for Nurses

This section refers to the ADM letter of September 23, 2022 on the investment of up to \$44,000,000 in funding for Temporary Retention Incentive for Nurses for 2022-23. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01r2. The expenditure relates to nurses working during the period between February 13, 2022 and April 22, 2022 and employed as of September 1, 2022. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to Date March 31, 2023 reconciliation.

			Total Exper	nditure	
la01r2	Expenditure for the April 1, 2022 to December 31, 2022 period			151:	38

Line Ia01s1 - Hiring More Nurse Practitioners for Long-Term Care

This section refers to the ADM letter of October 5, 2022 on the investment of up to \$9,984,000 in funding for Hiring More Nurse Practitioners for Long-Term Care for 2022-23. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01s1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01s1	Expenditure for the April 1, 2022 to December 31, 2022 period	0

2022 Long-Term Care Home Ar	nual Report
For the period from	202

2022-01-01

2022-12-31

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to

Willistry of Long-Term Gale	T of the period from	2022-01-01	10	2022-12-01
Ministère des Soins de longue durée				
Facility #	Operator Name :			
HN3448	Deer Park Villa - The Regional Municipality of Niagara			

Section I: Part B One-time Funding and Other Initiatives.

Use column D to report the expenses applicable to and funded from the funding initiatives below. The expenses reported in column D must not be included in Sections C thru F or Section I: Part A of the LTCH Annual Report.

The items reported in Section I: Part B are to be limited to the expenses that were incurred from January 1, 2022 thru December 31, 2022 only for funding that is received directly by the LTC Home based on the funding provided in the LTCH Payment Calculation Notice. The expenses reported in Section I, Part B are reconciled via alternate processes and shall be excluded from the calculation used to determine the Allowable Subsidy in the 2022 Overall Reconciliation.

Line (A)	Funding Initiative (B)	Description of expenses reported for the January 1, 2022 to December 31, 2022 period (C)	Expenses (D)
lb1	Nurse Led Outreach	Salaries and wages of nurses to ensure timely access to care by LTC Home residents and avoid emergency room and hospital admissions.	0
lb2	High Intensity Needs Fund (HINF) Claims- Based	Claims eligible for reimbursement for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	39,439
lb3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services purchased by LTC Homes.	2,760
lb4	RAI-MDS one- time funding	Claims eligible for reimbursement for the purchase of computer hardware and software, including RAI-MDS software, to meet CIHI reporting requirements.	
lb5	Peritoneal Dialysis	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.	
lb6	LTCH Centre of Learning, Research and Innovation Program funding	Claims eligible for reimbursement for the operation of a LTCH Centre of Learning, Research and Innovation program.	
lb7	OH/LHIN funding from outside the Ministry's BSO investment to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO.	Claims eligible for reimbursement from funding provided by OH/LHIN to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO with funding from outside the Ministry's BSO investment.	
lb8	Local Priorities Fund	Eligible Local Priorities Fund expenses incurred.	
	One-time and project funding	Use lines Ib9 through Ib13, column D to report expenses eligible for reimbursement incurred by the home from January 1, 2022 to Dec 2022 for any one-time and project funding, based on the funding p the LTCH Payment Calculation Notice. Report each funding item and provide a description, e.g. Water Quality Testing	ember 31, rovided in
lb9	Description:		
lb10	Description:		
lb11	Description:		
lb12	Description:		
lb13	Description:		

2022-01-01

to

Ministry of Long-Term Care Ministère des Soins de longue durée

Facility #

Deer Park Villa - The Regional Municipality of Niagara

Check if no accrual amounts as of December 31, 2021

Section O - Accrual Report

	NURSING AND PERSONAL CARE				
	Please complete lines O001 through O003, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O001	Salaries	156,456	156,456	158,610	158,610
O002	Employee Benefits	31,456	31,456	32,674	32,674
O003	Other (specify):	27,862	27,862	0	0
O004	TOTAL NURSING AND PERSONAL CARE (sum of lines O001 through O003)	\$215,774	\$215,774	\$191,284	\$191,284

	Program and Support Services				
	Please complete lines O101 through O103, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
101	Salaries	12,306	12,306	13,836	13,836
102	Employee Benefits	2,536	2,536	3,108	3,108
103	Other (specify):	0	0	0	0
10/1	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O101 through O103)	\$14,842	\$14,842	\$16,944	\$16,944

0	Other Accommodation - To Be Completed by Red-Circled Homes]	
r	Please complete lines O201 through O203, as applicable. Include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
201 8	Salaries				0
202 E	Employee Benefits				0
203 0	Other (specify):				0
	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$0	\$0	\$0	\$0

HN3448

Licensee Name :

2022-12-31



For the period from

2022-01-01

to

2022-12-31

Ministry of Long-Term Care Ministère des Soins de longue durée

Facility # HN3448

Licensee Name : Deer Park Villa - The Regional Municipality of Niagara

Section P - Notes to the Report

Significant Accounting Principles

Basis of Accounting

Sections A through F, Section I and Section O of the report have been prepared in accordance with generally accepted accounting principles (GAAP) and applicable legislation, regulations, policies and directives.

If there is no trust account, please check here

and please explain:

Ontario 2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care

For the period from 2022-01-01 to 2022-12-31

Ministère des Soins	de longue durée
Facility #	Licensee Name :
HN3448	Deer Park Villa - The Regional Municipality of Niagara
Section	n Q - Licensee's Statement and Approval

The information contained in Sections A through F, Section I, and Section O and P of this Long-Term Care Home Annual Report of (legal name of Licensee)

was provided by management. for the Period from to

This Report has been prepared in conformity with the basis or bases of accounting described in , Section P - Notes to the Report and adheres to the technical instructions and guidelines as provided by the Ministry of Long-Term Care.

The information contained in this report is in accordance with the service agreement between Ontario Health / Local Health Integration Network and the licensee, any direct funding agreement between the Minister and the licensee, and all applicable policies pertaining to the program funding provided to the home for the period being submitted.

Sections C thru F of the report excludes expenditures, as applicable, for: the development of new long-term care beds awarded by the Ministry, the redevelopment of a Category "D" Home, and redevelopment of Replacement "B", "C" and Upgraded "D" beds. Sections C thru F also excludes, as applicable, expenditures funded from the initiatives reported on in Section I: Part A and Part B.

Systems of internal accounting control are maintained in order to assure the reliability of this financial information. These systems include formal policies and procedures, the careful selection and training of qualified personnel, and an organization providing for appropriate delegation of authority and segregation of responsibilities.

Approved by the Licensee on the	day of	, 20
	(Pri	nt Licensee's Name)
	By:	
Witness	NAME:	
	TITLE:	

Where the Licensee is a for profit nursing home provide a witness signature.

2022 Long-Term Care Home Annual Report								
Ministry of Long-Term	linistry of Long-Term Care For the period from to							
Ministère des Soins de	longue durée				•			
Facility #	icensee Name							

Independent Auditor's Report

To the Minister of Long-Term Care

Opinion

We have audited Sections A through F, Section I and Section O of the accompanying Long-Term Care Home Annual Report of ______ (the Long-Term Care Home), and

(Name of Long-Term Care Home and legal name of licensee)

a summary of significant accounting policies and other explanatory information for the year ended December 31, (the Report).

In our opinion, the Report has been prepared by the management of the Long-Term Care home based on the financial reporting provisions of the 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines (Guidelines), the service accountability agreement between Ontario Health / Local Health Integration Network and the licensee (LOSAA), the Direct Funding Agreement between the Minister and the Long-Term Care Home (DFA), and all applicable policies and directives (Policies) pertaining to the program funding provided for the year ended December 31.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards (Canadian GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Report section of our report. We are independent of the Long-Term Care Home in accordance with the ethical requirements that are relevant to our audit of the Report in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting and Restriction on Distribution

We draw attention to the fact that the Report has been prepared in accordance with the Guidelines, LOSAA, DFA and Policies. The Report is prepared to assist the Long-Term Care Home in complying with the applicable financial reporting provisions, for the purpose of calculating the allowable subsidy for the year ended December 31. As a result, the Report may not be suitable for another purpose.

Our report is intended solely for the directors of the Long-Term Care Home, the Ministry of Long-Term Care, and the LHIN / Ontario Health and should not be distributed to or be used by parties other than the directors of the Long-Term Care Home, the Ministry of Long-Term Care and the LHIN / Ontario Health. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Report

Management is responsible for the preparation of the Report in accordance with the Guidelines, LOSAA, DFA and Policies, and for such internal control as management determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Audit of the Report

Our objectives are to obtain reasonable assurance about whether the Report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the Report.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgement and maintain professional skepticism throughout the audit. We also

- Identify and assess the risks of material misstatement of the Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Long-Term Care Home's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants	
(place) (date)	

Ontario 2022 Long-Term Care Home Annual Report Ministry of Long-Term Care For the period from 2022-01-01 to 2022-12-31 Ministère des Soins de longue durée Exercise Name : Licensee Name : Exercise Name : Exercise Name : HN3448 Deer Park Villa - The Regional Municipality of Niagara Exercise Name : Exercise Name :

Appendix A

Auditor's Report - Statement of Trust Account

To the Minister of Long-Term Care:

We have audited the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) of (legal name of Licensee)

for the period from to

prepared in accordance with the Ontario Regulation 79/10 section 241 or the Ontario Regulation 246/22 section 286. The Statement is the responsibility of the Home's management. Our responsibility is to express an opinion on the Report based upon our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards (Canadian GAAS) under CPA Canada Standards and Guidance Collection. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the Report is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Statement. An audit also includes assessing the significant accounting principles used and the significant estimates made by management, as well as evaluating the overall Statement presentation.

In our opinion, the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) presents fairly, in all material respects, the financial position of the trust fund for the year ended December 31, 2022 and the activity of the funds during the year in accordance with Section 241 of the Ontario Regulation 79/10 under the Ministry of Long-Term Care's Long-Term Care Homes Act, 2007, or Section 286 of the Ontario Regulation 246/22 under the Ministry of Long-Term Care Act, 2021.

	Licensed Public Accountant
(place)	
(date)	

1. Basis of accounting

The Report has been prepared in accordance with the financial reporting provisions set out in the following:

- Ontario Ministry of Health and Ontario Ministry of Long-Term Care 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines, dated June 30, 2023, and
- LHIN Service Accountability Agreements dated April 1, 2019.

2. Revenue recognition

Resident revenue and funding from the Ontario Ministry of Health and the Ontario Ministry of Long-Term Care are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the period in with the transactions or events occurred that gave rise to the revenues.

3. Expenditures

Eligible expenditures are recorded in the period incurred, in accordance with the guidelines described in Note 1 above.

COM 1-2024 Appendix 2

Deloitte.

Deloitte LLP Bay Adelaide East 8 Adelaide Street West Suite 200 Toronto ON M5H 0A9 Canada

Tel: 416-601-6150 Fax: 416-601-6151 www.deloitte.ca

Independent Auditor's Report

To the Ontario Ministry of Health and the Ontario Ministry of Long-Term Care

Opinion

We have audited Sections A through F, Section I, and Section O of the accompanying 2022 Long-Term Care Home Annual Report of the Regional Municipality of Niagara – Douglas H. Rapelje Lodge (the "Region") and notes to the Annual Report including a summary of significant accounting policies (collectively referred to as the "Report").

In our opinion, the Report for the Regional Municipality of Niagara – Douglas H. Rapelje Lodge for the year ended December 31, 2022 is prepared, in all material respects, in accordance with the financial reporting provisions of the 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines dated June 30, 2023 issued by the Ontario Ministry of Health and the Ontario Ministry of Long-Term Care and financial reporting provisions of the Hamilton Niagara Haldimand Brant Local Health Integration Network (the "LHIN") Service Accountability Agreement dated April 1, 2019 (collectively referred to as the "Guidelines").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Report* section of our Report. We are independent of the Region in accordance with the ethical requirements that are relevant to our audit of the Report in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 of the Report, which describes the basis of accounting. The Report is prepared to assist the Region in complying with the Guidelines. As a result, the Report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Report

Management is responsible for the preparation of the Report in accordance with the Guidelines and for such internal control as management determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Region's financial reporting process.

Auditor's Responsibilities for the Audit of the Report

Our objectives are to obtain reasonable assurance about whether the Report is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this Report.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Region's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants [DATE]

Ontario		2022 Long-Te	erm Care Home Annual Report		
Ministry of Long-Term Ministère des Soins de		For the period from	2022-01-01	to	2022-12-31
Facility #	Operator Name				
H13902	Douglas H. Rapelje Lodge - The Regional Municipali	ity of Niagara			

OH Region Name Hamilton Niagara Haldimand Brant Local Health Integration Network

Section A - Level of Care (LOC) Actual Resident Occupancy, Resident Revenue and Resident Bad Debt

Section	A - Level of Care (LOC) Actual Resident Occupancy, Resider	Resident Days						Resident Revenue							Total Revenue				
	Current Revenue Period	January 1 to January 31, 2022 (1a)	February 1 to March 31, 2022 (1b)	April 1 to June 30, 2022 (1c)	July 1 to September 30, 2022 (1d)	October 1 to December 31, 2022 1(e)	Total Days (1f)	Basic Fees January 1 to January 31, 2022 (2a)	Basic Fees February 1 to March 31, 2022 (2b)	Basic Fees April 1 to June 30, 2022 (2c)	Basic Fees July 1 to September 30, 2022 (2d)	Basic Fees October 1 to December 31, 2022 (2e)	the maximum daily rate of	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) February 1 to March 31, 2022 (3b)	to the premium charged above the maximum daily	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) July 1 to September 30, 2022 (3d)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) October 1 to December 31, 2022 (3e)	Basic Revenue	Preferred Fees (4b=3a+3b+3c +3d+3e)
A001	Long-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	1,159	2,155	3,455	3333	3529	13,631	70,725	138,060	215,364	205.650	222.927	29.733	58.014	90.068	85.833	95.485	852.726	359.133
A002	Long-Stay - Semi - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	310	698	1,408	1640	1668	5,724	18,913	44,391	84,099	101,182	105,452	3,887	9,124	17,285	20,797	20,481	354,037	71,574
A003	Long-Stay - Basic (Include residents where a placement coordinator has deemed that the resident who requested basic should be placed in a preferred room, and Co-payment waiver residents who requested basic but were placed in a preferred room.)	1,731	3,343	4,836	4893	5180	19,983	85,024	169,747	239,361	252,388	276,744						1,023,264	
A004	Long-Stay two-bed room (Shared by spouses)	62	118	182	184		546	4,560	9,120			210,144						41.040	
A005	Short-Stay - Respite Care bed converted into a long-stay bed (include long-stay residents occupying converted short-stay respite care beds during the COVID-19 period)						0											0	
A005a	Specialized Unit - approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	0
A005b	Specialized Unit - not approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	0
A006	Total Level of Care Long-Stay, Short Stay-Respite Care Beds converted into long-stay beds and Specialized Unit beds. (Sum of lines A001 through A005b)	3,262	6,314	9,881	10,050	10377	39,884	179,222	361,318	552,504	572,900	605,123	33,620	67,138	107,353	106,630) 115,966	2,271,067	430,707
A007	Interim Short-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											0	0
A008	Interim Short Stay - Semi-Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											0	0
	Interim Short Stay - Basic						0						/					0	
A010 A011	Interim Short-Stay - two-bed room (Shared by spouses) Total Level of Care Interim Short-Stay beds (Sum of lines A007 through A010)	0	0	0	0	0	0	0	0	0	0	0	0	0	C) C) 0	0	0
A012	Convalescent Care Beds converted into long-stay beds. Include long- stay residents occupying converted convalescent care beds during the COVID-19 period.						0											0	0

A015 The uncharged portion of resident accommodation fees arising from the variance between the maximum basic accommodation fee which should be charged to residents without an approved relation of the basic accommodation fee charged if the basic accommodation fee charged is less than the maximum basic accommodation fee and the basic accommodation fee charged is less than the Director approved reduced basic accommodation fee and the basic accommodation fee charged is less than the Director approved reduced basic accommodation fee and the basic accommodation fee charged is less than the Director approved reduced basic accommodation fee and the basic accommodation fee charged is less than the Director approved reduced basic accommodation fee .

				Resid	lent-Days		
	Actual Occupancy of Awarded Beds and Replacement "D" beds, and Replacement "B", "C" and Upgraded "D" beds during the Fill rate period and the Pre-Move Occupancy Days for Classified "D" Replacement beds. (to be completed by Licensees operating such beds)	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A020a	Actual Resident-days in lines A001 through A005 that was attributed to the Fill-Rate period for awarded beds and replacement "D" beds, replacement "B", "C" and Upgraded "D" beds, the Pre- Move Occupancy Days for Classified "D" Replacement beds						0
A020b	Actual Resident-days in line A005 that was attributed to awarded beds and replacement "D", replacement "B", "C" and Upgraded "D" beds during the Fill rate Period and the Pre-Move Occupancy Days for Classified "D" Replacement beds						0
				Resid	lent-Days		
	Orientation/Fill-rate Period - Interim Short-Stay beds	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A021a	Actual Interim Short-Stay bed resident-days in lines A007-A010 during the Fill Period						0
				Resid	lent-Days		
	Actual occupancy of beds approved for Occupancy Reduction Protection (ORP)	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A022a	Actual Resident-days in lines A001-A004 during ORP Period						0
A022b	Actual Resident-days in line A007-A010 during ORP Period						0

			Resid	ent Days			_		
	Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting period	February to March (1a)	April to June (1b)	July to Septemb er (1c)	October to Decembe r (1d)	Total Days (1e)	5		
A023a	Actual resident days in line A003 (Long-stay basic beds) that was attributed to occupied 3rd and above beds in ward rooms.					c	0		
A023b	Actual resident days in line A005 (Short-stay respite care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					c			
A023c	Actual resident days in line A009 (Interim short-stay basic) that was attributed to occupied 3rd and above beds in ward rooms.					c	0		
A023d	Actual resident days in line A012 (Convalescent care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					c			
					Resid	lent Days	_		
	Reimbursement for lost preferred revenues as per Section 3.2 of the COVID-19 Eme Messures Funding Policy. Use lines A024b to A024d as applicable, to report the res eligible for reimbursement of lost preferred revenues for the period almany 1 to Decen - Eligible resident days include: 1) actual resident days for the period the resident or preferred accommodation where in accordance with Section 3.2 of the COVID-19 Em Messures Funding Policy (COVID-19 Policy), a placement coordinator deems that a medical leave is unable to return to their LTC home after the medical leave express to apperincing a COVID-19 outbreak, report the resident days for the period where the preferred accommodation are waived until the resident is able to return to the home p a basic room and preferred room rate to the licensee for the period the resident coc-pay B a basic room and preferred room rate to the licensee for the period the resident cocre oro. Do NOT report on resident days under the Co-payment Waver Program in this section below) and on resident days that may have received reimbursement of lost pr revenue through the High Intensity Needs Fund.	ident days nher 31, 2022. cupies nergency n applicant who resident on a ecause it is fees for post-outbreak. ulletin between pies a preferred is section (see	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (11)	
A024a	For Newer beds - Private Accommodation report the resident days eligible for reimbu preferred revenue. Do not report on resident days related to the Co-payment waiver p preferred revenue reimbursed through the High Intensity Needs Fund.	rsement of lost rogram or, lost				2	2 179	181	
A024b	For Older beds - Private Accommodation report the resident days eligible for reimbur preferred revenue. Do not report on resident days related to the Co-payment waiver p preferred revenue reimbursed through the High Intensity Needs Fund.							0	
A024c	For Newer beds - Semi-Private Accommodation report the resident days eligible for of lost preferred revenue. Do not report on resident days related to the Co-payment w or, lost preferred revenue reimbursed through the High Intensity Needs Fund.	eimbursement aiver program	62	82	32	17	7	193	
A024d	For Older beds - Semi-Private Accommodation report the resident days eligible for re of lost preferred revenue. Do not report on resident days related to the Co-payment w or, lost preferred revenue reimbursed through the High Intensity Needs Fund.							0	
	u dis – beds classified as "NEW" or "A" according to ministry design standards. ds – beds classified as "B", "C", "Upgraded D" or "D" according to ministry dee s	sign		I	Resid	lent Days			
	Reimbursement for lost preferred revenues - Co-payment Waiver Pr	rogram. Use			aic				
	lines A024e through A024h, as applicable, to report the resident day under the Co-payment Waiver Program for reimbursement of lost prevenue for the period January 1, 2022 to September 30, 2022 wher for preferred accommodation are waived. Report only on eligible re where the licensee of the LTC home to which a resident is admitted before April 10, 2022 under the special pandemic admission rules for in public hospitals set out in s. 242 of the Ontario Regulation 246/22 prohibited from charging that resident any accommodation charges the applicable conditions set out in s. 296 of the Ontario Regulation (e.g. at the time of admission the home was not the residents first c Ministry will reimburse the maximum cost difference stipulated by th Bulletin between a basic room and preferred room rate to the licenss period the resident occupies a preferred room. DO NOT report on re already reported in section C and on resident days that may have re reimbursement of lost preferred revenue through the High Intensity!	referred re the fees sident days on or or patients 2 is if meeting 246/22 thoice). The ne Co-Pay ee for the ssident days eceived	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1)	
A024e	For Newer beds - Private Accommodation report the resident days e reimbursement of lost preferred revenue.	eligible for	31	59	91	13	3	194	
A024f	For Older beds - Private Accommodation report the resident days el reimbursement of lost preferred revenue.							0	
	For Newer beds - Semi-Private Accommodation report the resident for reimbursement of lost preferred revenue.		31	34	60	C	2	125	
A024g	For Older beds - Semi-Private Accommodation report the resident d	Lawrence Deaths?							

Facility #

2022 Long-Term Care Home Annual Report

For the period from 2022-01-01 to 2022-12-31

Ministry of Long-Term Care Ministère des Soins de longue durée

Operator Name

H13902 Douglas H. Rapelje Lodge - The Regional Municipality of Niagara

Section A - Level of Care (LOC) Actual Resident Occupancy, Resident Revenue and Resident Bad Debt, continued

Prior Period Revenue	Revenue	For Ministry Use Only
A030 Basic Revenue: July 1, 1994 to December 31, 2021		

	Resident Bad Debt on 2022 Basic Accommodation Fee	For Ministry Use Only	
A040	Basic Accommodation Fees - Bad Debt		
A041	Collection Costs		
A042	Total Bad Debt Costs (A040 + A041)	\$0	

Section B - Actual Other Recoverable Revenue

	Description	Revenue (1)	For Ministry Use Only Recoverable Revenue (2)
B001	Interest Earned		
B002	Other LTC Home funding provided by Government		
B003	Other: Provide Description		
B004	Total - Actual Other Recoverable Revenue (Sum of lines B001 through B003)	\$0	

Unturio	
Ministry of Long-Term Care	For the period from 2022-01-01 to 2022-12-31
Ministère des Soins de longue durée	
Facility #	Operator Name :
11140000	

 H13902
 Douglas H. Rapelje Lodge - The Regional Municipality of Niagara

 Section C - Actual Expenditures - Nursing and Personal Care

	Nursing and Personal Care (NPC)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
C001	Salaries	4,648,353		4,648,353				0	
C002	Employee Benefits	1,116,637		1,116,637				0	
C003	Purchased Services	125,739		125,739				0	
C004	Medical and Nursing Supplies	115,356		115,356				0	
C005	Equipment	97,937		97,937				0	
C006	Physician On-Call Coverage	14,386		14,386				0	
C007	Other	9,113		9,113				0	
C008	Expenditure Recoveries (enter as negative)	(5,947)		(5,947)				-	
C009						\$0	\$0	\$0	

Note: Claim-based not to be included.

March 31, 2022 period and expenses. Note: The expe	enses in relation to the Global LOC per diem funding initiation	ve of \$7.27 for the January 1, 2022 t	0	
	\$7.38 for the April 1, 2022 to December 31, 2022 period for ses must also be reported on lines C001 through C009, as a Dther Accommodation envelope; unused funding may be reta C010, D009, and E004 will be used to inform the allocation NS envelopes	3		
			322029	

	Registered Nurse (RN) and Registered Practical Nurse (RPN) - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C011	Report the total eligible expenses funded from the RN & RPN - BSO initiative. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C011 will be used to determine any unused funding from the RN & RPN - BSO initiative.		

	Personal Support Worker (PSW) - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds or (2)
C012	Report the total eligible expenses funded from the PSW- BSO initiative. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C012 will be used to determine any unused funding		
	from the PSW - BSO initiative.		

	Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: RN/RPN and PSW	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)	
C013	Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for RN/RPN and/or PSW FTE's, and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C013 will be added to the expenses reported on line D011 to determine any unused funding			

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C014	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines C001 through C009, as applicable.		

	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)
	Report the total eligible expenses from the NPC envelope and funded directly from additional funding provided for designated specialized units. The expenses must also be reported on lines C001 through C009, as applicable.	

December 29, 2017

Ministry of Long-Term Care		For the period from	2022-01-01	to •	2022-12-31
Ministère des Soins de longue dure			2022-01-01	10	2022-12-01
Facility #	Operator Name :				

 Facility #
 Operator Name : Douglas H. Rapelje Lodge - The Regional Municipality of Niagara

 Section D - Actual Expenditures - Program and Support Services

	Program and Support Services (PSS)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
D001	Salaries	329,867		329,867				0	
D002	Employee Benefits	76,485		76,485				0	
D003	Purchased Services	110,294		110,294				0	
D004	Supplies	10,997		10,997				0	
	Equipment	1,143		1,143				0	
D006	Other	2,305		2,305				0	
D007	Expenditure Recoveries (enter as negative)			0				0	
D008									

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D009	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Program and Support Services expenses. Note: The expenses must also be reported on lines D001 through D008, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes		
	Additional Healthcare Personnel - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
	Report the total eligible expenses funded from the Additional Healthcare Personnel - BSO initiative. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D010 will be used to determine any unused funding from the Additional Healthcare Personnel - BSO initiative.		
	Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: Additional Healthcare Personnel	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)

Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for Additional Healthcare Personnel FTE's and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D011 will be added to the expenses reported on line C013 to determine any unused funding.

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D0 ⁻	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines D001 through D008, as applicable.		

	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)
D013	Report the total eligible expenses funded from the Designated Specialized Units - Additional Funding . The expenses must also be reported on lines D001 through D008, as applicable.	

2022 Long-Term Care Home Annual Report For the period frof 2022-01-01 to 2022-12-31 Ministry of Long-Term Care Ministère des Soins de longue dur Facility # H13902

Operator Name : Douglas H. Rapelje Lodge - The Regional Municipality of Niagara

Section E - Actual Expenditures - Nutritional Support

	Nutritional Support	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
E001	Nutritional Support	576,502		576,502				0	
E002	Expenditure Recoveries (enter as negative)	(34,868)		(34,868)				0	
E003									

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
E004	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nutritional Suport expenses. Note: The expenses must also be reported on lines E001 through E003, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes		

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Section F - Actual Expenditures - Other Accommodation

		LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
F001	Housekeeping Services (HS)	657826		657826				0	
	Building and Property - Operations and Maintenance (B&P-OM)	290449		290449				0	
F003	Dietary Services (DS)	826382		826382				0	
F004	Laundry and Linen Services (L & LS)	120794		120794				0	
F005	General and Administrative (G&A)	825331	627809	1453140				0	
F006	Facility Costs (FC)	809466	20317	829783				0	
	Total Other Accommodation Expenditures (Line F001 through Line F006).	\$3,530,248	\$648,126	\$4,178,374		\$0	\$0	\$0	
F008	Total Inadmissible Expenditures, Other Accommodation (includes expenditures reported in line F005 and F006, as applicable, for honorariums, donations, mortgage interest, interest on operating line of credit, other interest, amortization and depreciation.	526129		526129				0	
	Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	\$3,004,119	\$648,126	\$3,652,245		\$0	\$0	\$0	

		Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)	
ſ	F010	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Other Accommodation expenses. Note: The expenses must also be reported on lines F009 favore applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be relained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes			

Municipal Property Tax	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
Report the total eligible municipal property tax. The expense must also be reported on line F006 and will be used to determine the eligible Municipal Tax Allowance.		

	_			
	Er	nhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
F	⁻⁰¹² Re	eport the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be ported on lines F001 through F006, as applicable.		
	_			1
	De	esignated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)	
F	-013 Re	eport the total eligible expenses funded from the Designated Specialized Units - Additional Funding . The expenses ust also be reported on lines F001 through F009, as applicable.		

2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care	For the period from	##########	to	##########	
Ministère des Soins de longue durée					
Facility#	Operator Name :				
H13902	Douglas H. Rapelje Lodge - The Regional Municipality of Niagara				

Section I: Part A.

Line Ia01a- The Nurse Practitioner in Long-Term Care Home Program

In accordance with the Long-Term Care (LTC) Nurse Practitioner (NP) Program Funding Policy, report on line 1a01a Salary, Benefits, and Overhead expenditures for the Nurse Practitioner position. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022					
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure		
la01a					\$0	

Line Ia01b- Attending Nurse Practitioner in Long-Term Care Home Initiative

In accordance with the Attending Nurse Practitioners in Long-Term Care Homes Initiative Funding Policy, report on line 1a01b Salary, Benefits, and Overhead expenditures for the Attending Nurse Practitioner position. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures	res for 12 months, January 1, 2022 to December 31, 2022				
	Salarv	Benefits	Overhead Expenses - operating	Total Expenditure		
	Calary	Denenta	operating			
la01b				\$0		

Line Ia01c- Falls Prevention Equipment Funding Program

In accordance with the Falls Prevention Equipment Funding Policy complete the attestation below as applicable. DO NOT REPORT THE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Y / N
la01c Funding for the January 1, 2022 to December 31, 2022 period has been use reduce falls or injuries from falls (Y / N).	ed for equipment intended to

Line la01d - Designated Specialized Unit - One-time Start up Funding

In accordance with the Policy: Designation/Revocation of Specialized Units report One-time Specialized Unit Start up costs on line 1a01d. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022	Total Expenditure
la01d		

	Ontario 2022 Long-Term Care Home Annual Report				
Ministry of Long-Term Care For the period from 2022-01-01 to ########	Ministry of Long-Term Care	For the period from	2022-01-01	to	#########
Ministère des Soins de longue durée					

Facility #	Operator Name :
H13902	Douglas H. Rapelje Lodge - The Regional Municipality of Niagara

Section I: Part A. (continued)

Line Ia01e1 - Additional COVID-19 Prevention and Containment Funding

I his section refers to the ADM letters of May 7, 2021, August 26, 2021, February 4, 2022, March 21, 2022, for the provision of \$191,595,600, \$346,463,900 (\$56,001,200 for 2020-21 and \$290,462,700 for 2021-22), \$247,000,000 (\$45 million for 2020-21 and \$201,982,800 for 2021-22) and \$143,500,000 (\$7,869,200 for 2020-21 and \$135,614,300 for 2021-22), respectively and the Minister letter of December 22, 2022 for the provision of \$182.1 million in additional one-time emergency funding to long-term care homes.

Report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line Ia01e1. Please note that this instruction applies to incremental expenses not already reported IN SECTIONS C THRU F OR ELSEWHERE IN SECTION I of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

Refer to the Long-Term Care Home Annual Report: Technical Instructions and Guidelines for guidance on the conditions of funding and eligible expenses.

		Total Expenditure
la01e1	Expenditure for the January 1, 2022 to March 31, 2022 period	371126

Line Ia01e2 - Additional COVID-19 Prevention and Containment Funding

This section refers to the ADM letters of May 2, 2022, September 1, 2022 and Minister letters of December 22, 2022, March 31, 2023 and June 26, 2023 for the provision of \$130,044,000, \$146,622,200, \$182.1 million, \$161,686,800 and \$181,100,000 respectively in additional one-time emergency funding to long-term care homes.

Report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line Ia01e2. Please note that this instruction applies to incremental expenses not already reported IN SECTIONS C THRU F OR ELSEWHERE IN SECTION I of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

Refer to the Long-Term Care Home Annual Report: Technical Instructions and Guidelines for guidance on the conditions of funding and eligible expenses.

		Total Expenditure
la01e2	Expenditure for the April 1, 2022 to December 31, 2022 period	1112526

Line Ia01h1 - Personal Support Worker Temporary Wage Enhancement

This section refers to (a) the ADM letter of November 23, 2021 on the provision of \$164,729,100 in Personal Support Worker Temporary Wage Enhancement funding to long-term care homes and (b) the November 2020 Long-Term Care PSW Temporary Wage Enhancement Funding Policy. For the January 1, 2022 to March 31, 2022 period, report PSW Temporary Wage Enhancement expenditures on line la01h1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 period in the 2021 Annual Report.

		Total Expenditure
la01h1	Expenditure for the January 1, 2022 to March 31, 2022 period	90434

Line Ia01h2 - Personal Support Worker Temporary and Permanent Wage Enhancement

This section refers to (a) the ADM letter on April 27, 2022 on the provision of \$314,281,000 in Personal Support Worker Temporary Wage Enhancement funding and Personal Support Worker Permanent Wage Enhancement funding to long-term care homes, (b) the April 2022 Long-Term Care PSW Temporary Wage Enhancement Funding Policy, and (c) the April 2022 Long-Term Care PSW Permanent Wage Enhancement Funding Policy . For the April 1, 2022 to December 31, 2022 period, report Personal Support Worker Temporary and Permanent Wage Enhancement on line Ia01h2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 reconciliation.

		Total Expenditure
la01h2	Expenditure for the April 1, 2022 to December 31, 2022 period	360089

Ontario 2022 Long-Term Care Home Annual Report		
Ministry of Long-Term Care	For the period from 2022-01-01 to ########	
Ministère des Soins de longue d	urée	
Facility #	Operator Name :	
H13002	Douglas H. Rapelie Lodge - The Regional Municipality of Niagara	

Section I: Part A. (continued)

Line la01i1- Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of March 19, 2021 on the provision of \$61,373,400 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line Ia01i1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01i1	Expenditure for the January 1, 2022 to March 31, 2022 period	29300

Line Ia01i2 - Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of May 2, 2022 on the provision of \$61,428,600 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line la01i2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period will be added to expenditure reported in the 2023 period in the 2023 period in the 2023 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure	1
la01i2	Expenditure for the April 1, 2022 to December 31, 2022 period	119365	

Line la01j1 - Infection and Prevention Control - Personnel and Training

This section refers to the ADM letter of July 16, 2021 on the provision of up to \$30,000,000 in one-time funding during the 2021-2022 funding year to support infection prevention and control capacity in long-term care homes including retaining IPAC professionals and providing IPAC training to LTC home personnel. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Personnel and Training expenditures on line la01j1a and la01j1b respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01j1a	Expenditure on Personnel for the January 1, 2022 to March 31, 2022 per	7522
la01j1b	Expenditure on Training for the January 1, 2022 to March 31, 2022 period	5741

Line Ia01j2 - Infection and Prevention Control - Personnel

This section refers to the ADM letter of May 2, 2022 on the provision of up to \$20,000,000 in one-time funding during the 2022-2023 funding year to support infection prevention and control capacity in long-term care homes to retain IPAC professionals. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Personnel expenditures on line Ia01j2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01j2	Expenditure on Personnel for the April 1, 2022 to December 31, 2022 per	23606

Line Ia01j3 - Infection and Prevention Control - Training

This section refers to the ADM letter of September 29, 2022 on the provision of up to \$26,170,000 in funding for the 2022-2023 funding year to support infection prevention and control training and education. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Training expenditures on line la013. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01j3	Expenditure on Training for the April 1, 2022 to December 31, 2022 perio	30929

Ontario	2022 Long-Term Care Home Annual R	eport		
Ministry of Long-Term Care	For the period from	2022-01-01	to	#########
Ministère des Soins de longue	durée			
Facility #	Operator Name :			
H13902	Douglas H. Rapelje Lodge - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line Ia01k1 - New Long-Term Care Minor Capital Program

This section refers to the (a) ADM letter of March 19, 2021 on the provision of up to \$23,911,600 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line la01k1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2022 to March 31, 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01k1	Expenditure for the January 1, 2022 to March 31, 2022 period	10637

Line Ia01k2 - New Long-Term Care Minor Capital Program

This section refers to the (a) ADM letter of May 2, 2022 on the provision of up to \$26,922,000 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line la01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period on line la01k2. DO NOT REPORT THESE COSTS IN SECTIONS C reported in the 2023 Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period on line and the 2023 to March 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2022 period to the April 1, 2022 to March 31, 2022 period to the April 1, 2022 to March 31, 2022 period to the April 1, 2022 to March 31, 2022 period to the April 1, 2023 period.

		To	tal Exp	penditure
la01k2	Expenditure for the April 1, 2022 to December 31, 2022 period			100936
-				

Line Ia01m1 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$21,053,600 in funding for the Medication Safety Technology Program, and (b) the April 2021 Long-Term Care Medication Safety Technology Program Funding policy. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01m1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period.

		Total Expenditure
la01m1	Expenditure for the January 1, 2022 to March 31, 2022 period	2523

Line Ia01m2 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$28,261,500 in funding for the Medication Safety Technology Program, and (b) the April 2021 Long-Term Care Medication Safety Technology Program Funding policy. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01m2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2022 period.

		Total Expenditure
la01m2	Expenditure for the April 1, 2022 to December 31, 2022 period	18091

Facility # H13902

2022 Long-Term Care Home Annual Report

Douglas H. Rapelje Lodge - The Regional Municipality of Niagara

Ministry of Long-Term Care Ministère des Soins de longue durée

For the period from durée Operator Name : 2022-01-01

#########

Section I: Part A. (continued)

Line Ia01p1 - Clinical Decision Support Tools Program

This section refers to the ADM letter of September 29, 2021 on the investment of up to \$3,070,000 in funding in the use of clinical decision support tools to improve the quality of care for residents. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01p1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01p1	Expenditure for the January 1, 2022 to March 31, 2022 period	6506

Line Ia01p2 - Clinical Decision Support Tools Program

This section refers to the ADM letter of May 2, 2022 on the investment of up to \$6,140,000 in funding in the use of clinical decision support tools to improve the quality of care for residents. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01p2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report, Expenditure for the April 1, 2022 to December 31, 2022 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

				Total Expenditure
la01p2	Expenditure for the April 1, 2022 to December 31, 2022 period			19517
			-	

Line Ia01q1 - RN, RPN and PSW Staffing Supplement, AHP Staffing Supplement and Supporting Professional Growth Fund

This section refers to the Minister and ADM letters of October 15, 2021 for the 2021-22 fiscal year on the investment of up to \$227,187,500 to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses and Personal Support Workers (RN/RPN/PSW), up to \$42,802,600 to increase the provincewide average hours of direct care by Allied Health Professionals (AHP) and up to \$10,000,000 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the January 1, 2022 to March 31, 2022 period on lines Ia01q1a, Ia01q1b and Ia01q1c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the November 1, 2021 to December 31, 2021 period and matched against funding provided for the November 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the January 1, 2022 to	
la01q1a	March 31, 2022 period	215817
	AHP Staffing Supplement expenditure for the January 1, 2022 to March 31, 2022	
la01q1b	period	40659
	SPGF expenditure for the January 1, 2022 to March 31, 2022 period	
la01q1c		15968

Line Ia01q2 - RN, RPN and PSW Staffing Supplement, AHP Staffing Supplement and Supporting Professional Growth Fund

This section refers to the Minister and ADM letters of March 15, 2022 and November 22, 2022 for the 2022-23 fiscal year on the investment of up to \$640,169,300 and up to \$33,304,700 respectively to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses, Personal Support Workers (RN/RPN/PSW) and Allied Health Professionals (AHP), and up to \$10,000,000 and up to \$1,316,600 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the April 1, 2022 to December 31, 2022 period on lines la01q2a, la01q2b and la01q2c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the April 1, 2022 to	
la01q2a	December 31, 2022 period	657034
	AHP Staffing Supplement expenditure for the April 1, 2022 to December 31, 2022	
la01q2b	period	123784
	SPGF expenditure for the April 1, 2022 to December 31, 2022 period	
la01q2c		12537

Facility #

H13902

2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care Ministère des Soins de longue durée For the period from

Douglas H. Rapelje Lodge - The Regional Municipality of Niagara

2022-01-01

to

Section I: Part A. (continued)

Line Ia01r1 - Temporary Retention Incentive for Nurses

Operator Name

This section refers to the ADM letter of April 26, 2022 on the investment of up to \$56,847,500 in funding for Temporary Retention Incentive for Nurses for 2021-22. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01r1. The expenditure relates to nurses working during the period between February 13, 2022 and April 22, 2022 and employed as of September 1, 2022. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be matched against funding provided for the January 1, 2022 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01r1	Expenditure for the January 1, 2022 to March 31, 2022 period	82690

Line Ia01r2 - Temporary Retention Incentive for Nurses

This section refers to the ADM letter of September 23, 2022 on the investment of up to \$44,000,000 in funding for Temporary Retention Incentive for Nurses for 2022-23. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01r2. The expenditure relates to nurses working during the period between February 13, 2022 and April 22, 2022 and employed as of September 1, 2022. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01r2	Expenditure for the April 1, 2022 to December 31, 2022 period	40171

Line la01s1 - Hiring More Nurse Practitioners for Long-Term Care

This section refers to the ADM letter of October 5, 2022 on the investment of up to \$9,984,000 in funding for Hiring More Nurse Practitioners for Long-Term Care for 2022-23. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01s1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01s1	Expenditure for the April 1, 2022 to December 31, 2022 period	C

Ontario	2022 Long-Term Care Home An	nual Report		
Ministry of Long-Term Care	For the period from	2022-01-01	to	2022-12-31
Ministère des Soins de longue durée				
Facility #	Operator Name :			
H13902	Douglas H. Rapelje Lodge - The Regional Municipality of Niagara	а		

Section I: Part B One-time Funding and Other Initiatives.

Use column D to report the expenses applicable to and funded from the funding initiatives below. The expenses reported in column D must not be included in Sections C thru F or Section I: Part A of the LTCH Annual Report.

The items reported in Section I: Part B are to be limited to the expenses that were incurred from January 1, 2022 thru December 31, 2022 only for funding that is received directly by the LTC Home based on the funding provided in the LTCH Payment Calculation Notice. The expenses reported in Section I, Part B are reconciled via alternate processes and shall be excluded from the calculation used to determine the Allowable Subsidy in the 2022 Overall Reconciliation.

Line (A)	Funding Initiative (B)	Description of expenses reported for the January 1, 2022 to December 31, 2022 period (C)	Expenses (D)
lb1	Nurse Led Outreach	Salaries and wages of nurses to ensure timely access to care by LTC Home residents and avoid emergency room and hospital admissions.	
lb2	High Intensity Needs Fund (HINF) Claims- Based	Claims eligible for reimbursement for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	479,778
lb3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services purchased by LTC Homes.	1,870
lb4	RAI-MDS one- time funding	Claims eligible for reimbursement for the purchase of computer hardware and software, including RAI-MDS software, to meet CIHI reporting requirements.	
lb5	Peritoneal Dialysis	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.	
lb6	LTCH Centre of Learning, Research and Innovation Program funding	Claims eligible for reimbursement for the operation of a LTCH Centre of Learning, Research and Innovation program.	
lb7	OH/LHIN funding from outside the Ministry's BSO investment to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO.	Claims eligible for reimbursement from funding provided by OH/LHIN to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO with funding from outside the Ministry's BSO investment.	
lb8	Local Priorities Fund	Eligible Local Priorities Fund expenses incurred.	
	One-time and project funding	Use lines Ib9 through Ib13, column D to report expenses eligible for reimbursement incurred by the home from January 1, 2022 to Dec 2022 for any one-time and project funding, based on the funding p the LTCH Payment Calculation Notice. Report each funding item and provide a description, e.g. Water Quality Testing	ember 31, rovided in
lb9	Description:		
lb10	Description:		
lb11	Description:		
lb12	Description:		
	Description:		

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Ministry of Long-Term Care

2022-01-01

to

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Ministère des Soins de longue durée

Licensee Name : Facility #

Douglas H. Rapelje Lodge - The Regional Municipality of Niagara

Check if no accrual amounts as of December 31, 2021

Section O - Accrual Report

	NURSING AND PERSONAL CARE				
	Please complete lines O001 through O003, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O001	Salaries	402,483	402,483	416,700	416,700
O002	Employee Benefits	83,566	83,566	92,588	92,588
O003	Other (specify):	88,349	88,349	0	0
O004	TOTAL NURSING AND PERSONAL CARE (sum of lines O001 through O003)	\$574,398	\$574,398	\$509,288	\$509,288

	Program and Support Services	\mathbf{h}				
	Please complete lines O101 through O103, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.		Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
101	Salaries		29,152	29,152	27,945	27,945
102	Employee Benefits		6,601	6,601	7,203	7,203
103	Other (specify):		0	0	0	0
10/	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O101 through O103)		\$35,753	\$35,753	\$35,148	\$35,148

	Other Accommodation - To Be Completed by Red-Circled Homes				
	Please complete lines O201 through O203, as applicable. Include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
0201	Salaries				0
O202	Employee Benefits				0
O203	Other (specify):				0
10204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$0	\$0	\$0	\$0

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2022 Long-Term Care Home Annual Report						
For the period from	2022-01-01	to				

Ministry of Long-Term Care

2022-01-01 For the period from

2022-12-31

Ministère des Soins de longue durée Facility #

Licensee Name :

Douglas H. Rapelje Lodge - The Regional Municipality of Niagara

Section P - Notes to the Report

Significant Accounting Principles

Basis of Accounting

Sections A through F, Section I and Section O of the report have been prepared in accordance with generally accepted accounting principles (GAAP) and applicable legislation, regulations, policies and directives.

If there is no trust account, please check here

and please explain:

Ontario	2022 Long-Term Care Home Annual Rep	port
Ministry of Long-Terr	Ferm Care For the period from 2022-01-01 to 202	22-12-31
Ministère des Soins d		
Facility #	Licensee Name :	
H13902	Douglas H. Rapelje Lodge - The Regional Municipality of Niagara	
Sectior	on Q - Licensee's Statement and Approval	
	tion contained in Sections A through F, Section I, and Section O and P	of this Long-Term Care Home
Annual Report	ort of (legal name of Licensee)	
for the Period	d from to	was provided by management.
This Report ha	has been prepared in conformity with the basis or bases of accounting	described in , Section P - Notes to the
Report and ad	adheres to the technical instructions and guidelines as provided by the l	Ministry of Long-Term Care.
•	5 , , ,	, 3
The informatio	tion contained in this report is in accordance with the service agreemen	it between Ontario Health / Local
	ration Network and the licensee, any direct funding agreement betweer	
	cable policies pertaining to the program funding provided to the home for	
Sections C thr	hru F of the report excludes expenditures, as applicable, for: the develo	opment of new long-term care beds
	the Ministry, the redevelopment of a Category "D" Home, and redevelop	
	D" beds. Sections C thru F also excludes, as applicable, expenditures fu	unded from the initiatives reported on in
Section I: Part	art A and Part B.	
Systems of inte	internal accounting control are maintained in order to assure the reliabil	ity of this financial
-	These systems include formal policies and procedures, the careful sele	-
	and an organization providing for appropriate delegation of authority and	•
porconnol, and	and an organization providing for appropriate actogation of authority and	
Approved by the	/ the Licensee on the day of	. 20
		, 20
	(Prin'	t Licensee's Name)

Where the Licensee is a for profit nursing home provide a witness signature.

Ontario 2022 Long-Term Care Home Annual Report Ministry of Long-Term Care For the period from to Minister des Spins de longue durée To To

linistère des Soins de longue durée							
acility #	Licensee Name						

Independent Auditor's Report

To the Minister of Long-Term Care

Opinion

We have audited Sections A through F, Section I and Section O of the accompanying Long-Term Care Home Annual Report of (the Long-Term Care Home), and

(Name of Long-Term Care Home and legal name of licensee)

a summary of significant accounting policies and other explanatory information for the year ended December 31, (the Report).

In our opinion, the Report has been prepared by the management of the Long-Term Care home based on the financial reporting provisions of the 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines (Guidelines), the service accountability agreement between Ontario Health / Local Health Integration Network and the licensee (LOSAA), the Direct Funding Agreement between the Minister and the Long-Term Care Home (DFA), and all applicable policies and directives (Policies) pertaining to the program funding provided for the year ended December 31.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards (Canadian GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Report section of our report. We are independent of the Long-Term Care Home in accordance with the ethical requirements that are relevant to our audit of the Report in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting and Restriction on Distribution

We draw attention to the fact that the Report has been prepared in accordance with the Guidelines, LOSAA, DFA and Policies. The Report is prepared to assist the Long-Term Care Home in complying with the applicable financial reporting provisions, for the purpose of calculating the allowable subsidy for the year ended December 31. As a result, the Report may not be suitable for another purpose.

Our report is intended solely for the directors of the Long-Term Care Home, the Ministry of Long-Term Care, and the LHIN / Ontario Health and should not be distributed to or be used by parties other than the directors of the Long-Term Care Home, the Ministry of Long-Term Care and the LHIN / Ontario Health. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Report

Management is responsible for the preparation of the Report in accordance with the Guidelines, LOSAA, DFA and Policies, and for such internal control as management determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Audit of the Report

Our objectives are to obtain reasonable assurance about whether the Report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the Report.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgement and maintain professional skepticism throughout the audit. We also

- Identify and assess the risks of material misstatement of the Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
- The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Long-Term Care Home's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants

(place)

(date)

2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care

Ministère des Soins de longue durée

2022-01-01 to

1-01 to 2022-12-31

Facility # Licensee Name :

H13902 Douglas H. Rapelje Lodge - The Regional Municipality of Niagara

For the period from

Appendix A

Ontario

Auditor's Report - Statement of Trust Account

To the Minister of Long-Term Care:

We have audited the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) of (legal name of Licensee)

for the period from ______to _____to

prepared in accordance with the Ontario Regulation 79/10 section 241 or the Ontario Regulation 246/22 section 286. The Statement is the responsibility of the Home's management. Our responsibility is to express an opinion on the Report based upon our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards (Canadian GAAS) under CPA Canada Standards and Guidance Collection. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the Report is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Statement. An audit also includes assessing the significant accounting principles used and the significant estimates made by management, as well as evaluating the overall Statement presentation.

In our opinion, the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) presents fairly, in all material respects, the financial position of the trust fund for the year ended December 31, 2022 and the activity of the funds during the year in accordance with Section 241 of the Ontario Regulation 79/10 under the Ministry of Long-Term Care's Long-Term Care Homes Act, 2007, or Section 286 of the Ontario Regulation 246/22 under the Ministry of Long-Term Care Act, 2021.

	Licensed Public Accountant
(place)	
(date)	
()	

December 31, 2022

1. Basis of accounting

The Report has been prepared in accordance with the financial reporting provisions set out in the following:

- Ontario Ministry of Health and Ontario Ministry of Long-Term Care 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines, dated June 30, 2023; and
- LHIN Service Accountability Agreement dated April 1, 2019.

2. Revenue recognition

Resident revenue and funding from the Ontario Ministry of Health and the Ontario Ministry of Long-Term Care are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the period in with the transactions or events occurred that gave rise to the revenues.

3. Expenditures

Eligible expenditures are recorded in the period incurred, in accordance with the guidelines described in Note 1 above.

COM 1-2023 Appendix 3

Deloitte.

Deloitte LLP Bay Adelaide East 8 Adelaide Street West Suite 200 Toronto ON M5H 0A9 Canada

Tel: 416-601-6150 Fax: 416-601-6151 www.deloitte.ca

Independent Auditor's Report

To the Ontario Ministry of Health and the Ontario Ministry of Long Term Care

Opinion

We have audited Sections A through F, Section I, and Section O of the accompanying 2022 Long-Term Care Home Annual Report of the Regional Municipality of Niagara – The Gilmore Lodge (the "Region") and notes to the Annual Report including a summary of significant accounting policies (collectively referred to as the "Report").

In our opinion, the Report for the Regional Municipality of Niagara – The Gilmore Lodge for the year ended December 31, 2022 is prepared, in all material respects, in accordance with the financial reporting provisions of the 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines dated June 30, 2023 issued by the Ontario Ministry of Health and the Ontario Ministry of Long Term Care and financial reporting provisions of the Hamilton Niagara Haldimand Brant Local Health Integration Network (the "LHIN") Service Accountability Agreement dated April 1, 2019 (collectively referred to as the "Guidelines").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Report* section of our Report. We are independent of the Region in accordance with the ethical requirements that are relevant to our audit of the Report in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 of the Report, which describes the basis of accounting. The Report is prepared to assist the Region in complying with the Guidelines. As a result, the Report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Report

Management is responsible for the preparation of the Report in accordance with the Guidelines and for such internal control as management determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Region's financial reporting process.

Auditor's Responsibilities for the Audit of the Report

Our objectives are to obtain reasonable assurance about whether the Report is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this Report.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Region's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants [DATE]

Ontario Ministry of Long-Term Ministère des Soins d

 2022 Long-Term Care Home Annual Report

 For the period from
 2022-01-01
 to
 2022-12-31

Operator Name Gilmore Lodge - The Regional Municipality of Niagara

Minister des Sons de lengue durée
Facility #
Operator Name
Facility #
Operator Name
Gilmore Lodge - The Regional Municipality o
OH Region Name
Hamilton Niagara Haldimand Brant Local Health Integration Networks

Section A - Level of Care (LOC) Actual Resident Occupancy, Resid	lent Revenue																1	
Resident Days							Resident Revenue										Total Revenue	
Current Revenue Period	January 1 to January 31, 2022 (1a)	February 1 to March 31, 2022 (1b)	April 1 to June 30, 2022 (1c)	July 1 to September 30, 2022 (1d)	October 1 to December 31, 2022 1(e)	Total Days (1f)	Basic Fees January 1 to January 31, 2022 (2a)	Basic Fees February 1 to March 31, 2022 (2b)	Basic Fees April 1 to June 30, 2022 (2c)	Basic Fees July 1 to September 30, 2022 (2d)	Basic Fees October 1 to December 31, 2022 (2e)	the premium charged above the maximum daily rate of	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) February 1 to March 31, 2022 (3b)	to the premium charged above the maximum daily	to the premium charged above the maximum daily	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) October 1 to December 31, 2022 (3e)	Basic Revenue (4a=2a+2b+2c +2d+2e)	Preferred Fees (4b=3a+3b+3c +3d+3e)
Long-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for th June 2022 period from Preferred Fees in columns 3a t 3e	lo 1,000	2,157	3,428	3427	3569	13,669	66,382	137,962	213,702	211,500	225,573	20,466	42,534	65,884	65,205	69,550		
Long-Stay - Semi - Private. Exclude amounts reimbursed at 0.7% o Preferred Fees for the January to June 2022 period and 2.5% for th July to September 2022 period from Preferred Fees in columns 3a t 3e	e					0												
Long-Stay - Basic (Include residents where a placement coordinaton has deemed that the resident who requested basic should be place and or preferred room, and Co-payment waiver residents who requested basic but were placed in a preferred room.)		2,026	3,226	3358	3528	13,194	51,450	104,519	159.620	167.710	182.941							
A004 Long-Stay two-bed room (Shared by spouses)	62	54	182	106		404	3,783	3,358		5,150								
A005 Short-Stay - Respite Care bed converted into a long-stay bed (include long-stay residents occupying converted short-stay respite care beds during the COVID-19 period)						0												
A005a Specialized Unit - approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0												
A005b Specialized Unit - not approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)	5					0												
Total Level of Care Long-Stay, Short Stay-Respite Care Beds A006 converted into long-stay beds and Specialized Unit beds. (Sum of lines A001 through A005b)	2,206	4,237	6,836	6,891	7097	27,267	121,615	245,839	384,670	384,360	408,514	20,466	42,534	65,884	65,205	69,550	0	0
A007 the July to September 2022 period from Preferred Fees in columns 3a to 3d						0												
Interim Short Stay - Semi-Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0												
A009 Interim Short Stay - Basic						0												
A010 Interim Short-Stay - two-bed room (Shared by spouses) Total Level of Care Interim Short-Stay beds (Sum of lines A007	-					0												
A011 Through A010) Convalescent Care Beds converted into long-stay beds. Include long	U	0 0	0	0	0	0	0	U		C		C	0) (0	0	0
A012 stay residents occupying converted convalescent care beds during the COVID-19 period.	9-					0												
A019 A019 A019 A019 A019 A010 A010 A010	e charged if the	basic accommo	dation fee char	ged is less th	han the maxim	um basic acco	mmodation fee											
		1			Resid	ent-Days												
Actual Occupancy of Awarded Beds and Replacement "D" beds, an Upgraded "D" beds during the Fill rate period and the Pre-Move Oc Replacement beds. (to be completed by Licensees operating such t	cupancy Days for		January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Fotal Days (1f)										
Actual Resident-days in lines A001 through A005 that was attribute A020a awarded beds and replacement "D' beds, replacement "B', "C' and Move Occupancy Days for Classified "D" Replacement beds								0										
Actual Resident-days in line A005 that was attributed to awarded by replacement "B", "C" and Upgraded "D" beds during the Fill rate Pe Occupancy Days for Classified "D" Replacement beds								0	~									
		[Resid	ent-Days												

		Resident-Days					
	Orientation/Fill-rate Period - Interim Short-Stay beds	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A021a	Actual Interim Short-Stay bed resident-days in lines A007-A010 during the Fill Period						0
				Resid	ent-Days		

	Actual occupancy of beds approved for Occupancy Reduction Protection (ORP)	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)	
A022a	Actual Resident-days in lines A001-A004 during ORP Period						0	
A022b	Actual Resident-days in line A007-A010 during ORP Period						0	

			Resident Days				
	Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting period	February to March (1a)	April to June (1b)	July to Septemb er (1c)	October to Decembe r (1d)	Total Days (1e)	
A023a	Actual resident days in line A003 (Long-stay basic beds) that was attributed to occupied 3rd and above beds in ward rooms.					C	
A023b	Actual resident days in line A005 (Short-stay respite care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					C	
A023c	Actual resident days in line A009 (Interim short-stay basic) that was attributed to occupied 3rd and above beds in ward rooms.					C	,
A023d	Actual resident days in line A012 (Convalescent care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					C	
					Resid	lent Days	
	Reimbursement for lost preferred revenues as per Section 3.2 of the COVID-19 Emergency Measures Funding Policy. Use lines A024a to A024d as applicable, to report the resident days eligible for reimbursement of lost preferred revenue for the period January 1 to December 31, 2022. Eligible reinder days include: 1 - scular resident days for the period the resident occupies preferred accommodation where in accordance with Section 3.2 of the COVID-19 Emergency Measures Funding Policy (COVID-19 Policy), a particular to contain down that an applicant or a medical leaves is unable to return to their LTC home after the medical leave expires because it is experiencing a COVID-19 downsk, report the resident days for the period where the fees for preferred accommodation are waived until the resident is able to return to the home post-outhreak. The Ministry wite incluses the maximum cost difference sitigated by the Co-Pay Bulletin between		January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	Octobe Decem (1e

	who has requested a basic room should be pilocid in a prefered room; and 2) where if a resident on a metical leaves is unable to return to their LTC horne after the medical neave expires because it is experiencing a COVID-19 outbreak, report the resident days for the period where the fees for prefered accommodation are waived until the resident aisbe to return to the home post-outbreak. The Ministry will reimburse the maximum cost difference slipulated by the Co-Pay Bulletin between a basic room and prefered room rate to the licensee for the period the resident occupies a prefered from AIO NOT report on resident days that may have received reimbursement of lost prefered revenue through the High Intensity Needs Fund.	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)	
A024a	For Newer beds - Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue. Do not report on resident days related to the Co-payment waiver program or, lost preferred revenue reimbursed through the High Intensity Needs Fund.						0	
A024b	For Older beds - Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue. Do not report on resident days related to the Co-payment waiver program or, lost preferred revenue reimbursed through the High Intensity Needs Fund.						0	
	For Newer beds - Semi-Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue. Do not report on resident days related to the Co-payment waiver program or, lost preferred revenue reimbursed through the High Intensity Needs Fund.						0	
A024d	For Older beds - Semi-Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue. Do not report on resident days related to the Co-payment waiver program or, lost preferred revenue reimbursed through the High Intensity Needs Fund.						0	
	ds – beds classified as "NEW" or "A" according to ministry design standards. s – beds classified as "B", "C", "Upgraded D" or "D" according to ministry design			Desir				
	Reimbursement for lost preferred revenues - Co-payment Waiver Program. Use lines A024e through A024h, as applicable, to report the resident days			Kesic	ent Days			

	Reimbursement for lost preferred revenues - Co-payment Waiver Program. Use lines A024 ethrough A024h, as asplicable, to report the resident days eligible under the Co-payment Waiver Program for reimbursement of lost preferred revenue for the period January 1, 2022 to September 30, 2022 where the fees for preferred accommodation are waived. Report only on eligible resident days where the licensee of the LTC home to which a resident is admitted on or before April 10, 2022 under the special pandemic admission rules for patients in public hospitals set out in s. 242 of the Ontario Regulation 246/22 is prohibited from charging that resident any accommodation charges if meeting the applicable conditions set out in s. 296 of the Ontario Regulation 246/22 (e.g. at the time of admission the home was not the resident's first choice). The Ministry will reimburse the maximum cost difference stipulated by the Co-Pay Bulletin between a basic room and preferred room. DO NOT report on resident days already reported in section C and on resident days that may have received reimbursement of lost preferred revenue through the High Intensity Needs Fund.	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)	
A024e	For Newer beds - Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue.						0	
A024f	For Older beds - Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue.	33	64	91	91	32	311	
A024g	For Newer beds - Semi-Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue.						0	
A024h	For Older beds - Semi-Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue.						0	
	ds – beds classified as "NEW" or "A" according to ministry design standards. s – beds classified as "B", "C", "Upgraded D" or "D" according to ministry design ;							

Facility #

2022 Long-Term Care Home Annual Report For the period from 2022-01-01 to 2022-12-31

Ministry of Long-Term Care Ministère des Soins de longue durée

Operator Name H13533

Gilmore Lodge - The Regional Municipality of Niagara

Section A - Level of Care (LOC) Actual Resident Occupancy, Resident Revenue and Resident Bad Debt, continued

Prior Period Revenue	Revenue	For Ministry Use Only
A030 Basic Revenue: July 1, 1994 to December 31, 2021	300	

	Resident Bad Debt on 2022 Basic Accommodation Fee	For Ministry Use Only	
A040	Basic Accommodation Fees - Bad Debt	0	
A041	Collection Costs	0	
A042	Total Bad Debt Costs (A040 + A041)	\$0	

Section B - Actual Other Recoverable Revenue

Sect	ion B - Actual Other Recoverable Revenue		
	Description	Revenue (1)	For Ministry Use Only Recoverable Revenue (2)
B001	Interest Earned	0	
B002	Other LTC Home funding provided by Government	0	
B003	Other: Provide Description	0	
B004	Total - Actual Other Recoverable Revenue (Sum of lines B001 through B003)	\$0	

2022 Long-Term Care Home Annual Report For the period from 2022-01-01 to 2022-12-31

Ministry of Long-Term Care	
Ministère des Soins de longue durée	

 Ministere des Soins de longue durée

 Facility #
 Operator Name : H13533

 Gilmore Lodge - The Regional Municipality of Niagara

 Section C - Actual Expenditures - Nursing and Personal Care

	Nursing and Personal Care (NPC)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
C001	Salaries	3,110,449		3,110,449				0	
C002	Employee Benefits	713,733		713,733				0	
C003	Purchased Services	169,174		169,174				0	
C004	Medical and Nursing Supplies	87,284		87,284				0	
C005	Equipment	18,241		18,241				0	
C006	Physician On-Call Coverage	15,278		15,278				0	
C007	Other	3,623		3,623				0	
C008	Expenditure Recoveries (enter as negative)	(4,110)		(4,110)				-	
C009						\$0	\$0	\$0	

Note: Claim-based not to be included.

	Global Level of Care Funding		LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C010	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nur- expenses. Note: The expenses must also be reported on lines C001 through C009, as appli funding is allocated to the Other Accommodation envelope; unused funding may be retained expenses reported on lines C010, D009, and E004 will be used to inform the allocation of th across the NPC, PSS and NS envelopes	sing and Personal Care cable. 32% of the Global LOC I by the home. The total	214691	

	Registered Nurse (RN) and Registered Practical Nurse (RPN) - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
	Report the total eligible expenses funded from the RN & RPN - BSO initiative. Note: The expenses must also be reported of	n	
C011	lines C001 through C009, as applicable. The total expenses reported on line C011 will be used to determine any unused		
	funding from the RN & RPN - BSO initiative.		

		Personal Support Worker (PSW) - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)	
ſ		Report the total eligible expenses funded from the PSW- BSO initiative. Note: The expenses must also be reported on lines			
	C012	C001 through C009, as applicable. The total expenses reported on line C012 will be used to determine any unused funding			
		from the PSW - BSO initiative.			

	Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: RN/RPN and PSW	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C013	Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for RN/RPN and/or PSW FTE's, and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C013 will be added to the expenses reported on line D011 to determine any unused funding		

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C014	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines C001 through C009, as applicable.		

	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)
C015	Report the total eligible expenses from the NPC envelope and funded directly from additional funding provided for designated specialized units. The expenses must also be reported on lines C001 through C009, as applicable.	

Ministry of Long-Term Care Ministère des Soins de longue dur	ée	For the period from	2022-01-01	to	2022-12-31
Eacility #	Operator Name				

 Facility #
 Operator Name :

 H13533
 Gilmore Lodge - The Regional Municipality of Niagara

 Section D - Actual Expenditures - Program and Support Services

	Program and Support Services (PSS)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
D001	Salaries	223,217		223,217				0	
D002	Employee Benefits	46,553		46,553				0	
D003	Purchased Services	105,611		105,611				0	
D004	Supplies	10,268		10,268				0	
	Equipment	0		0				0	
D006	Other	1,029		1,029				0	
D007	Expenditure Recoveries (enter as negative)			0				0	
D008									

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D009	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Program and Support Services expenses. Note: The expenses must also be reported on lines D001 through D008, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes		
	Additional Healthcare Personnel - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D010	Report the total eligible expenses funded from the Additional Healthcare Personnel - BSO initiative. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D010 will be used to determine any unused funding from the Additional Healthcare Personnel - BSO initiative.		

	Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: Additional Healthcare Personnel	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D011	Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for Additional Healthcare Personnel FTE's and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D011 will be added to the expenses reported on line C013 to determine any unused funding.		

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D012	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines D001 through D008, as applicable.		

	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)
D013	Report the total eligible expenses funded from the Designated Specialized Units - Additional Funding . The expenses must also be reported on lines D001 through D008, as applicable.	

Facility# H13533

Ministry of Long-Term Care

Ministère des Soins de longue durée

Section E - Actual Expenditures - Nutritional Support

Operator Name :

Gilmore Lodge - The Regional Municipality of Niagara

	Nutritional Support	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
E001	Nutritional Support	315,331		315,331				0	
E002	Expenditure Recoveries (enter as negative)	(25,930)		(25,930)				0	
E003									

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)	
E004	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nutritional Suport expenses. Note: The expenses must also be reported on lines E001 through E003, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes			

Section F - Actual Expenditures - Other Accommodation

		LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
	Housekeeping Services (HS)	320146		320146				0	
F002	Building and Property - Operations and Maintenance (B&P-OM)	138599		138599				0	
F003	Dietary Services (DS)	639898		639898				0	
F004	Laundry and Linen Services (L & LS)	152024		152024				0	
F005	General and Administrative (G&A)	749450	380252	1129702				0	
F006	Facility Costs (FC)	433092	18949	452041				0	
F007	Total Other Accommodation Expenditures (Line F001 through Line F006).	\$2,433,209	\$399,201	\$2,832,410		\$0	\$0	\$0	
F008	Total Inadmissible Expenditures, Other Accommodation (includes expenditures reported in line F005 and F006, as applicable, for honorariums, donations, mortgage interest, interest on operating line of credit, other interest, amortization and depreciation.	206642		206642				0	
F009	Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	\$2,226,567	\$399,201	\$2,625,768		\$0	\$0	\$0	

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
F010	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Other Accommodation expenses. Note: The expenses must also be reported on lines F001 through F009, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes		

	Municipal Property Tax	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
F01	Report the total eligible municipal property tax. The expense must also be reported on line F006 and will be used to determine the eligible Municipal Tax Allowance.		

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
F012	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines F001 through F006, as applicable.		

	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)	
F013	Report the total eligible expenses funded from the Designated Specialized Units - Additional Funding . The expenses must also be reported on lines F001 through F009, as applicable.		

2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care	For the period from	-	#########	to #########
Ministère des Soins de longue durée				
Facility #	Operator Name :			
H13533 Gilmore Lodge - The Regional Municipality of Niagara				

Section I: Part A.

Line Ia01a- The Nurse Practitioner in Long-Term Care Home Program

In accordance with the Long-Term Care (LTC) Nurse Practitioner (NP) Program Funding Policy, report on line 1a01a Salary, Benefits, and Overhead expenditures for the Nurse Practitioner position. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022				
			Overhead		
			Expenses -		
	Salary	Benefits	operating	Total Expenditure	
la01a	0	0	0		\$0

Line Ia01b- Attending Nurse Practitioner in Long-Term Care Home Initiative

In accordance with the Attending Nurse Practitioners in Long-Term Care Homes Initiative Funding Policy, report on line 1a01b Salary, Benefits, and Overhead expenditures for the Attending Nurse Practitioner position. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022				
			Overhead Expenses -		
	Salary	Benefits	operating	Total Expenditure	
la01b	0	0	0	\$0	

Line Ia01c- Falls Prevention Equipment Funding Program

In accordance with the Falls Prevention Equipment Funding Policy complete the attestation below as applicable. DO NOT REPORT THE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

Y/N

la01c Funding for the January 1, 2022 to December 31, 2022 period has been used for equipment intended to	
reduce falls or injuries from falls (Y / N).	

Line la01d - Designated Specialized Unit - One-time Start up Funding

In accordance with the Policy: Designation/Revocation of Specialized Units report One-time Specialized Unit Start up costs on line 1a01d. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022	Total Expenditure
la01d		

Ontario	2022 Long-Term Care Home Annual Report			
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Eacility #	Operator Name :			

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H13533	Gilmore Lodge - The Regional Municipality of Niagara
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Section I: Part A. (continued)

Line Ia01e1 - Additional COVID-19 Prevention and Containment Funding

This section refers to the ADM letters of May 7, 2021, August 26, 2021, February 4, 2022, March 21, 2022, for the provision of \$191,595,600, \$346,463,900 (\$56,001,200 for 2020-21 and \$290,462,700 for 2021-22), \$247,000,000 (\$45 million for 2020-21 and \$201,982,800 for 2021-22) and \$143,500,000 (\$7,869,200 for 2020-21 and \$135,614,300 for 2021-22), respectively and the Minister letter of December 22, 2022 for the provision of \$182.1 million in additional one-time emergency funding to long-term care homes.

Report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line Ia01e1. Please note that this instruction applies to incremental expenses not already reported IN SECTIONS C THRU F OR ELSEWHERE IN SECTION I of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 reconciliation.

		Total Expenditure
la01e1	Expenditure for the January 1, 2022 to March 31, 2022 period	313874

Line Ia01e2 - Additional COVID-19 Prevention and Containment Funding

This section refers to the ADM letters of May 2, 2022, September 1, 2022 and Minister letters of December 22, 2022, March 31, 2023 and June 26, 2023 for the provision of \$130,044,000, \$146,622,200, \$182.1 million, \$161,686,800 and \$181,100,000 respectively in additional one-time emergency funding to long-term care homes.

Report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line la01e2. Please note that this instruction applies to incremental expenses not already reported IN SECTIONS C THRU F OR ELSEWHERE IN SECTION I of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

Refer to the Long-Term Care Home Annual Report: Technical Instructions and Guidelines for guidance on the conditions of funding and eligible expenses.

		í i	Total Expenditure
la01e2	Expenditure for the April 1, 2022 to December 31, 2022 period		743170

Line Ia01h1 - Personal Support Worker Temporary Wage Enhancement

This section refers to (a) the ADM letter of November 23, 2021 on the provision of \$164,729,100 in Personal Support Worker Temporary Wage Enhancement funding to long-term care homes and (b) the November 2020 Long-Term Care PSW Temporary Wage Enhancement Funding Policy. For the January 1, 2022 to March 31, 2022 period, report PSW Temporary Wage Enhancement expenditures on line Ia01h1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01h1	Expenditure for the January 1, 2022 to March 31, 2022 period	64044

Line Ia01h2 - Personal Support Worker Temporary and Permanent Wage Enhancement

This section refers to (a) the ADM letter on April 27, 2022 on the provision of \$314,281,000 in Personal Support Worker Temporary Wage Enhancement funding and Personal Support Worker Permanent Wage Enhancement funding to long-term care homes, (b) the April 2022 Long-Term Care PSW Temporary Wage Enhancement Funding Policy, and (c) the April 2022 Long-Term Care PSW Permanent Wage Enhancement Funding Policy . For the April 1, 2022 to December 31, 2022 period, report Personal Support Worker Temporary and Permanent Wage Enhancement on line Ia01h2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 reconciliation.

		Total Expenditure
la01h2	Expenditure for the April 1, 2022 to December 31, 2022 period	257320

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Section I: Part A. (continued)

Line Ia01i1- Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of March 19, 2021 on the provision of \$61,373,400 in Infection and Prevention Control -Minor Capital funding to long-term care homes. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line Ia01i1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01i1	Expenditure for the January 1, 2022 to March 31, 2022 period	51550

Line la01i2 - Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of May 2, 2022 on the provision of \$61,428,600 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line Ia01i2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2022 to March 31, 2022 to March 31, 2022 to March 31, 2022 period for carry over from the April 1, 2021 to March 31, 2022 period to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01i2	Expenditure for the April 1, 2022 to December 31, 2022 period	127765

Line Ia01j1 - Infection and Prevention Control - Personnel and Training

This section refers to the ADM letter of July 16, 2021 on the provision of up to \$30,000,000 in one-time funding during the 2021-2022 funding year to support infection prevention and control capacity in long-term care homes including retaining IPAC professionals and providing IPAC training to LTC home personnel. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Personnel and Training expenditures on line Ia01j1a and Ia01j1b respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01j1a	Expenditure on Personnel for the January 1, 2022 to March 31, 2022 pe	5015
la01j1b	Expenditure on Training for the January 1, 2022 to March 31, 2022 peri	3827

Line Ia01j2 - Infection and Prevention Control - Personnel

This section refers to the ADM letter of May 2, 2022 on the provision of up to \$20,000,000 in one-time funding during the 2022-2023 funding year to support infection prevention and control capacity in long-term care homes to retain IPAC professionals. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Personnel expenditures on line Ia01j2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01j2	Expenditure on Personnel for the April 1, 2022 to December 31, 2022 p	20439

Line Ia01j3 - Infection and Prevention Control - Training

This section refers to the ADM letter of September 29, 2022 on the provision of up to \$26,170,000 in funding for the 2022-2023 funding year to support infection prevention and control training and education. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Training expenditures on line Ia01j3. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01j3	Expenditure on Training for the April 1, 2022 to December 31, 2022 per	26780
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Section I: Part A. (continued)

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Line Ia01k1 - New Long-Term Care Minor Capital Program

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This section refers to the (a) ADM letter of March 19, 2021 on the provision of up to \$23,911,600 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01k1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01k1	Expenditure for the January 1, 2022 to March 31, 2022 period	0

Line Ia01k2 - New Long-Term Care Minor Capital Program

This section refers to the (a) ADM letter of May 2, 2022 on the provision of up to \$26,922,000 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation, plus the amount of funding approved for carry over from the April 1, 2021 to March 31, 2022 period to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01k2	Expenditure for the April 1, 2022 to December 31, 2022 period	64160

Line Ia01m1 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$21,053,600 in funding for the Medication Safety Technology Program, and (b) the April 2021 Long-Term Care Medication Safety Technology Program Funding policy. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01m1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01m1	Expenditure for the January 1, 2022 to March 31, 2022 period	1682

Line Ia01m2 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$28,261,500 in funding for the Medication Safety Technology Program, and (b) the April 2021 Long-Term Care Medication Safety Technology Program Funding policy. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01m2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation plus the amount of funding approved for carry over from the April 1, 2021 to March 31, 2022 period.

		Total Expenditure
la01m2	Expenditure for the April 1, 2022 to December 31, 2022 period	12061

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For the period from lurée Operator Name :

Gilmore Lodge - The Regional Municipality of Niagara

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Section I: Part A. (continued)

Line Ia01p1 - Clinical Decision Support Tools Program

This section refers to the ADM letter of September 29, 2021 on the investment of up to \$3,070,000 in funding in the use of clinical decision support tools to improve the quality of care for residents. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01p1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01p1	Expenditure for the January 1, 2022 to March 31, 2022 period	4347

Line Ia01p2 - Clinical Decision Support Tools Program

This section refers to the ADM letter of May 2, 2022 on the investment of up to \$6,140,000 in funding in the use of clinical decision support tools to improve the quality of care for residents. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01p2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 period in the 2023 reconciliation.

			rotal Expenditure	L
la01p2	Expenditure for the April 1, 2022 to December 31, 2022 period		13042	

Line Ia01q1 - RN, RPN and PSW Staffing Supplement, AHP Staffing Supplement and Supporting Professional Growth Fund

This section refers to the Minister and ADM letters of October 15, 2021 for the 2021-22 fiscal year on the investment of up to \$227,187,500 to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses and Personal Support Workers (RN/RPN/PSW), up to \$42,802,600 to increase the provincewide average hours of direct care by Allied Health Professionals (AHP) and up to \$10,000,000 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the January 1, 2022 to March 31, 2022 period on lines Ia01q1a, Ia01q1b and Ia01q1c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period in the 2021 hours for the November 1, 2021 to December 31, 2021 period and matched against funding provided for the November 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the January 1, 2022 to	
la01q1a	March 31, 2022 period	238877
	AHP Staffing Supplement expenditure for the January 1, 2022 to March 31, 2022	
la01q1b	period	27105
	SPGF expenditure for the January 1, 2022 to March 31, 2022 period	
la01q1c		10638

Line la01q2 - RN, RPN and PSW Staffing Supplement, AHP Staffing Supplement and Supporting Professional Growth Fund

This section refers to the Minister and ADM letters of March 15, 2022 and November 22, 2022 for the 2022-23 fiscal year on the investment of up to \$640,169,300 and up to \$33,304,700 respectively to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses, Personal Support Workers (RN/RPN/PSW) and Allied Health Professionals (AHP), and up to \$10,000,000 and up to \$1,316,600 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the April 1, 2022 to December 31, 2022 period on lines la01q2a, la01q2b and la01q2c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the April 1, 2022 to	
la01q2a	December 31, 2022 period	438020
	AHP Staffing Supplement expenditure for the April 1, 2022 to December 31, 2022	
la01q2b	period	82520
	SPGF expenditure for the April 1, 2022 to December 31, 2022 period	
la01q2c		8358

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Section I: Part A. (continued)

Line Ia01r1 - Temporary Retention Incentive for Nurses

This section refers to the ADM letter of April 26, 2022 on the investment of up to \$56,847,500 in funding for Temporary Retention Incentive for Nurses for 2021-22. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01r1. The expenditure relates to nurses working during the period between February 13, 2022 and April 22, 2022 and employed as of September 1, 2022. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be matched against funding provided for the January 1, 2022 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01r1	Expenditure for the January 1, 2022 to March 31, 2022 period	43477

Line Ia01r2 - Temporary Retention Incentive for Nurses

This section refers to the ADM letter of September 23, 2022 on the investment of up to \$44,000,000 in funding for Temporary Retention Incentive for Nurses for 2022-23. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01r2. The expenditure relates to nurses working during the period between February 13, 2022 and April 22, 2022 and employed as of September 1, 2022. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

			Total Expenditure
la01r2	Expenditure for the April 1, 2022 to December 31, 2022 period		22268

Line la01s1 - Hiring More Nurse Practitioners for Long-Term Care

This section refers to the ADM letter of October 5, 2022 on the investment of up to \$9,984,000 in funding for Hiring More Nurse Practitioners for Long-Term Care for 2022-23. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01s1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01s1	Expenditure for the April 1, 2022 to December 31, 2022 period	0

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Section I: Part B One-time Funding and Other Initiatives.

Use column D to report the expenses applicable to and funded from the funding initiatives below. The expenses reported in column D must not be included in Sections C thru F or Section I: Part A of the LTCH Annual Report.

The items reported in Section I: Part B are to be limited to the expenses that were incurred from January 1, 2022 thru December 31, 2022 only for funding that is received directly by the LTC Home based on the funding provided in the LTCH Payment Calculation Notice. The expenses reported in Section I, Part B are reconciled via alternate processes and shall be excluded from the calculation used to determine the Allowable Subsidy in the 2022 Overall Reconciliation.

Line (A)	Funding Initiative (B)	Description of expenses reported for the January 1, 2022 to December 31, 2022 period (C)	Expenses (D)
lb1	Nurse Led Outreach	Salaries and wages of nurses to ensure timely access to care by LTC Home residents and avoid emergency room and hospital admissions.	0
lb2	High Intensity Needs Fund (HINF) Claims- Based	Claims eligible for reimbursement for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	475,711
lb3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services purchased by LTC Homes.	3,545
lb4	RAI-MDS one- time funding	Claims eligible for reimbursement for the purchase of computer hardware and software, including RAI-MDS software, to meet CIHI reporting requirements.	0
lb5	Peritoneal Dialysis	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.	С
lb6	LTCH Centre of Learning, Research and Innovation Program funding	Claims eligible for reimbursement for the operation of a LTCH Centre of Learning, Research and Innovation program.	C
lb7	OH/LHIN funding from outside the Ministry's BSO investment to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO.	Claims eligible for reimbursement from funding provided by OH/LHIN to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO with funding from outside the Ministry's BSO investment.	C
lb8	Local Priorities Fund	Eligible Local Priorities Fund expenses incurred.	C
	One-time and project funding	Use lines Ib9 through Ib13, column D to report expenses eligible for reimbursement incurred by the home from January 1, 2022 to Dec 2022 for any one-time and project funding, based on the funding p the LTCH Payment Calculation Notice. Report each funding item and provide a description, e.g. Water Quality Testing	ember 31, provided in
lb9	Description:		
lb10	Description:		
lb11	Description:		
lb12	Description:		
lb13	Description:		

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Check if no accrual amounts as of December 31, 2021

Section O - Accrual Report

	NURSING AND PERSONAL CARE				
	Please complete lines O001 through O003, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O001	Salaries	241,516	241,516	304,518	304,518
O002	Employee Benefits	49,793	49,793	63,633	63,633
O003	Other (specify):	51,856	51,856	0	0
O004	TOTAL NURSING AND PERSONAL CARE (sum of lines O001 through O003)	\$343,165	\$343,165	\$368,151	\$368,151

	Program and Support Services	1.				
	Please complete lines O101 through O103, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.		Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
101	Salaries		18,568	18,568	18,347	18,347
102	Employee Benefits		3,931	3,931	4,199	4,199
103	Other (specify):		0	0	0	0
104	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O101 through O103)		\$22,499	\$22,499	\$22,546	\$22,546

	Other Accommodation - To Be Completed by Red-Circled Homes]	
	Please complete lines O201 through O203, as applicable. Include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
201	Salaries				0
202	Employee Benefits				0
203	Other (specify):				0
204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$0	\$0	\$0	\$0



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Section P - Notes to the Report

Significant Accounting Principles

Basis of Accounting

Sections A through F, Section I and Section O of the report have been prepared in accordance with generally accepted accounting principles (GAAP) and applicable legislation, regulations, policies and directives.

If there is no trust account, please check here

and please explain:

Ontario 2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care	For the period from	2022-01-01	to
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 Facility #

 Licensee Name :

H13533 Gilmore Lodge - The Regional Municipality of Niagara Section Q - Licensee's Statement and Approval

The information contained in Sections A through F, Section I, and Section O and P of this Long-Term Care Home Annual Report of (legal name of Licensee)

for the Period from to was provided by management.

2022-12-31

This Report has been prepared in conformity with the basis or bases of accounting described in , Section P - Notes to the Report and adheres to the technical instructions and guidelines as provided by the Ministry of Long-Term Care.

The information contained in this report is in accordance with the service agreement between Ontario Health / Local Health Integration Network and the licensee, any direct funding agreement between the Minister and the licensee, and all applicable policies pertaining to the program funding provided to the home for the period being submitted.

Sections C thru F of the report excludes expenditures, as applicable, for: the development of new long-term care beds awarded by the Ministry, the redevelopment of a Category "D" Home, and redevelopment of Replacement "B", "C" and Upgraded "D" beds. Sections C thru F also excludes, as applicable, expenditures funded from the initiatives reported on in Section I: Part A and Part B.

Systems of internal accounting control are maintained in order to assure the reliability of this financial information. These systems include formal policies and procedures, the careful selection and training of qualified personnel, and an organization providing for appropriate delegation of authority and segregation of responsibilities.

Approved by the Licensee on the	day of		, 20
			(Print Licensee's Name)
	_	By:	
Witness		NAME:	
		TITLE:	

Where the Licensee is a for profit nursing home provide a witness signature.

🕅 Ontario	2022 Long-Term Car	e Home Annual Repo	ort	
Ministry of Long-Term Car	re For the period from	to		
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Facility # Lice	ensee Name			

Independent Auditor's Report

To the Minister of Long-Term Care

Opinion

We have audited Sections A through F, Section I and Section O of the accompanying Long-Term Care Home Annual Report of ______ (the Long-Term Care Home), and

(Name of Long-Term Care Home and legal name of licensee)

a summary of significant accounting policies and other explanatory information for the year ended December 31, (the Report).

In our opinion, the Report has been prepared by the management of the Long-Term Care home based on the financial reporting provisions of the 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines (Guidelines), the service accountability agreement between Ontario Health / Local Health Integration Network and the licensee (LOSAA), the Direct Funding Agreement between the Minister and the Long-Term Care Home (DFA), and all applicable policies and directives (Policies) pertaining to the program funding provided for the year ended December 31.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards (Canadian GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Report section of our report. We are independent of the Long-Term Care Home in accordance with the ethical requirements that are relevant to our audit of the Report in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting and Restriction on Distribution

We draw attention to the fact that the Report has been prepared in accordance with the Guidelines, LOSAA, DFA and Policies. The Report is prepared to assist the Long-Term Care Home in complying with the applicable financial reporting provisions, for the purpose of calculating the allowable subsidy for the year ended December 31. As a result, the Report may not be suitable for another purpose.

Our report is intended solely for the directors of the Long-Term Care Home, the Ministry of Long-Term Care, and the LHIN / Ontario Health and should not be distributed to or be used by parties other than the directors of the Long-Term Care Home, the Ministry of Long-Term Care and the LHIN / Ontario Health. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Report

Management is responsible for the preparation of the Report in accordance with the Guidelines, LOSAA, DFA and Policies, and for such internal control as management determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Audit of the Report

Our objectives are to obtain reasonable assurance about whether the Report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the Report.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgement and maintain professional skepticism throughout the audit. We also

- Identify and assess the risks of material misstatement of the Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Long-Term Care Home's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants

(place)		

(date)

Ontario2022 Long-Term Care Home Annual ReportMinistry of Long-Term CareFor the period from2022-01-01toVE IN the Data Address of Care A

Ministère des Soins de longue durée

 Facility #
 Licensee Name :

 H13533
 Gilmore Lodge - The Regional Municipality of Niagara

Appendix A

Auditor's Report - Statement of Trust Account

To the Minister of Long-Term Care:

We have audited the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) of (legal name of Licensee)

for the period from to

prepared in accordance with the Ontario Regulation 79/10 section 241 or the Ontario Regulation 246/22 section 286. The Statement is the responsibility of the Home's management. Our responsibility is to express an opinion on the Report based upon our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards (Canadian GAAS) under CPA Canada Standards and Guidance Collection. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the Report is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Statement. An audit also includes assessing the significant accounting principles used and the significant estimates made by management, as well as evaluating the overall Statement presentation.

In our opinion, the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) presents fairly, in all material respects, the financial position of the trust fund for the year ended December 31, 2022 and the activity of the funds during the year in accordance with Section 241 of the Ontario Regulation 79/10 under the Ministry of Long-Term Care's Long-Term Care Homes Act, 2007, or Section 286 of the Ontario Regulation 246/22 under the Ministry of Long-Term Care Act, 2021.

	Licensed Public Accountant
(place)	
(date)	

December 31, 2022

1. Basis of accounting

The Report has been prepared in accordance with the financial reporting provisions set out in the following:

- Ontario Ministry of Health and Ontario Ministry of Long-Term Care 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines, dated June 30, 2023; and
- LHIN Service Accountability Agreement dated April 1, 2019.

2. Revenue recognition

Resident revenue and funding from the Ontario Ministry of Health and the Ontario Ministry of Long-Term Care are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the period in with the transactions or events occurred that gave rise to the revenues.

3. Expenditures

Eligible expenditures are recorded in the period incurred, in accordance with the guidelines described in Note 1 above.

COM 1-2024 Appendix 4

Deloitte.

Deloitte LLP Bay Adelaide East 8 Adelaide Street West Suite 200 Toronto ON M5H 0A9 Canada

Tel: 416-601-6150 Fax: 416-601-6151 www.deloitte.ca

Independent Auditor's Report

To the Ontario Ministry of Health and the Ontario Ministry of Long Term Care

Opinion

We have audited Sections A through F, Section I, and Section O of the accompanying 2021 Long-Term Care Home Annual Report of the Regional Municipality of Niagara – Linhaven (the "Region") and notes to the Annual Report including a summary of significant accounting policies (collectively referred to as the "Report").

In our opinion, the Report for the Regional Municipality of Niagara – Linhaven for the year ended December 31, 2022 is prepared, in all material respects, in accordance with the financial reporting provisions of the 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines dated June 30, 2023 issued by the Ontario Ministry of Health and the Ontario Ministry of Long Term Care and financial reporting provisions of the Hamilton Niagara Haldimand Brant Local Health Integration Network (the "LHIN") Service Accountability Agreement dated April 1, 2019 (collectively referred to as the "Guidelines").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Report* section of our Report. We are independent of the Region in accordance with the ethical requirements that are relevant to our audit of the Report in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 of the Report, which describes the basis of accounting. The Report is prepared to assist the Region in complying with the Guidelines. As a result, the Report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Report

Management is responsible for the preparation of the Report in accordance with the Guidelines and for such internal control as management determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Region's financial reporting process.

Auditor's Responsibilities for the Audit of the Report

Our objectives are to obtain reasonable assurance about whether the Report is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this Report.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Region's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants [DATE]

Ontario Ministry of Long-Term Ministère des Soins d

2022-12-31

 Minister det Som de infegre verse Facility #
 Operator Name

 Facility #
 Operator Name

 H11559
 Linhaven - The Regional Municipality of Niag

 OH Region Name
 Hamilton Niagara Haldimand Brant Local Health Integration Neurophysics
 Operator Name Linhaven - The Regional Municipality of Niagara

	A - Level of Care (LOC) Actual Resident Occupancy, Reside			sident Days									Resident Re	venue				Total Revenue		
	Current Revenue Period	January 1 to January 31, 2022 (1a)	February 1 to March 31, 2022 (1b)	April 1 to June 30, 2022 (1c)	July 1 to September 30, 2022 (1d)	October 1 to December 31, 2022 1(e)	Total Days (1f)	Basic Fees January 1 to January 31, 2022 (2a)	Basic Fees February 1 to March 31, 2022 (2b)	Basic Fees April 1 to June 30, 2022 (2c)	Basic Fees July 1 to September 30, 2022 (2d)	Basic Fees October 1 to December 31, 2022 (2e)	the premium charged above the maximum daily rate of	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) February 1 to March 31, 2022 (3b)	to the premium charged above the maximum daily	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) July 1 to September 30, 2022 (3d)	premium charged above the		Preferred Fee	
A001	Long-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	2,442	4,464	7,058	3 7572	8224	29,760	149,123	286,044	439,939	467.340	519,785	47,070	90.668	139,546	148,235	6 165,322	1,862,231	590,841	
A002	Long-Stay - Semi - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	959	1,800	3,021	2955	2772	11,507	58,543	115,266	188,302	182,058		8,151			25,982		719,480	101,33	
A003	Long-Stay - Basic (Include residents where a placement coordinator has deemed that the resident who requested basic should be placed in a preferred room, and Co-payment waiver residents who requested basic but were placed in a preferred room.)	3,158	5,898	9,068	9085	9961	37,170	151,079	287.102	455.345	472,288	527,216						1.893.030		
A004	Long-Stay two-bed room (Shared by spouses)	192	354	458	3 290		1.294	11.263	19 860	24.487								71 674		
A005	Short-Stay - Respite Care bed converted into a long-stay bed (include long-stay residents occupying converted short-stay respite care beds during the COVID-19 period)	31		91	92		273	181	3782									15,311		
A005a	Specialized Unit - approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)	31	115	246	5 216	373	981	1,512	6,806	13,260	10,716	22,791				583	1,793	55.085	2,376	
A005b	Specialized Unit - not approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	(
A006	Total Level of Care Long-Stay, Short Stay-Respite Care Beds converted into long-stay beds and Specialized Unit beds. (Sum of lines A001 through A005b)	6,813	12,690	19,942	2 20,210	21330	80,985	371,701	718,860	1,127,007	1,154,140	1,245,103	55,221	106,721	166,240	174,800	191,568	4,616,811	694,550	
A007	Interim Short-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											0	(
A008	Interim Short Stay - Semi-Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											0	(
	Interim Short Stay - Basic						0											0		
A010 A011	Interim Short-Stay - two-bed room (Shared by spouses) Total Level of Care Interim Short-Stay beds (Sum of lines A007 through A010)	0	0	0	0 0	0	0	0	0		0	C	0	0	0	C	0	0	(
A012	Convalescent Care Beds converted into long-stay beds. Include long- stay residents occupying converted convalescent care beds during the COVID-19 period.						0											0		
A015	The uncharged portion of resident accommodation fees arising from th without an approved rate reduction and the basic accommodation fee and, the variance between the Director approved reduced basic accor less than the Director approved reduced basic accommodation fee .	charged if the	basic accommo	dation fee cha	rged is less that	an the maxim the basic ac	um basic acco	mmodation fee												
	Actual Occupancy of Awarded Beds and Replacement "D" beds, and Upgraded "D" beds during the Fill rate period and the Pre-Move Occu Replacement beds. (to be completed by Licensees operating such be	pancy Days fo		January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Fotal Days (1f)											

				. ,			í i
A020a	Actual Residem-days in lines A001 through A005 that was attributed to the FIII-Rate period for awarded beds and replacement 'D' beds, replacement 'B', 'C' and Upgraded 'D' beds, the Pre- Move Occupancy Days for Classified 'D' Replacement beds						G
A020b	Actual Resident-days in line A005 that was attributed to awarded beds and replacament "D", replacament "B", "C" and Upgraded "D" beds during the Fill rate Period and the Pre-Move Occupancy Days for Classified "D" Replacement beds						C
				Resid	lent-Days		
	Orientation/Fill-rate Period - Interim Short-Stay beds	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A021a	Actual Interim Short-Stay bed resident-days in lines A007-A010 during the Fill Period						0
				Resid	ient-Days		
	Actual occupancy of beds approved for Occupancy Reduction Protection (ORP)	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A022a	Actual Resident-days in lines A001-A004 during ORP Period						0
A022b	Actual Resident-days in line A007-A010 during ORP Period						0

			Resid	lent Days					
	Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting period	February to March (1a)		July to Septemb er (1c)	October to Decembe r (1d)	Total Days (1e)			
A023a	Actual resident days in line A003 (Long-stay basic beds) that was attributed to occupied 3rd and above beds in ward rooms.					C			
A023b	Actual resident days in line A005 (Short-stay respite care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					c			
A023c	Actual resident days in line A009 (Interim short-stay basic) that was attributed to occupied 3rd and above beds in ward rooms.					c			
A023d	Actual resident days in line A012 (Convalescent care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					C			
					Resid	ient Days	-		
	Reimbursement for lost preferred revenues as per Section 3.2 of the COVID-19 Em Measures Funding Policy. Use lines A024a to A024d as applicable, to report there eligible for reimbursement of lost preferred revenue for the period January 11 to Doce . Eligible resident days include: 1) actual resident days for the period January 11 to Doce . Eligible resident days include: 1) actual resident days for the period January 10 boce . Ben to the second sec	sident days mber 31, 2022. ccupies mergency in applicant e if a resident ires because it the fees for post-outbreak. uilletin between pies a preferred is section (see	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)	
A024a	For Newer beds - Private Accommodation report the resident days eligible for reimb preferred revenue. Do not report on resident days related to the Co-payment waiver preferred revenue reimbursed through the High Intensity Needs Fund.	ursement of lost program or, lost						0	
A024b	For Older beds - Private Accommodation report the resident days eligible for reimbu preferred revenue. Do not report on resident days related to the Co-payment waiver preferred revenue reimbursed through the High Intensity Needs Fund.		з	3	o	107	o	113	
A024c	For Newer beds - Semi-Private Accommodation report the resident days eligible for of lost preferred revenue. Do not report on resident days related to the Co-payment v or, lost preferred revenue reimbursed through the High Intensity Needs Fund.	reimbursement vaiver program						0	
A024d	For Older beds - Semi-Private Accommodation report the resident days eligible for r of lost preferred revenue. Do not report on resident days related to the Co-payment v or, lost preferred revenue reimbursed through the High Intensity Needs Fund.	eimbursement vaiver program	31	32	153	247	0	463	
	ds – beds classified as "NEW" or "A" according to ministry design standards. ds – beds classified as "B", "C", "Upgraded D" or "D" according to ministry de s	sign							
	Reimbursement for lost preferred revenues - Co-payment Waiver F	rogram			Resid	lent Days			
	Use lines A024e through A024h, as applicable, to report the reside eligible under the Co-payment Waiver Program for reimbursement preferred revenue for the period January 1, 2022 to September 30, the fees for preferred accommodation are waived. Report only on- resident days where the licensee of the LTC home to which a resid admitted on or before April 10, 2022 under the special pandemics unles for patients in public hospitals set out in s. 244 of the Ontario 246/22 is prohibited from charging that resident any accommodel meeting the applicable conditions set out in s. 296 of the Ontario 246/22 (e.g. at the time of admission the home was not the residen choice). The Ministry will resident compared room. Do an resident days already reported in section C and on resident days have received reinbursement of lost preferred revenue through the Intensity Needs Fund.	nt days of lost 2022 where eligible ant is dmission Regulation in charges if egulation i's first tipulated by to the NOT report s that may High	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (11)	
A024e	For Newer beds - Private Accommodation report the resident days reimbursement of lost preferred revenue.	-	62		91	46	o	307	
A024f	For Older beds - Private Accommodation report the resident days e reimbursement of lost preferred revenue. For Newer beds - Semi-Private Accommodation report the resident	-	135	280	153	103	77	748	
A024g	For Newer beds - Semi-Private Accommodation report the resident eligible for reimbursement of lost preferred revenue. For Older beds - Semi-Private Accommodation report the resident		0		0		0		
A024h	for reimbursement of lost preferred revenue. ds – beds classified as "NEW" or "A" according to ministry design standards.	, , , ,	93	169	109	92	0	463	
	ds - beds classified as "B", "C", "Upgraded D" or "D" according to ministry de	sign							

2022 Long-Term Care Home Annual Report For the period from 2022-01-01 to 2022-12-31

Ministry of Long-Term Care Ministère des Soins de longue durée

Operator Name Facility #

H11559

Linhaven - The Regional Municipality of Niagara

Section A - Level of Care (LOC) Actual Resident Occupancy, Resident Revenue and Resident Bad Debt, continued

	Prior Period Revenue	Revenue	For Ministry Use Only
A030	Basic Revenue: July 1, 1994 to December 31, 2021		

	Resident Bad Debt on 2022 Basic Accommodation Fee	S	For Ministry Use Only
A040	Basic Accommodation Fees - Bad Debt	5,518	
A041	Collection Costs		
A042	Total Bad Debt Costs (A040 + A041)	\$5,518	

Section B - Actual Other Recoverable Revenue

Sect	Section B - Actual Other Recoverable Revenue									
	Description	Revenue (1)	For Ministry Use Only Recoverable Revenue (2)							
B001	Interest Earned									
B002	Other LTC Home funding provided by Government									
B003	Other: Provide Description									
B004	Total - Actual Other Recoverable Revenue (Sum of lines B001 through B003)	\$0								

2022 Long-Term Care Home Annual Report For the period from 2022-01-01 to 2022-12-31

Ministry of Long-Term Care	
Ministère des Soins de longue durée	

Ministère de Facility # H11559 Section

¥		Operator Name :					
59		Linhaven - The Regional Municipality of Niagara	l				
or	n C - Actual Expe	enditures - Nursing and Personal Care					
			LTC and Interim Bed	LTC and Interim Bed Non-Arms-	Sub-Total	For Ministry Use Only	Cor Ca
			Arms-Length	L ength		Allowable	_

	Nursing and Personal Care (NPC)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
C001	Salaries	11,417,329		11,417,329		1,122,069		1,122,069	
C002	Employee Benefits	2,374,065		2,374,065		219,278		219,278	
C003	Purchased Services	21,112		21,112		99,996		99,996	
C004	Medical and Nursing Supplies	222,344		222,344				0	
C005	Equipment	0		0				0	
C006	Physician On-Call Coverage	24,631		24,631				0	
C007	Other	15,631		15,631				0	
C008	Expenditure Recoveries (enter as negative)	(1,186,080)		(1,186,080)				-	
C009						\$1,441,343	\$0	\$1,441,343	

Note: Claim-based not to be included.

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C010	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nursing and Personal Care expenses. Note: The expenses must also be reported on lines C001 through C009, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes		
		595833	53600

	Registered Nurse (RN) and Registered Practical Nurse (RPN) - BSO initiative		LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
	Report the total eligible expenses funded from the RN & RPN - BSO initiative. Note: The expenses m	ust also be reported on		
C011	lines C001 through C009, as applicable. The total expenses reported on line C011 will be used to dete	ermine any unused		
	funding from the RN & RPN - BSO initiative.			

		Personal Support Worker (PSW) - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
ſ		Report the total eligible expenses funded from the PSW- BSO initiative. Note: The expenses must also be reported on lines		
	C012	C001 through C009, as applicable. The total expenses reported on line C012 will be used to determine any unused funding		
		from the PSW - BSO initiative.		

_	Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: RN/RPN and PSW	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C013	Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for RN/RPN and/or PSW FTE's, and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C013 will be added to the expenses reported on line D011 to determine any unused funding		

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C01	A Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines C001 through C009, as applicable.		

	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)	
C015	Report the total eligible expenses from the NPC envelope and funded directly from additional funding provided for designated specialized units. The expenses must also be reported on lines C001 through C009, as applicable.	247653	

Ministry of Long-Term Care
Ministère des Coine de Jeneurs durés

 Ministere des Soins de longue duree

 Facility #
 Operator Name : Linhaven - The Regional Municipality of Niagara

 Section D - Actual Expenditures - Program and Support Services

	Program and Support Services (PSS)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
D001	Salaries	611,983		611,983				0	
D002	Employee Benefits	134,899		134,899				0	
D003	Purchased Services	269,079		269,079				0	
D004	Supplies	9,992		9,992				0	
	Equipment	0		0				0	
D006	Other	3,123		3,123		102,855		102,855	
D007	Expenditure Recoveries (enter as negative)	(102,855)		(102,855)				0	
D008									

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D009	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Program and Support Services expenses. Note: The expenses must also be reported on lines D001 through D008, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes		
	Additional Healthcare Personnel - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D010	Report the total eligible expenses funded from the Additional Healthcare Personnel - BSO initiative. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D010 will be used to determine any unused funding from the Additional Healthcare Personnel - BSO initiative.		

	Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: Additional Healthcare Personnel	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D011	Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for Additional Healthcare Personnel FTE's and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D011 will be added to the expenses reported on line C013 to determine any unused funding.		

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D01	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines D001 through D008, as applicable.		

	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)
D013	Report the total eligible expenses funded from the Designated Specialized Units - Additional Funding . The expenses must also be reported on lines D001 through D008, as applicable.	98000

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Section E - Actual Expenditures - Nutritional Support

	Nutritional Support	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
E001	Nutritional Support	988,661		988,661		77,949		77,949	
E002	Expenditure Recoveries (enter as negative)	(61,682)		(61,682)				0	
E003									

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)	
E004	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nutritional Suport expenses. Note: The expenses must also be reported on lines E001 through E003, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes			

Section F - Actual Expenditures - Other Accommodation

		LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
F001	Housekeeping Services (HS)	1008005		1008005		107881		107881	
F002	Building and Property - Operations and Maintenance (B&P-OM)	386010		386010		28886		28886	
F003	Dietary Services (DS)	1465303		1465303		302068		302068	
F004	Laundry and Linen Services (L & LS)	400982		400982		37652		37652	
F005	General and Administrative (G&A)	1410026	1360701	2770727		164659		164659	
F006	Facility Costs (FC)	1024517	44540	1069057		45633		45633	
F007	Total Other Accommodation Expenditures (Line F001 through Line F006).	\$5,694,843	\$1,405,241	\$7,100,084		\$686,779	\$0	\$686,779	
F008	Total Inadmissible Expenditures, Other Accommodation (includes expenditures reported in line F005 and F006, as applicable, for honorariums, donations, mortgage interest, interest on operating line of credit, other interest, amortization and depreciation.	536034		536034				0	
F009	Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	\$5,158,809	\$1,405,241	\$6,564,050		\$686,779	\$0	\$686,779	

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
F01	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Other Accommodation expenses. Note: The expenses must also be reported on lines F001 through F009, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes		

Municipal Property Tax	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
Report the total eligible municipal property tax. The expense must also be reported on line F006 and will be used to determine the eligible Municipal Tax Allowance.		

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
F012	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines F001 through F006, as applicable.		
	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care	Ţ

	Designated Specialized Units - Additional Funding	Beds) (1)
F	F013 Report the total eligible expenses funded from the Designated Specialized Units - Additional Funding . The must also be reported on lines F001 through F009, as applicable.	The expenses

December 29, 2017

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Section I: Part A.

Line Ia01a- The Nurse Practitioner in Long-Term Care Home Program

In accordance with the Long-Term Care (LTC) Nurse Practitioner (NP) Program Funding Policy, report on line 1a01a Salary, Benefits, and Overhead expenditures for the Nurse Practitioner position. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022					
		Overhead				
			Expenses -			
	Salary	Benefits	operating	Total Expenditure		
la01a					\$0	

Line Ia01b- Attending Nurse Practitioner in Long-Term Care Home Initiative

In accordance with the Attending Nurse Practitioners in Long-Term Care Homes Initiative Funding Policy, report on line 1a01b Salary, Benefits, and Overhead expenditures for the Attending Nurse Practitioner position. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022					
			Overhead			
			Expenses -			
	Salary	Benefits	operating	Total Expenditure		
la01b				\$0		

Line Ia01c- Falls Prevention Equipment Funding Program

In accordance with the Falls Prevention Equipment Funding Policy complete the attestation below as applicable. DO NOT REPORT THE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

Y/N

la01c	c Funding for the January 1, 2022 to December 31, 2022 period has been used for equip	ment intended to	
	reduce falls or injuries from falls (Y / N).		

Line la01d - Designated Specialized Unit - One-time Start up Funding

In accordance with the Policy: Designation/Revocation of Specialized Units report One-time Specialized Unit Start up costs on line 1a01d. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022	Total Expenditure
la01d		

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Section I: Part A. (continued)

Line Ia01e1 - Additional COVID-19 Prevention and Containment Funding

This section refers to the ADM letters of May 7, 2021, August 26, 2021, February 4, 2022, March 21, 2022, for the provision of \$191,595,600, \$346,463,900 (\$56,001,200 for 2020-21 and \$290,462,700 for 2021-22), \$247,000,000 (\$45 million for 2020-21 and \$201,982,800 for 2021-22) and \$143,500,000 (\$7,869,200 for 2020-21 and \$135,614,300 for 2021-22), respectively and the Minister letter of December 22, 2022 for the provision of \$182.1 million in additional one-time emergency funding to long-term care homes.

Report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line Ia01e1. Please note that this instruction applies to incremental expenses not already reported IN SECTIONS C THRU F OR ELSEWHERE IN SECTION I of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 reconciliation.

		Total Expenditure
la01e1	Expenditure for the January 1, 2022 to March 31, 2022 period	845997

Line Ia01e2 - Additional COVID-19 Prevention and Containment Funding

This section refers to the ADM letters of May 2, 2022, September 1, 2022 and Minister letters of December 22, 2022, March 31, 2023 and June 26, 2023 for the provision of \$130,044,000, \$146,622,200, \$182.1 million, \$161,686,800 and \$181,100,000 respectively in additional one-time emergency funding to long-term care homes.

Report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line la01e2. Please note that this instruction applies to incremental expenses not already reported IN SECTIONS C THRU F OR ELSEWHERE IN SECTION I of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

Refer to the Long-Term Care Home Annual Report: Technical Instructions and Guidelines for guidance on the conditions of funding and eligible expenses.

		Total Expenditure
la01e2	Expenditure for the April 1, 2022 to December 31, 2022 period	1492792

Line Ia01h1 - Personal Support Worker Temporary Wage Enhancement

This section refers to (a) the ADM letter of November 23, 2021 on the provision of \$164,729,100 in Personal Support Worker Temporary Wage Enhancement funding to long-term care homes and (b) the November 2020 Long-Term Care PSW Temporary Wage Enhancement Funding Policy. For the January 1, 2022 to March 31, 2022 period, report PSW Temporary Wage Enhancement expenditures on line Ia01h1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01h1	Expenditure for the January 1, 2022 to March 31, 2022 period	210928

Line Ia01h2 - Personal Support Worker Temporary and Permanent Wage Enhancement

This section refers to (a) the ADM letter on April 27, 2022 on the provision of \$314,281,000 in Personal Support Worker Temporary Wage Enhancement funding and Personal Support Worker Permanent Wage Enhancement funding to long-term care homes, (b) the April 2022 Long-Term Care PSW Temporary Wage Enhancement Funding Policy, and (c) the April 2022 Long-Term Care PSW Permanent Wage Enhancement Funding Policy . For the April 1, 2022 to December 31, 2022 period, report Personal Support Worker Temporary and Permanent Wage Enhancement on line Ia01h2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 reconciliation.

		Total Expenditure
la01h2	Expenditure for the April 1, 2022 to December 31, 2022 period	782586

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Section I: Part A. (continued)

Line Ia01i1- Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of March 19, 2021 on the provision of \$61,373,400 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line Ia01i1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure	
la01i1	Expenditure for the January 1, 2022 to March 31, 2022 period	108852	

Line la01i2 - Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of May 2, 2022 on the provision of \$61,428,600 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line Ia01i2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation, plus the amount of funding approved for carry over from the April 1, 2021 to March 31, 2022 period to the April 1, 2022 to March 31, 2023 period.

		Total E	xpenditure
la01i2	Expenditure for the April 1, 2022 to December 31, 2022 period		235416

Line Ia01j1 - Infection and Prevention Control - Personnel and Training

This section refers to the ADM letter of July 16, 2021 on the provision of up to \$30,000,000 in one-time funding during the 2021-2022 funding year to support infection prevention and control capacity in long-term care homes including retaining IPAC professionals and providing IPAC training to LTC home personnel. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Personnel and Training expenditures on line Ia01j1a and Ia01j1b respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01j1a	Expenditure on Personnel for the January 1, 2022 to March 31, 2022 per	15169
la01j1b	Expenditure on Training for the January 1, 2022 to March 31, 2022 period	11578

Line Ia01j2 - Infection and Prevention Control - Personnel

This section refers to the ADM letter of May 2, 2022 on the provision of up to \$20,000,000 in one-time funding during the 2022-2023 funding year to support infection prevention and control capacity in long-term care homes to retain IPAC professionals. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Personnel expenditures on line la01j2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023

	[Total Expenditure
la01j2	Expenditure on Personnel for the April 1, 2022 to December 31, 2022 per	47732

Line Ia01j3 - Infection and Prevention Control - Training

This section refers to the ADM letter of September 29, 2022 on the provision of up to \$26,170,000 in funding for the 2022-2023 funding year to support infection prevention and control training and education. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Training expenditures on line la01j3. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

	ſ	Total Expenditure
la01i3	Expenditure on Training for the April 1, 2022 to December 31, 2022 perio	62538
la01j3	Expenditure on Training for the April 1, 2022 to December 31, 2022 perio	62538

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Section I: Part A. (continued)

Line Ia01k1 - New Long-Term Care Minor Capital Program

This section refers to the (a) ADM letter of March 19, 2021 on the provision of up to \$23,911,600 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line la01k1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01k1	Expenditure for the January 1, 2022 to March 31, 2022 period	41787

Line Ia01k2 - New Long-Term Care Minor Capital Program

This section refers to the (a) ADM letter of May 2, 2022 on the provision of up to \$26,922,000 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line la01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period vill be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation, plus the amount of funding approved for carry over from the April 1, 2021 to March 31, 2022 period to the April 1, 2022 to March 31, 2023 period.

		Total Ex	penditure
la01k2	Expenditure for the April 1, 2022 to December 31, 2022 period		108917

Line Ia01m1 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$21,053,600 in funding for the Medication Safety Technology Program, and (b) the April 2021 Long-Term Care Medication Safety Technology Program Funding policy. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line la01m1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period.

		Total Expenditure
la01m1	Expenditure for the January 1, 2022 to March 31, 2022 period	5215

Line Ia01m2 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$28,261,500 in funding for the Medication Safety Technology Program, and (b) the April 2021 Long-Term Care Medication Safety Technology Program Funding policy. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01m2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period on line la01m2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period on line la01m2. DO NOT REPORT THESE COSTS IN SIGNATION of the April 1, 2022 to December 31, 2022 period on line la01m2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period on line la01m2. DO NOT REPORT THESE COSTS IN SIGNATION of the April 1, 2022 to December 31, 2022 period on line la01m2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period on line la01m2, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation plus the amount of funding approved for carry over from the April 1, 2021 to March 31, 2022 period.

		Total Expenditure
la01m2	Expenditure for the April 1, 2022 to December 31, 2022 period	36863

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Section I: Part A. (continued)

Line Ia01p1 - Clinical Decision Support Tools Program

This section refers to the ADM letter of September 29, 2021 on the investment of up to \$3,070,000 in funding in the use of clinical decision support tools to improve the quality of care for residents. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01p1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01p1	Expenditure for the January 1, 2022 to March 31, 2022 period	13477

Line Ia01p2 - Clinical Decision Support Tools Program

This section refers to the ADM letter of May 2, 2022 on the investment of up to \$6,140,000 in funding in the use of clinical decision support tools to improve the quality of care for residents. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01p2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report, Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

			Total Expendit	ure
la01p2	Expenditure for the April 1, 2022 to December 31, 2022 period			40431

Line la01q1 - RN, RPN and PSW Staffing Supplement, AHP Staffing Supplement and Supporting Professional Growth Fund

This section refers to the Minister and ADM letters of October 15, 2021 for the 2021-22 fiscal year on the investment of up to \$227,187,500 to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses and Personal Support Workers (RN/RPN/PSW), up to \$42,802,600 to increase the provincewide average hours of direct care by Allied Health Professionals (AHP) and up to \$10,000,000 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the January 1, 2022 to March 31, 2022 period on lines la01q1a, la01q1b and la01q1c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the November 1, 2021 to December 31, 2021 period and matched against funding provided for the November 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the January 1, 2022 to	
la01q1a	March 31, 2022 period	435231
	AHP Staffing Supplement expenditure for the January 1, 2022 to March 31, 2022	
la01q1b	period	81993
	SPGF expenditure for the January 1, 2022 to March 31, 2022 period	
la01q1c		19470

Line Ia01q2 - RN, RPN and PSW Staffing Supplement, AHP Staffing Supplement and Supporting Professional Growth Fund

This section refers to the Minister and ADM letters of March 15, 2022 and November 22, 2022 for the 2022-23 fiscal year on the investment of up to \$640,169,300 and up to \$33,304,700 respectively to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses, Personal Support Workers (RN/RPN/PSW) and Allied Health Professionals (AHP), and up to \$10,000,000 and up to \$1,316,600 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the April 1, 2022 to December 31, 2022 period on lines Ia01q2a, Ia01q2b and Ia01q2c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to Drecember 31, 2023 reconciliation.

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the April 1, 2022 to	
la01q2a	December 31, 2022 period	1325019
	AHP Staffing Supplement expenditure for the April 1, 2022 to December 31, 2022	
la01q2b	period	249624
	SPGF expenditure for the April 1, 2022 to December 31, 2022 period	
la01q2c		25290

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Section I: Part A. (continued)

Line Ia01r1 - Temporary Retention Incentive for Nurses

This section refers to the ADM letter of April 26, 2022 on the investment of up to \$56,847,500 in funding for Temporary Retention Incentive for Nurses for 2021-22. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01r1. The expenditure relates to nurses working during the period between February 13, 2022 and April 22, 2022 and employed as of September 1, 2022. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be matched against funding provided for the January 1, 2022 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01r1	Expenditure for the January 1, 2022 to March 31, 2022 period	168673

Line Ia01r2 - Temporary Retention Incentive for Nurses

This section refers to the ADM letter of September 23, 2022 on the investment of up to \$44,000,000 in funding for Temporary Retention Incentive for Nurses for 2022-23. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01r2. The expenditure relates to nurses working during the period between February 13, 2022 and April 22, 2022 and employed as of September 1, 2022. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01r2	Expenditure for the April 1, 2022 to December 31, 2022 period	81054

Line la01s1 - Hiring More Nurse Practitioners for Long-Term Care

This section refers to the ADM letter of October 5, 2022 on the investment of up to \$9,984,000 in funding for Hiring More Nurse Practitioners for Long-Term Care for 2022-23. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01s1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01s1	Expenditure for the April 1, 2022 to December 31, 2022 period	0

2022 Long-Term Care Home	Annual Report
For the period from	202

2022-01-01

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Willinsuy of Long-Territ Gale	Tor the period norm	2022-01-01	10	2022-12-01
Ministère des Soins de longue durée				
Facility #	Operator Name :			
H11559	Linhaven - The Regional Municipality of Niagara			

Section I: Part B One-time Funding and Other Initiatives.

Use column D to report the expenses applicable to and funded from the funding initiatives below. The expenses reported in column D must not be included in Sections C thru F or Section I: Part A of the LTCH Annual Report.

The items reported in Section I: Part B are to be limited to the expenses that were incurred from January 1, 2022 thru December 31, 2022 only for funding that is received directly by the LTC Home based on the funding provided in the LTCH Payment Calculation Notice. The expenses reported in Section I, Part B are reconciled via alternate processes and shall be excluded from the calculation used to determine the Allowable Subsidy in the 2022 Overall Reconciliation.

Line (A)	Funding Initiative (B)	Description of expenses reported for the January 1, 2022 to December 31, 2022 period (C)	Expenses (D)
lb1	Nurse Led Outreach	Salaries and wages of nurses to ensure timely access to care by LTC Home residents and avoid emergency room and hospital admissions.	
lb2	High Intensity Needs Fund (HINF) Claims- Based	Claims eligible for reimbursement for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	188,730
lb3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services purchased by LTC Homes.	13,990
lb4	RAI-MDS one- time funding	Claims eligible for reimbursement for the purchase of computer hardware and software, including RAI-MDS software, to meet CIHI reporting requirements.	
lb5	Peritoneal Dialysis	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.	
lb6	LTCH Centre of Learning, Research and Innovation Program funding	Claims eligible for reimbursement for the operation of a LTCH Centre of Learning, Research and Innovation program.	
lb7	OH/LHIN funding from outside the Ministry's BSO investment to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO.	Claims eligible for reimbursement from funding provided by OH/LHIN to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO with funding from outside the Ministry's BSO investment.	
lb8	Local Priorities Fund	Eligible Local Priorities Fund expenses incurred.	
	One-time and project funding	Use lines Ib9 through Ib13, column D to report expenses eligible for reimbursement incurred by the home from January 1, 2022 to Dec 2022 for any one-time and project funding, based on the funding p the LTCH Payment Calculation Notice. Report each funding item and provide a description, e.g. Water Quality Testing	ember 31, provided in
lb9	Description:		
lb10	Description:		
lb11	Description:		
lb12	Description:		
lb13	Description:		

H11559

Ministry of Long-Term Care

2022-01-01

to

2022-12-31

Ministère des Soins de longue durée Facility #

Licensee Name : Linhaven - The Regional Municipality of Niagara

Check if no accrual amounts as of December 31, 2021

Section O - Accrual Report

	NURSING AND PERSONAL CARE				
	Please complete lines O001 through O003, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O001	Salaries	890,330	890,330	961,784	961,784
O002	Employee Benefits	174,304	174,304	201,120	201,120
O003	Other (specify):	160,410	160,410	0	0
	TOTAL NURSING AND PERSONAL CARE (sum of lines O001 through O003)	\$1,225,044	\$1,225,044	\$1,162,904	\$1,162,904

	Program and Support Services	<u> </u>				
	Please complete lines O101 through O103, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.		Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
01	Salaries		46,116	46,116	55,389	55,389
02	Employee Benefits		10,056	10,056	12,058	12,058
03	Other (specify):		0	0	0	C
ΩA	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines 0101 through 0103)		\$56,172	\$56,172	\$67,447	\$67,447

	Other Accommodation - To Be Completed by Red-Circled Homes]	
	Please complete lines O201 through O203, as applicable. Include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O201	Salaries				0
O202	Employee Benefits				0
O203	Other (specify):				0
0204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$0	\$0	\$0	\$0

Facility #

2022 Long-Term Care H	ome Anr	ual Report
For the period from	2022-01-01	to

Ministry of Long-Term Care Ministère des Soins de longue durée

Licensee Name : Linhaven - The Regional Municipality of Niagara

H11559 Section P - Notes to the Report

Significant Accounting Principles

Basis of Accounting

Sections A through F, Section I principles (GAAP) and applicabl

If there is no trust account, plea

I and Section O of the repor ble legislation, regulations, p	t have been prepared in accordance with generally accepted accounting policies and directives.
ease check here	and please explain:

Ontario 2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care

1 to 2022-12-31

Ministère des Soins de longue durée		
Facility #	Licensee Name :	
H11559	Linhaven - The Regional Municipality of Niagara	
Sect	tion Q - Licensee's Statement and Approval	

The information contained in Sections A through F, Section I, and Section O and P of this Long-Term Care Home Annual Report of (legal name of Licensee)

for the Period from to was provided by management.

This Report has been prepared in conformity with the basis or bases of accounting described in , Section P - Notes to the Report and adheres to the technical instructions and guidelines as provided by the Ministry of Long-Term Care.

The information contained in this report is in accordance with the service agreement between Ontario Health / Local Health Integration Network and the licensee, any direct funding agreement between the Minister and the licensee, and all applicable policies pertaining to the program funding provided to the home for the period being submitted.

Sections C thru F of the report excludes expenditures, as applicable, for: the development of new long-term care beds awarded by the Ministry, the redevelopment of a Category "D" Home, and redevelopment of Replacement "B", "C" and Upgraded "D" beds. Sections C thru F also excludes, as applicable, expenditures funded from the initiatives reported on in Section I: Part A and Part B.

Systems of internal accounting control are maintained in order to assure the reliability of this financial information. These systems include formal policies and procedures, the careful selection and training of qualified personnel, and an organization providing for appropriate delegation of authority and segregation of responsibilities.

Approved by the Licensee on the	day of		, 20
		((Print Licensee's Name)
	_	By:	
Witness	I	NAME:	
		TITLE:	

Where the Licensee is a for profit nursing home provide a witness signature.

Image: Wight of Long-Term Care Care Home Annual Report Ministry of Long-Term Care For the period from to Ministère des Soins de longue durée to Facility # Licensee Name

Independent Auditor's Report

To the Minister of Long-Term Care

Opinion

We have audited Sections A through F, Section I and Section O of the accompanying Long-Term Care Home Annual Report of _____ (the Long-Term Care Home), and

(Name of Long-Term Care Home and legal name of licensee)

a summary of significant accounting policies and other explanatory information for the year ended December 31, (the Report).

In our opinion, the Report has been prepared by the management of the Long-Term Care home based on the financial reporting provisions of the 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines (Guidelines), the service accountability agreement between Ontario Health / Local Health Integration Network and the licensee (LOSAA), the Direct Funding Agreement between the Minister and the Long-Term Care Home (DFA), and all applicable policies and directives (Policies) pertaining to the program funding provided for the year ended December 31.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards (Canadian GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Report section of our report. We are independent of the Long-Term Care Home in accordance with the ethical requirements that are relevant to our audit of the Report in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting and Restriction on Distribution

We draw attention to the fact that the Report has been prepared in accordance with the Guidelines, LOSAA, DFA and Policies. The Report is prepared to assist the Long-Term Care Home in complying with the applicable financial reporting provisions, for the purpose of calculating the allowable subsidy for the year ended December 31. As a result, the Report may not be suitable for another purpose.

Our report is intended solely for the directors of the Long-Term Care Home, the Ministry of Long-Term Care, and the LHIN / Ontario Health and should not be distributed to or be used by parties other than the directors of the Long-Term Care Home, the Ministry of Long-Term Care and the LHIN / Ontario Health. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Report

Management is responsible for the preparation of the Report in accordance with the Guidelines, LOSAA, DFA and Policies, and for such internal control as management determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Audit of the Report

Our objectives are to obtain reasonable assurance about whether the Report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the Report.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgement and maintain professional skepticism throughout the audit. We also

- Identify and assess the risks of material misstatement of the Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Long-Term Care Home's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.

- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants

(place)

(date)

Ontario	2022 Long-Term Care Home Annual Report		
Ministry of Long-Term Care	For the period from 2022-01-01 to 2022-12-31		
Ministère des Soins de longue durée			
Facility #	Licensee Name :		
H11559	Linhaven - The Regional Municipality of Niagara		
Appendix A			

Auditor's Report - Statement of Trust Account

To the Minister of Long-Term Care:

We have audited the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) of (legal name of Licensee)

for the period from to

prepared in accordance with the Ontario Regulation 79/10 section 241 or the Ontario Regulation 246/22 section 286. The Statement is the responsibility of the Home's management. Our responsibility is to express an opinion on the Report based upon our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards (Canadian GAAS) under CPA Canada Standards and Guidance Collection. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the Report is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Statement. An audit also includes assessing the significant accounting principles used and the significant estimates made by management, as well as evaluating the overall Statement presentation.

In our opinion, the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) presents fairly, in all material respects, the financial position of the trust fund for the year ended December 31, 2022 and the activity of the funds during the year in accordance with Section 241 of the Ontario Regulation 79/10 under the Ministry of Long-Term Care's Long-Term Care Homes Act, 2007, or Section 286 of the Ontario Regulation 246/22 under the Ministry of Long-Term Care Act, 2021.

	Licensed Public Accountant
(place)	
(date)	

1. Basis of accounting

The Report has been prepared in accordance with the financial reporting provisions set out in the following:

- Ontario Ministry of Health and Ontario Ministry of Long-Term Care 2021 Long-Term Care Home Annual Report Technical Instructions and Guidelines, dated June 30, 2023; and
- LHIN Service Accountability Agreement dated April 1, 2019.

2. Revenue recognition

Resident revenue and funding from the Ontario Ministry of Health and the Ontario Ministry of Long-Term Care are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the period in with the transactions or events occurred that gave rise to the revenues.

3. Expenditures

Eligible expenditures are recorded in the period incurred, in accordance with the guidelines described in Note 1 above.

COM 1 - 2024 Appendix 5

Deloitte.

Deloitte LLP Bay Adelaide East 8 Adelaide Street West Suite 200 Toronto ON M5H 0A9 Canada

Tel: 416-601-6150 Fax: 416-601-6151 www.deloitte.ca

Independent Auditor's Report

To the Ontario Ministry of Health and the Ontario Ministry of Long Term Care

Opinion

We have audited Sections A through F, Section I, and Section O of the accompanying 2022 Long-Term Care Home Annual Report of the Regional Municipality of Niagara – The Meadows of Dorchester (the "Region") and notes to the Annual Report including a summary of significant accounting policies (collectively referred to as the "Report").

In our opinion, the Report for the Regional Municipality of Niagara – The Meadows of Dorchester for the year ended December 31, 2022 is prepared, in all material respects, in accordance with the financial reporting provisions of the 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines dated June 30, 2023 issued by the Ontario Ministry of Health and the Ontario Ministry of Long Term Care and financial reporting provisions of the Hamilton Niagara Haldimand Brant Local Health Integration Network (the "LHIN") Service Accountability Agreement dated April 1, 2019 (collectively referred to as the "Guidelines").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Report* section of our Report. We are independent of the Region in accordance with the ethical requirements that are relevant to our audit of the Report in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 of the Report, which describes the basis of accounting. The Report is prepared to assist the Region in complying with the Guidelines. As a result, the Report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Report

Management is responsible for the preparation of the Report in accordance with the Guidelines and for such internal control as management determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Region's financial reporting process.

Auditor's Responsibilities for the Audit of the Report

Our objectives are to obtain reasonable assurance about whether the Report is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this Report.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Region's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants [DATE]

Ontario	2022 Long-T	erm Care Home Annual Report	
Ministry of Long-Term Care Ministère des Soins de longue	For the period from	2022-01-01	to
Facility #	Operator Name		
H11540	Meadows of Dorchester (The) - The Regional Municipality of Niagara		

OH Region Name Hamilton Niagara Haldimand Brant Local Health Integration Network

Section A - Level of Care (LOC) Actual Resident Occupancy, Resident Revenue and Resident Bad Debt	

	- Level of Care (LOC) Actual Resident Occupancy, Reside			sident Days				Resident Revenue						Total F	tevenue				
	Current Revenue Period	January 1 to January 31, 2022 (1a)	February 1 to March 31, 2022 (1b)	April 1 to June 30, 2022 (1c)	July 1 to September 30, 2022 (1d)	October 1 to December 31, 2022 1(e)	Total Days (1f)	Basic Fees January 1 to January 31, 2022 (2a)	Basic Fees February 1 to March 31, 2022 (2b)	Basic Fees April 1 to June 30, 2022 (2c)	Basic Fees July 1 to September 30, 2022 (2d)	Basic Fees October 1 to December 31, 2022 (2e)	the premium charged above the maximum daily rate of	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) February 1 to March 31, 2022 (3b)	to the premium charged above the maximum daily	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) July 1 to September 30, 2022 (3d)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) October 1 to December 31, 2022 (3e)	Basic Revenue	Preferred Fees (4b=3a+3b+3c +3d+3e)
A001	Long-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	1,368	2,649	4,030	4170	4361	16,578	83,503	169,695	5 251,280	257,239	275,622	35,548	72,249	107,005	109,699	117,767	1,037,339	442,268
A002	Long-Stay - Semi - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	403	739	1,180	1278	1305	4,905	24,587	47,283	3 73,523	78,958	82,483	4,989	9,589	14,917	16,034	16,825	306,834	62,354
A003	Long-Stay - Basic (Include residents where a placement coordinator has deemed that the resident who requested basic should be placed in a preferred room, and Co-payment waiver residents who requested basic but were placed in a preferred room.)	1,461	3,012	4,690	4612	4745	18,520	71,926	151,654	234.204	234,830	246,868						939,482	
A004	Long-Stay two-bed room (Shared by spouses)	124	236	326	300		986	7,565	15,130			210,000						61.536	
A005	Short-Stay - Respite Care bed converted into a long-stay bed (include long-stay residents occupying converted short-stay respite care beds during the COVID-19 period)						0											0	
A005a	Specialized Unit - approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	0
A005b	Specialized Unit - not approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	0
A006	Total Level of Care Long-Stay, Short Stay-Respite Care Beds converted into long-stay beds and Specialized Unit beds. (Sum of lines A001 through A005b)	3,356	6,636	10,226	10,360	10411	40,989	187,581	383,762	579,360	589,515	604,973	40,537	81,838	121,922	125,733	134,592	2,345,191	504,622
A007	Interim Short-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											0	0
A008	Interim Short Stay - Semi-Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											0	0
	Interim Short Stay - Basic	31	59	91	92	92	365	1,891	3783	5674	5,674	5,815						22,837	
A010 A011	Interim Short-Stay - two-bed room (Shared by spouses) Total Level of Care Interim Short-Stay beds (Sum of lines A007 through A010)	31	59	91	92	92	0 365	1,891	3,783	5,674	5674	5815	i C	0	0	0	0	22,837	0
A012	Convalescent Care Beds converted into long-stay beds. Include long- stay residents occupying converted convalescent care beds during the COVID-19 period.						0											0	0

2022-12-31

The uncharged portion of resident accommodation fees arising from the variance between the maximum basic accommodation fee which should be charged to residents without an approved rate reduction and the basic accommodation fee charged if the basic accommodation fee charged is less than the maximum basic accommodation fee and the basic accommodation fee charged is less than the Director approved reduced basic accommodation fee and the basic accommodation fee charged is less than the Director approved reduced basic accommodation fee and the basic accommodation fee and the basic accommodation fee charged is less than the Director approved reduced basic accommodation fee and the basic accommodation fee charged is less than the Director approved reduced basic accommodation fee .

				Resid	lent-Days	<u> </u>	
	Actual Occupancy of Awarded Beds and Replacement "D" beds, and Replacement "B", "C" and Upgraded "D" beds during the Fill rate period and the Pre-Move Occupancy Days for Classified "D" Replacement beds. (to be completed by Licensees operating such beds)	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A020a	Actual Resident-days in lines A001 through A005 that was attributed to the Fill-Rate period for awarded beds and replacement "D" beds, replacement "B", "C" and Upgraded "D" beds, the Pre- Move Occupancy Days for Classified "D" Replacement beds						0
A020b	Actual Resident-days in line A005 that was attributed to awarded beds and replacement "D", replacement "B", "C" and Upgraded "D" beds during the Fill rate Period and the Pre-Move Occupancy Days for Classified "D" Replacement beds						0
				Resid	lent-Days		
	Orientation/Fill-rate Period - Interim Short-Stay beds	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A021a	Actual Interim Short-Stay bed resident-days in lines A007-A010 during the Fill Period						0
				Resid	lent-Days		
	Actual occupancy of beds approved for Occupancy Reduction Protection (ORP)	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A022a	Actual Resident-days in lines A001-A004 during ORP Period						0
A022b	Actual Resident-days in line A007-A010 during ORP Period						0

			Resid	ent Days			_				
	Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting period	February to March (1a)	April to June (1b)	July to Septemb er (1c)	October to Decembe r (1d)	Total Days (1e)	5				
\023a	Actual resident days in line A003 (Long-stay basic beds) that was attributed to occupied 3rd and above beds in ward rooms.					(D				
.023b	Actual resident days in line A005 (Short-stay respite care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					(D				
.023c	Actual resident days in line A009 (Interim short-stay basic) that was attributed to occupied 3rd and above beds in ward rooms.					(D				
023d	Actual resident days in line A012 (Convalescent care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					(D				
					Resid	lent Days	_				
	Reimbursement for lost preferred revenues as per Section 3.2 of the COVID-19 Emer Measures Funding Policy. Use lines A024a to A024d as applicable, to report the reis eligible for reimbursement of lost preferred revenue for the period January 16 Docern Eligible resident days include: 1) actual resident days for the period the resident door perfered accommodation where in accordance with Socion 3.2 of the COVID-19 Em Measures Funding Policy (COVID-19 Policy), a placement coordinator deems that an has requested a basic room should be placed in a preferred room; and 2) where if a 1 medical leave is unable to return to their LTC home after the medical leave expires be experiencing a COVID-19 outcreat, report the resident days for the period where their preferred accommodation are waived until the resident is able to return to the home p a basic room and preferred room; rate to the licensee for the period the resident cocry and partice to resident days under the Co-Pap BL a basic room and preferred room rate to the licensee for the period the resident cocry socild on the sident days under the Co-Pap RL a basic room and preferred room rate to the licensee for the period the resident cocry socild on the sident days that may have received reimbursement of lost pr revenue through the High lintensity Needs Fund.	dent days ber 31, 2022. supies ergency applicant who esident on a locause it is fees for ost-outbreak. Illetin between ies a preferred s section (see	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (11)		Ś	
A024a	For Newer beds - Private Accommodation report the resident days eligible for reimbur preferred revenue. Do not report on resident days related to the Co-payment waiver pr preferred revenue reimbursed through the High Intensity Needs Fund.	rsement of lost rogram or, lost	131	338	466	44	5 479	1,859	,		
A024b	For Older beds - Private Accommodation report the resident days eligible for reimburs preferred revenue. Do not report on resident days related to the Co-payment waiver pr preferred revenue reimbursed through the High Intensity Needs Fund.	sement of lost rogram or, lost						0			
024c	For Newer beds - Semi-Private Accommodation report the resident days eligible for rr of lost preferred revenue. Do not report on resident days related to the Co-payment wa or, lost preferred revenue reimbursed through the High Intensity Needs Fund.		57	175	271	12	5 92	720			
A024d	For Older beds - Semi-Private Accommodation report the resident days eligible for rei of lost preferred revenue. Do not report on resident days related to the Co-payment wa or, lost preferred revenue reimbursed through the High Intensity Needs Fund.	mbursement aiver program						0			
	s – beds classified as "NEW" or "A" according to ministry design standards. s – beds classified as "B", "C", "Upgraded D" or "D" according to ministry des	ign			Resid	ent Days					
	Reimbursement for lost preferred revenues - Co-payment Waiver Pr lines A024e through A024h, as applicable, to report the resident day under the Co-payment Waiver Program for reimbursement of lost pr revenue for the period January 1, 2022 to September 30, 2022 where for preferred accommodation are waived. Report only on eligible res where the licensee of the LTC home to which a resident is admitted before April 10, 2022 under the special pandemic admission rules fo in public hospitals set out in s. 242 of the Ontario Regulation 246/22 prohibited from charging that resident any accommodation charges the applicable conditions set out in s. 296 of the Ontario Regulation (e.g. at the time of admission the home was not the resident's first o Ministry will reimburse the maximum cost difference stipulated by th Bulletin between a basic room and preferred room. DO NOT report on re already reported in section C and on resident days that may have re reimbursement of lost preferred revenue through the High Intensity N Fund.	s eligible eferred e the fees sident days on or r patients is if meeting 246/22 hoice). The e Co-Pay æ for the sident days ceived	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)			
A024e	For Newer beds - Private Accommodation report the resident days e reimbursement of lost preferred revenue.	ligible for	31	59	91	3	2 31	244			
\024f	For Older beds - Private Accommodation report the resident days el reimbursement of lost preferred revenue. For Newer beds - Semi-Private Accommodation report the resident of							0			
A024g	for reimbursement of lost preferred revenue.	ays engine	0	52	91	93	2 61	296			

2022 Long-Term Care Home Annual Report

For the period from 2022-01-01 to 2022-12-31

Ministry of Long-Term Care Ministère des Soins de longue durée Operator Name

Facility # H11540

Meadows of Dorchester (The) - The Regional Municipality of Niagara

Section A - Level of Care (LOC) Actual Resident Occupancy, Resident Revenue and Resident Bad Debt, continued

Prior Period Revenue	Revenue	For Ministry Use Only
A030 Basic Revenue: July 1, 1994 to December 31, 2021	43,463	

	Resident Bad Debt on 2022 Basic Accommodation Fee	For Ministry Use Only	
A040	Basic Accommodation Fees - Bad Debt		
A041	Collection Costs		
A042	Total Bad Debt Costs (A040 + A041)	\$0	

Section B - Actual Other Recoverable Revenue

	Description	Revenue (1)	For Ministry Use Only Recoverable Revenue (2)
B001	Interest Earned		
B002	Other LTC Home funding provided by Government		
B003	Other: Provide Description	$ \wedge $	
B004	Total - Actual Other Recoverable Revenue (Sum of lines B001 through B003)	\$0	

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Ministry of Long-Term Care	For the period from	2022-01-01	to	2022-12-31	
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 H11540
 Meadows of Dorchester (The) - The Regional Municipality of Niagara

 Section C - Actual Expenditures - Nursing and Personal Care

	Nursing and Personal Care (NPC)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
C001	Salaries	4,667,324		4,667,324				0	
C002	Employee Benefits	1,088,342		1,088,342				0	
C003	Purchased Services	153,262		153,262				0	
C004	Medical and Nursing Supplies	115,906		115,906				0	
C005	Equipment	22,001		22,001				0	
C006	Physician On-Call Coverage	14,225		14,225				0	
C007	Other	7,205		7,205				0	
C008	Expenditure Recoveries (enter as negative)	(6,492)		(6,492)				-	
C009						\$0	\$0	\$0	

Note: Claim-based not to be included.

		Convalescent Care Beds) (1)	Convalescent Care beds only (2)
Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.2 March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nursing expenses. Note: The expenses must also be reported on lines C001 through C009, as applicable funding is allocated to the Other Accommodation envelope; unused funding may be retained by expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the rer across the NPC, PSS and NS envelopes	and Personal Care le. 32% of the Global LOC the home. The total	324716	

	Registered Nurse (RN) and Registered Practical Nurse (RPN) - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C011	Report the total eligible expenses funded from the RN & RPN - BSO initiative. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C011 will be used to determine any unused funding from the RN & RPN - BSO initiative.		

	Personal Support Worker (PSW) - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
	Report the total eligible expenses funded from the PSW- BSO initiative. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C012 will be used to determine any unused funding		
	from the PSW - BSO initiative.		

	Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: RN/RPN and PSW	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C013	Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for RN/RPN and/or PSW FTE's, and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C013 will be added to the expenses reported on line D011 to determine any unused funding		

Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines C001 through C009, as applicable.		

		Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)
	C015	Report the total eligible expenses from the NPC envelope and funded directly from additional funding provided for designated specialized units. The expenses must also be reported on lines C001 through C009, as applicable.	

 Ministry of Long-Term Care
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 Section D - Actual Expenditures - Program and Support Services

	Program and Support Services (PSS)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-total	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
D001	Salaries	319,287		319,287				0	
D002	Employee Benefits	75,109		75,109				0	
D003	Purchased Services	156,639		156,639				0	
D004	Supplies	8,004		8,004				0	
	Equipment	737		737				0	
D006	Other	1,455		1,455				0	
D007	Expenditure Recoveries (enter as negative)			0				0	
D008									

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D009	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Program and Support Services expenses. Note: The expenses must also be reported on lines D001 through D008, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes		
	Additional Healthcare Personnel - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D010	Report the total eligible expenses funded from the Additional Healthcare Personnel - BSO initiative. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D010 will be used to determine any unused funding from the Additional Healthcare Personnel - BSO initiative.		
	Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: Additional Healthcare Personnel	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D011	Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for Additional Healthcare Personnel FTE's and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D011 will be added to the expenses reported on line C013 to determine any unused funding.		

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D012	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines D001 through D008, as applicable.		

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	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)
D013	Report the total eligible expenses funded from the Designated Specialized Units - Additional Funding . The expenses must also be reported on lines D001 through D008, as applicable.	

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H11540 Meadows of Dorchester (The) - The Regional Municipality of Niagara

Section E - Actual Expenditures - Nutritional Support

	Nutritional Support	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
E001	Nutritional Support	573,137		573,137				0	
E002	Expenditure Recoveries (enter as negative)	(30,938)		(30,938)				0	
E003									

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
E004	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nutritional Suport expenses. Note: The expenses must also be reported on lines E001 through E003, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes		

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Section F - Actual Expenditures - Other Accommodation

		LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
F001	Housekeeping Services (HS)	618486		618486				0	
	Building and Property - Operations and Maintenance (B&P-OM)	213403		213403				0	
F003	Dietary Services (DS)	880469		880469				0	
F004	Laundry and Linen Services (L & LS)	202012		202012				0	
F005	General and Administrative (G&A)	880836	594425	1475261				0	
F006	Facility Costs (FC)	817151	21633	838784				0	
	Total Other Accommodation Expenditures (Line F001 through Line F006).	\$3,612,357	\$616,058	\$4,228,415		\$0	\$0	\$0	
	Total Inadmissible Expenditures, Other Accommodation (includes expenditures reported in line F005 and F006, as applicable, for honorariums, donations, mortgage interest, interest on operating line of credit, other interest, amortization and depreciation.	525933		525933				0	
F009	Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	\$3,086,424	\$616,058	\$3,702,482		\$0	\$0	\$0	

		Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)	
ſ	F010	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Other Accommodation expenses. Note: The expenses must also be reported on lines F009 favore applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be relained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes			

Municipal Property Tax	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
Report the total eligible municipal property tax. The expense must also be reported on line F006 and will be used to determine the eligible Municipal Tax Allowance.		

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
F012	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines F001 through F006, as applicable.		
	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)	

F013 Report the total eligible expenses funded from the Designated Specialized Units - Additional Funding . The expenses must also be reported on lines F001 through F009, as applicable.

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Section I: Part A.

Line Ia01a- The Nurse Practitioner in Long-Term Care Home Program

In accordance with the Long-Term Care (LTC) Nurse Practitioner (NP) Program Funding Policy, report on line 1a01a Salary, Benefits, and Overhead expenditures for the Nurse Practitioner position. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022					
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure		
la01a					\$0	

Line Ia01b- Attending Nurse Practitioner in Long-Term Care Home Initiative

In accordance with the Attending Nurse Practitioners in Long-Term Care Homes Initiative Funding Policy, report on line 1a01b Salary, Benefits, and Overhead expenditures for the Attending Nurse Practitioner position. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022					
	Salarv	Benefits	Overhead Expenses - operating	Total Expenditure		
	Calary	Denenta	operating			
la01b				\$0		

Line Ia01c- Falls Prevention Equipment Funding Program

In accordance with the Falls Prevention Equipment Funding Policy complete the attestation below as applicable. DO NOT REPORT THE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

		Y / N
la01c	Funding for the January 1, 2022 to December 31, 2022 period has been used for equipment intended to reduce falls or injuries from falls (Y / N).	1

Line la01d - Designated Specialized Unit - One-time Start up Funding

In accordance with the Policy: Designation/Revocation of Specialized Units report One-time Specialized Unit Start up costs on line 1a01d. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022	Total Expenditure
la01d		

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Line Ia01e1 - Additional COVID-19 Prevention and Containment Funding

This section refers to the ADM letters of May 7, 2021, August 26, 2021, February 4, 2022, March 21, 2022, for the provision of \$191,595,600, \$346,463,900 (\$56,001,200 for 2020-21 and \$290,462,700 for 2021-22), \$247,000,000 (\$45 million for 2020-21 and \$201,982,800 for 2021-22) and \$143,500,000 (\$7,869,200 for 2020-21 and \$135,614,300 for 2021-22), respectively and the Minister letter of December 22, 2022 for the provision of \$182.1 million in additional one-time emergency funding to long-term care homes.

Report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line Ia01e1. Please note that this instruction applies to incremental expenses not already reported IN SECTIONS C THRU F OR ELSEWHERE IN SECTION I of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

Refer to the Long-Term Care Home Annual Report: Technical Instructions and Guidelines for guidance on the conditions of funding and eligible expenses.

		Total Expenditure
la01e1	Expenditure for the January 1, 2022 to March 31, 2022 period	385480
-		

Line Ia01e2 - Additional COVID-19 Prevention and Containment Funding

This section refers to the ADM letters of May 2, 2022, September 1, 2022 and Minister letters of December 22, 2022, March 31, 2023 and June 26, 2023 for the provision of \$130,044,000, \$146,622,200, \$182.1 million, \$161,686,800 and \$181,100,000 respectively in additional one-time emergency funding to long-term care homes.

Report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line Ia01e2. Please note that this instruction applies to incremental expenses not already reported IN SECTIONS C THRU F OR ELSEWHERE IN SECTION I of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

Refer to the Long-Term Care Home Annual Report: Technical Instructions and Guidelines for guidance on the conditions of funding and eligible expenses.

		Total Expenditure
la01e2	Expenditure for the April 1, 2022 to December 31, 2022 period	1005486
100102		 10004

Line la01h1 - Personal Support Worker Temporary Wage Enhancement

This section refers to (a) the ADM letter of November 23, 2021 on the provision of \$164,729,100 in Personal Support Worker Temporary Wage Enhancement funding to long-term care homes and (b) the November 2020 Long-Term Care PSW Temporary Wage Enhancement Funding Policy. For the January 1, 2022 to March 31, 2022 period, report PSW Temporary Wage Enhancement expenditures on line la01h1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 period in the 2021 Annual Report.

		Total Expenditure
la01h1	Expenditure for the January 1, 2022 to March 31, 2022 period	96942

Line Ia01h2 - Personal Support Worker Temporary and Permanent Wage Enhancement

This section refers to (a) the ADM letter on April 27, 2022 on the provision of \$314,281,000 in Personal Support Worker Temporary Wage Enhancement funding and Personal Support Worker Permanent Wage Enhancement funding to long-term care homes, (b) the April 2022 Long-Term Care PSW Temporary Wage Enhancement Funding Policy, and (c) the April 2022 Long-Term Care PSW Permanent Wage Enhancement Funding Policy . For the April 1, 2022 to December 31, 2022 period, report Personal Support Worker Temporary and Permanent Wage Enhancement on line Ia01h2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01h2	Expenditure for the April 1, 2022 to December 31, 2022 period	364406

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Line la01i1- Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of March 19, 2021 on the provision of \$61,373,400 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line Ia01i1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01i1	Expenditure for the January 1, 2022 to March 31, 2022 period	22107

Line Ia01i2 - Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of May 2, 2022 on the provision of \$61,428,600 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line la01i2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period will be added to expenditure reported in the 2023 period in the 2023 period in the 2023 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01i2	Expenditure for the April 1, 2022 to December 31, 2022 period	68784

Line la01j1 - Infection and Prevention Control - Personnel and Training

This section refers to the ADM letter of July 16, 2021 on the provision of up to \$30,000,000 in one-time funding during the 2021-2022 funding year to support infection prevention and control capacity in long-term care homes including retaining IPAC professionals and providing IPAC training to LTC home personnel. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Personnel and Training expenditures on line la01j1a and la01j1b respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01j1a	Expenditure on Personnel for the January 1, 2022 to March 31, 2022 per	7585
la01j1b	Expenditure on Training for the January 1, 2022 to March 31, 2022 period	5789

Line Ia01j2 - Infection and Prevention Control - Personnel

This section refers to the ADM letter of May 2, 2022 on the provision of up to \$20,000,000 in one-time funding during the 2022-2023 funding year to support infection prevention and control capacity in long-term care homes to retain IPAC professionals. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Personnel expenditures on line Ia01j2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01j2	Expenditure on Personnel for the April 1, 2022 to December 31, 2022 per	22425

Line Ia01j3 - Infection and Prevention Control - Training

This section refers to the ADM letter of September 29, 2022 on the provision of up to \$26,170,000 in funding for the 2022-2023 funding year to support infection prevention and control training and education. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Training expenditures on line la013. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01j3	Expenditure on Training for the April 1, 2022 to December 31, 2022 perio	29381

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Line Ia01k1 - New Long-Term Care Minor Capital Program

This section refers to the (a) ADM letter of March 19, 2021 on the provision of up to \$23,911,600 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01k1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period on line Ia01k1. DO NOT REPORT 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2022 to March 31, 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01k1	Expenditure for the January 1, 2022 to March 31, 2022 period	95323

Line Ia01k2 - New Long-Term Care Minor Capital Program

This section refers to the (a) ADM letter of May 2, 2022 on the provision of up to \$26,922,000 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line la01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period on line la01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period on line and the added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2022 period to the April 1, 2022 to March 31, 2022 period to the April 1, 2022 to March 31, 2022 period to the April 1, 2022 to March 31, 2022 period to the April 1, 2023 period.

a01k2 Expenditure for the April 1, 2022 to December 31, 2022 period 43061			Total Expenditure
	la01k2	Expenditure for the April 1, 2022 to December 31, 2022 period	4306

Line Ia01m1 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$21,053,600 in funding for the Medication Safety Technology Program, and (b) the April 2021 Long-Term Care Medication Safety Technology Program Funding policy. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01m1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period.

		Total Expenditure
la01m1	Expenditure for the January 1, 2022 to March 31, 2022 period	2523

Line Ia01m2 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$28,261,500 in funding for the Medication Safety Technology Program, and (b) the April 2021 Long-Term Care Medication Safety Technology Program Funding policy. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line la01m2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2022 period in the 2023 period in the 2023 reconciliation plus the amount of funding approved for carry over from the April 1, 2021 to March 31, 2022 period.

		Total Expenditure
la01m2	Expenditure for the April 1, 2022 to December 31, 2022 period	18179

Facility # H11540

2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care Ministère des Soins de longue durée

Operator Name :

Meadows of Dorchester (The) - The Regional Municipality of Niagara

For the period from

2022-01-01

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Section I: Part A. (continued)

Line Ia01p1 - Clinical Decision Support Tools Program

This section refers to the ADM letter of September 29, 2021 on the investment of up to \$3,070,000 in funding in the use of clinical decision support tools to improve the quality of care for residents. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01p1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 period in the 2022 period in the 2022 period.

		Total Expenditure
la01p1	Expenditure for the January 1, 2022 to March 31, 2022 period	6521

Line Ia01p2 - Clinical Decision Support Tools Program

This section refers to the ADM letter of May 2, 2022 on the investment of up to \$6,140,000 in funding in the use of clinical decision support tools to improve the quality of care for residents. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01p2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report, Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

				l otal Expenditure
la01p2	Expenditure for the April 1, 2022 to December 31, 2022 period			19563
-			-	

Line Ia01q1 - RN, RPN and PSW Staffing Supplement, AHP Staffing Supplement and Supporting Professional Growth Fund

This section refers to the Minister and ADM letters of October 15, 2021 for the 2021-22 fiscal year on the investment of up to \$227,187,500 to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses and Personal Support Workers (RN/RPN/PSW), up to \$42,802,600 to increase the provincewide average hours of direct care by Allied Health Professionals (AHP) and up to \$10,000,000 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the January 1, 2022 to March 31, 2022 period on lines la01q1a, la01q1b and la01q1c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the November 1, 2021 to December 31, 2021 period and matched against funding provided for the November 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the January 1, 2022 to	
la01q1a	March 31, 2022 period	217614
	AHP Staffing Supplement expenditure for the January 1, 2022 to March 31, 2022	
la01q1b	period	40998
	SPGF expenditure for the January 1, 2022 to March 31, 2022 period	
la01q1c		15779

Line Ia01q2 - RN, RPN and PSW Staffing Supplement, AHP Staffing Supplement and Supporting Professional Growth Fund

This section refers to the Minister and ADM letters of March 15, 2022 and November 22, 2022 for the 2022-23 fiscal year on the investment of up to \$640,169,300 and up to \$33,304,700 respectively to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses, Personal Support Workers (RN/RPN/PSW) and Allied Health Professionals (AHP), and up to \$10,000,000 and up to \$1,316,600 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the April 1, 2022 to December 31, 2022 period on lines Ia01q2a, Ia01q2b and Ia01q2c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the April 1, 2022 to	
la01q2a	December 31, 2022 period	662505
	AHP Staffing Supplement expenditure for the April 1, 2022 to December 31, 2022	
la01q2b	period	124816
	SPGF expenditure for the April 1, 2022 to December 31, 2022 period	
la01q2c		12649

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Facility #

H11540

2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care Ministère des Soins de longue durée

operator Name :

Meadows of Dorchester (The) - The Regional Municipality of Niagara

For the period from

2022-01-01

to

Section I: Part A. (continued)

Line Ia01r1 - Temporary Retention Incentive for Nurses

This section refers to the ADM letter of April 26, 2022 on the investment of up to \$56,847,500 in funding for Temporary Retention Incentive for Nurses for 2021-22. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01r1. The expenditure relates to nurses working during the period between February 13, 2022 and April 22, 2022 and employed as of September 1, 2022. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01r1	Expenditure for the January 1, 2022 to March 31, 2022 period	75485

Line Ia01r2 - Temporary Retention Incentive for Nurses

This section refers to the ADM letter of September 23, 2022 on the investment of up to \$44,000,000 in funding for Temporary Retention Incentive for Nurses for 2022-23. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01r2. The expenditure relates to nurses working during the period between February 13, 2022 and April 22, 2022 and employed as of September 1, 2022. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

			Total Expenditure		ure
la01r2	Expenditure for the April 1, 2022 to December 31, 2022 period				37531

Line Ia01s1 - Hiring More Nurse Practitioners for Long-Term Care

This section refers to the ADM letter of October 5, 2022 on the investment of up to \$9,984,000 in funding for Hiring More Nurse Practitioners for Long-Term Care for 2022-23. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01s1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01s1	Expenditure for the April 1, 2022 to December 31, 2022 period	6033

Ontario	2022 Long-Term Care Home An	2022 Long-Term Care Home Annual Report				
Ministry of Long-Term Care	For the period from	2022-01-01	to	2022-12-31		
Ministère des Soins de longue durée						
Facility #	Operator Name :					
H11540	Meadows of Dorchester (The) - The Regional Municipality of Nia	agara				

Section I: Part B One-time Funding and Other Initiatives.

Use column D to report the expenses applicable to and funded from the funding initiatives below. The expenses reported in column D must not be included in Sections C thru F or Section I: Part A of the LTCH Annual Report.

The items reported in Section I: Part B are to be limited to the expenses that were incurred from January 1, 2022 thru December 31, 2022 only for funding that is received directly by the LTC Home based on the funding provided in the LTCH Payment Calculation Notice. The expenses reported in Section I, Part B are reconciled via alternate processes and shall be excluded from the calculation used to determine the Allowable Subsidy in the 2022 Overall Reconciliation.

Line (A)	Funding Initiative (B)	Description of expenses reported for the January 1, 2022 to December 31, 2022 period (C)	Expenses (D)	
lb1	Nurse Led Outreach	Salaries and wages of nurses to ensure timely access to care by LTC Home residents and avoid emergency room and hospital admissions.		
lb2	High Intensity Needs Fund (HINF) Claims- Based	Claims eligible for reimbursement for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.		
lb3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services 7, purchased by LTC Homes.		
lb4	RAI-MDS one- time funding	Claims eligible for reimbursement for the purchase of computer hardware and software, including RAI-MDS software, to meet CIHI reporting requirements.		
lb5	Peritoneal Dialysis	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.		
lb6	LTCH Centre of Learning, Research and Innovation Program funding	Claims eligible for reimbursement for the operation of a LTCH Centre of Learning, Research and Innovation program.		
lb7	OH/LHIN funding from outside the Ministry's BSO investment to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO.	Claims eligible for reimbursement from funding provided by OH/LHIN to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO with funding from outside the Ministry's BSO investment.		
lb8	Local Priorities Fund	Eligible Local Priorities Fund expenses incurred.		
	One-time and project funding	Use lines lb9 through lb13, column D to report expenses eligible f reimbursement incurred by the home from January 1, 2022 to Dec 2022 for any one-time and project funding, based on the funding p the LTCH Payment Calculation Notice. Report each funding item and provide a description, e.g. Water Quality Testing	cember 31, provided in	
lb9	Description:			
lb10	Description:			
lb11	Description:			
lb12	Description:			
lb13	Description:			
	Total I	│ Expenses from Section I, Part B (sum of lines lb1 to lb13)	622,45	

H11540

Ministry of Long-Term Care

to

2022-12-31

Ministère des Soins de longue durée

Licensee Name : Facility #

Meadows of Dorchester (The) - The Regional Municipality of Niagara

Check if no accrual amounts as of December 31, 2021

Section O - Accrual Report

	NURSING AND PERSONAL CARE				
	Please complete lines O001 through O003, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O001	Salaries	389,303	389,303	427,159	427,159
O002	Employee Benefits	80,782	80,782	91,268	91,268
O003	Other (specify):	88,478	88,478	0	0
0004	TOTAL NURSING AND PERSONAL CARE (sum of lines 0001 through 0003)	\$558,563	\$558,563	\$518,427	\$518,427
	Program and Support Sonvices				

	Program and Support Services				
	Please complete lines O101 through O103, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
0101	Salaries	23,76	3 23,766	28,895	28,895
102	Employee Benefits	5,50	5 5,506	7,257	7,257
103	Other (specify):) 0	0	0
10/	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O101 through O103)	\$29,27	2 \$29,272	\$36,153	\$36,153

	Other Accommodation - To Be Completed by Red-Circled Homes]	
	Please complete lines O201 through O203, as applicable. Include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O201	Salaries				0
0202	Employee Benefits				0
O203	Other (specify):				0
0204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$0	\$0	\$0	\$0

2022-01-01

2022 Long-Term Care H	lome Ann	ual Report
For the period from	2022-01-01	to

2022-12-31

For the period from

Ministry of Long-Term Care Ministère des Soins de longue durée

Licensee Name : Meadows of Dorchester (The) - The Regional Municipality of Niagara

Facility # H11540

Section P - Notes to the Report

Significant Accounting Principles

Basis of Accounting

Sections A through F, Section I and Section O of the report have been prepared in accordance with generally accepted accounting principles (GAAP) and applicable legislation, regulations, policies and directives.

If there is no trust account, please check here

and please explain:

Ontario	2022 Long-Terr	n Care Home Annual Re	eport
Ministry of Long-Ter	rm Care For the per	iod from 2022-01-01 to 20	022-12-31
Ministère des Soins			
Facility #	Licensee Name :	The Degional Municipality of Nice	
H11540 Sectio	n Q - Licensee's Statement a	 The Regional Municipality of Niag Approval 	
Jecho			
	on contained in Sections A throug t of (legal name of Licensee)	h F, Section I, and Section O and	P of this Long-Term Care Home
for the Period	from	to	was provided by management.
-		rith the basis or bases of accountin s and guidelines as provided by the	g described in , Section P - Notes to the e Ministry of Long-Term Care.
Health Integra	ation Network and the licensee, a	cordance with the service agreeme ny direct funding agreement betwe gram funding provided to the home	
awarded by th Upgraded "D"	ne Ministry, the redevelopment of	a Category "D" Home, and redevel	elopment of new long-term care beds lopment of Replacement "B", "C" and funded from the initiatives reported on in
Custome of in		stained in order to secure the valiat	ility of this financial
•	-	ntained in order to assure the reliab icies and procedures, the careful so	
	•	propriate delegation of authority ar	
personnei, an		propriate delegation of authority a	id segregation of responsibilities.
Approved by t	the Licensee on the	day of	, 20
		(Pr	int Licensee's Name)
		Ву:	
Witness		NAME:	
		TITLE:	

Where the Licensee is a for profit nursing home provide a witness signature.

inistère des Soins de longue durée											
acility #	Licensee Name										

Independent Auditor's Report

To the Minister of Long-Term Care

Opinion

Fa

We have audited Sections A through F, Section I and Section O of the accompanying Long-Term Care Home Annual Report of (the Long-Term Care Home), and

(Name of Long-Term Care Home and legal name of licensee)

a summary of significant accounting policies and other explanatory information for the year ended December 31, (the Report).

In our opinion, the Report has been prepared by the management of the Long-Term Care home based on the financial reporting provisions of the 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines (Guidelines), the service accountability agreement between Ontario Health / Local Health Integration Network and the licensee (LOSAA), the Direct Funding Agreement between the Minister and the Long-Term Care Home (DFA), and all applicable policies and directives (Policies) pertaining to the program funding provided for the year ended December 31.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards (Canadian GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Report section of our report. We are independent of the Long-Term Care Home in accordance with the ethical requirements that are relevant to our audit of the Report in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting and Restriction on Distribution

We draw attention to the fact that the Report has been prepared in accordance with the Guidelines, LOSAA, DFA and Policies. The Report is prepared to assist the Long-Term Care Home in complying with the applicable financial reporting provisions, for the purpose of calculating the allowable subsidy for the year ended December 31. As a result, the Report may not be suitable for another purpose.

Our report is intended solely for the directors of the Long-Term Care Home, the Ministry of Long-Term Care, and the LHIN / Ontario Health and should not be distributed to or be used by parties other than the directors of the Long-Term Care Home, the Ministry of Long-Term Care and the LHIN / Ontario Health. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Report

Management is responsible for the preparation of the Report in accordance with the Guidelines, LOSAA, DFA and Policies, and for such internal control as management determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Audit of the Report

Our objectives are to obtain reasonable assurance about whether the Report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the Report.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgement and maintain professional skepticism throughout the audit. We also

- Identify and assess the risks of material misstatement of the Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
- The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Long-Term Care Home's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants

(place)

(date)

2022 Long-Term Care Home Annual Report Ontario For the period from 2022-01-01 to 2022-12-31 Ministry of Long-Term Care Ministère des Soins de longue durée

Licensee Name Facilitv # H11540 Meadows of Dorchester (The) - The Regional Municipality of Niagara

Appendix A

Auditor's Report - Statement of Trust Account

To the Minister of Long-Term Care:

We have audited the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) of (legal name of Licensee)

for the period from to

prepared in accordance with the Ontario Regulation 79/10 section 241 or the Ontario Regulation 246/22 section 286. The Statement is the responsibility of the Home's management. Our responsibility is to express an opinion on the Report based upon our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards (Canadian GAAS) under CPA Canada Standards and Guidance Collection. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the Report is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Statement. An audit also includes assessing the significant accounting principles used and the significant estimates made by management, as well as evaluating the overall Statement presentation.

In our opinion, the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) presents fairly, in all material respects, the financial position of the trust fund for the year ended December 31, 2022 and the activity of the funds during the year in accordance with Section 241 of the Ontario Regulation 79/10 under the Ministry of Long-Term Care's Long-Term Care Homes Act, 2007, or Section 286 of the Ontario Regulation 246/22 under the Ministry of Long-Term Care's Fixing Long-Term Care Act, 2021.

	Licensed Public Accountant
(place)	
(date)	

Notes to the Annual Report December 31, 2022

1. Basis of accounting

The Report has been prepared in accordance with the financial reporting provisions set out in the following:

- Ontario Ministry of Health and Ontario Ministry of Long-Term Care 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines, dated June 30, 2023; and
- LHIN Service Accountability Agreement dated April 1, 2019.

2. Revenue recognition

Resident revenue and funding from the Ontario Ministry of Health and the Ontario Ministry of Long-Term Care are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the period in with the transactions or events occurred that gave rise to the revenues.

3. Expenditures

Eligible expenditures are recorded in the period incurred, in accordance with the guidelines described in Note 1 above.

COM 1- 2024 Appendix 6

Deloitte.

Deloitte LLP Bay Adelaide East 8 Adelaide Street West Suite 200 Toronto ON M5H 0A9 Canada

Tel: 416-601-6150 Fax: 416-601-6151 www.deloitte.ca

Independent Auditor's Report

To the Ontario Ministry of Health and the Ontario Ministry of Long-Term Care

Opinion

We have audited Sections A through F, Section I, and Section O of the accompanying 2022 Long-Term Care Home Annual Report of the Regional Municipality of Niagara – Northland Pointe (the "Region") and notes to the Annual Report including a summary of significant accounting policies (collectively referred to as the "Report").

In our opinion, the Report for the Regional Municipality of Niagara – Northland Pointe for the year ended December 31, 2022 is prepared, in all material respects, in accordance with the financial reporting provisions of the 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines dated June 30, 2023 issued by the Ontario Ministry of Health and the Ontario Ministry on Long Term Care and financial reporting provisions of the Hamilton Niagara Haldimand Brant Local Health Integration Network (the "LHIN") Service Accountability Agreement dated April 1, 2019 (collectively referred to as the "Guidelines").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Report* section of our Report. We are independent of the Region in accordance with the ethical requirements that are relevant to our audit of the Report in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 of the Report, which describes the basis of accounting. The Report is prepared to assist the Region in complying with the Guidelines. As a result, the Report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Report

Management is responsible for the preparation of the Report in accordance with the Guidelines and for such internal control as management determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Region's financial reporting process.

Auditor's Responsibilities for the Audit of the Report

Our objectives are to obtain reasonable assurance about whether the Report is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this Report.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Region's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants [DATE]

Ontario		2022 Long-Te	rm Care Home Annual
Ministry of Long-Term Care Ministère des Soins de longue (durée	For the period from	2
	Operator Name Northland Pointe - The Regional Municipality of Niagara		

1 Report 2022-01-01 to

2022-12-31

OH Region Name Hamilton Niagara Haldimand Brant Local Health Integration Network

Section A - Level of Care (LOC) Actual Resident Occupancy, Resident Revenue and Resident Bad Debt

Section	A - Level of Care (LOC) Actual Resident Occupancy, Reside	nt Revenue a		sident Days				Resident Revenue							Total Revenue				
	Current Revenue Period	January 1 to January 31, 2022 (1a)	February 1 to March 31, 2022 (1b)	April 1 to June 30, 2022 (1c)	July 1 to September 30, 2022 (1d)	October 1 to December 31, 2022 1(e)	Total Days (1f)	Basic Fees January 1 to January 31, 2022 (2a)	Basic Fees February 1 to March 31, 2022 (2b)	Basic Fees April 1 to June 30, 2022 (2c)	Basic Fees July 1 to September 30, 2022 (2d)	Basic Fees October 1 to December 31, 2022 (2e)		the premium charged above the maximum daily rate of	to the premium charged above the maximum daily	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) July 1 to September 30, 2022 (3d)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) October 1 to December 31, 2022 (3e)	Basic Revenue	Preferred Fees (4b=3a+3b+3c +3d+3e)
A001	Long-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	2,218	4,021	6,637	6815	7239	26,930	135,449	257,436	413,793	420.472	457.556	57.179	108.590	174.782	178,270	194.153	1.684.706	712.974
A002	Long-Stay - Semi - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	71	118	182	265	215	851	4,342	7,565	11,348				1,555	2,332				
A003	Long-Stay - Basic (Include residents where a placement coordinator has deemed that the resident who requested basic should be placed in a preferred room, and Co-payment waiver residents who requested basic but were placed in a preferred room.)	1,832	3,733	5,834	5763	5934	23,096	97,210	203,668	319,972	325,349	.337,911						1.284.110	
A004	Long-Stay two-bed room (Shared by spouses)						0		203,000	319,972	323,349	337,911						1,204,110	
A005	Short-Stay - Respite Care bed converted into a long-stay bed (include long-stay residents occupying converted short-stay respite care beds during the COVID-19 period)						0											0	
A005a	Specialized Unit - approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	0
A005b	Specialized Unit - not approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	0
A006	Total Level of Care Long-Stay, Short Stay-Respite Care Beds converted into long-stay beds and Specialized Unit beds. (Sum of lines A001 through A005b)	4,121	7,872	12,653	12,843	13388	50,877	237,001	468,669	745,113	762,169	809,036	58,071	110,145	177,114	181,630	196,942	3,021,988	723,902
A007	Interim Short-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											0	0
A008	Interim Short Stay - Semi-Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											0	0
A009	Interim Short Stay - Basic	31	59	91	92	92	365	1,618	3235	4853	4.985	4,985						19,676	
A010 A011	Interim Short-Stay - two-bed room (Shared by spouses) Total Level of Care Interim Short-Stay beds (Sum of lines A007 through A010)	31	59	91	92	92	0 365	1,618	3,235	4,853	4985	4985	C	0	0	0	0	0 19,676	0
A012	Convalescent Care Beds converted into long-stay beds. Include long- stay residents occupying converted convalescent care beds during the COVID-19 period.						0											0	0

The uncharged portion of resident accommodation fees arising from the variance between the maximum basic accommodation fee which should be charged to pre-without an approved rate reduction and the basic accommodation fee charged if the basic accommodation fee charged is less than the maximum basic accommodation fee and, the variance between the Director approved reduced basic accommodation fee and the basic accommodation fee charged is less than the Director approved reduced basic accommodation fee. A015

		Resident-Days								
	Actual Occupancy of Awarded Beds and Replacement "D" beds, and Replacement "B", "C" and Upgraded "D" beds during the Fill rate period and the Pre-Move Occupancy Days for Classified "D" Replacement beds. (to be completed by Licensees operating such beds)	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)			
A020a	Actual Resident-days in lines A001 through A005 that was attributed to the Fill-Rate period for awarded beds and replacement "D" beds, replacement "B", "C" and Upgraded "D" beds, the Pre- Move Occupancy Days for Classified "D" Replacement beds						C			
A020b	Actual Resident-days in line A005 that was attributed to awarded beds and replacement "D", replacement "B", "C" and Upgraded "D" beds during the Fill rate Period and the Pre-Move Occupancy Days for Classified "D" Replacement beds						0			
				Desid	ient-Davs					
					· · · · ·					
	Orientation/Fill-rate Period - Interim Short-Stay beds	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)			
A021a	Actual Interim Short-Stay bed resident-days in lines A007-A010 during the Fill Period						0			
				Resid	lent-Days					
	Actual occupancy of beds approved for Occupancy Reduction Protection (ORP)	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)			
A022a	Actual Resident-days in lines A001-A004 during ORP Period						0			
A022b	Actual Resident-days in line A007-A010 during ORP Period						0			

			Resid	lent Days			-	
	Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting period	ebruary to March (1a)	April to June (1b)	July to Septemb er (1c)	October to Decembe r (1d)	Total Days (1e)	6	
A023a	Actual resident days in line A003 (Long-stay basic beds) that was attributed to occupied 3rd and above beds in ward rooms.					c		
A023b	Actual resident days in line A005 (Short-stay respite care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					C		
A023c	Actual resident days in line A009 (Interim short-stay basic) that was attributed to occupied 3rd and above beds in ward rooms.					c	0	
A023d	Actual resident days in line A012 (Convalescent care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					C		
					Resid	dent Days		
	Reimbursament for loat preferred revenues as par Saction 3.2 of the COVID-19 Emerge Measures Funding Policy. Use lines A02A6 to A02Ad as explicibile, to report the readi- eighte for reimbursament of loat preferred revenue for the period. January 11 to Decemt Eligible revision days include: 1) actual resident days for the period The resident door. Perferred accommodation where in accordance with Saction 3.2 of the COVID-19 Em- medical leave is unable to return to their LTC home after the medical leave expires base commodation may be placed in a preferred room; and 2.3 where if a re- medical leave is unable to return to their LTC home after the medical leave expires base experimencing a COVID-19 outcome, report the resident days for the period where the fir preferred accommodation are waived until the resident is able to return to the home por the Ministry will reminure the maximum cost difference signalided by the CP-Pay Bull a basic room and preferred room rate to the licenses for the period the resident occupier more. D NOT report or nesident days under the Co-Pay Bull a basic room and preferred room rate to the licenses for the period the resident occupier more. D NOT report or nesident days under the Co-Payment W aiver Program in this section below) and on resident days that may have received reimbursement of lost pre revenue through the High Intensity Needs Fund.	lent days oper 31, 2022. upples argency applicant who skident on a cause it is sees for set outbreak. letin between es a preferred soction (see ferred	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A024a	For Newer beds - Private Accommodation report the resident days eligible for reimburs preferred revenue. Do not report on resident days related to the Co-payment waiver pro preferred revenue reimbursed through the High Intensity Needs Fund.	sement of lost ogram or, lost						0
.024b	For Older beds - Private Accommodation report the resident days eligible for reimburse preferred revenue. Do not report on resident days related to the Co-payment waiver pro preferred revenue reimbursed through the High Intensity Needs Fund.	ement of lost ogram or, lost						0
4024c	For Newer beds - Semi-Private Accommodation report the resident days eligible for rei of lost preferred revenue. Do not report on resident days related to the Co-payment wai or, lost preferred revenue reimbursed through the High Intensity Needs Fund.	imbursement iver program						(
A024d	For Older beds - Semi-Private Accommodation report the resident days eligible for rein of lost preferred revenue. Do not report on resident days related to the Co-payment wai or, lost preferred revenue reimbursed through the High Intensity Needs Fund.	nbursement iver program						
	 ds – beds classified as "NEW" or "A" according to ministry design standards. Is – beds classified as "B", "C", "Upgraded D" or "D" according to ministry desig S	gn		1	1			
					Resid	ent Days		
	Reimbursement for lost preferred revenues - Co-payment Waiver Proc lines A024e through A024h, as applicable, to report the resident days under the Co-payment Waiver Program for reimbursement of lost pre revenue for the period January 1, 2022 to September 30, 2022 where for preferred accommodation are waived. Report only on eligible resi where the licensee of the LTC home to which a resident is admitted o before April 10, 2022 under the special pandemic admission rules for in public hospitals set out in s. 242 of the Ontario Regulation 246/22 prohibited from charging that resident any accommodation charges if the applicable conditions set out in s. 296 of the Ontario Regulation 246/22 Ministry will reimburse the maximum cost difference slipulated by the Builetin between a basic room and preferred room rate to the licensee period the resident occupies a preferred room. DO NOT report on res already reported in section C and on resident days that may have rec eminbursement of lost preferred revenue through the High Intensity N Fund.	eligible eferred the fees ident days on or patients is f meeting 246/22 coice). The e Co-Pay e for the ident days evived	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (11)
	For Newer beds - Private Accommodation report the resident days eli	•	42	2 169	9 54		0 0	265
A024e	reimbursement of lost preferred revenue.							
A024e A024f A024g	reimbursement of lost preferred revenue. For Older beds - Private Accommodation report the resident days elig reimbursement of lost preferred revenue. For Newer beds - Semi-Private Accommodation report the resident d.							

2022 Long-Term Care Home Annual Report

For the period from 2022-01-01 to 2022-12-31

Ministry of Long-Term Care Ministère des Soins de longue durée

Facility # Operator Name H14442

Northland Pointe - The Regional Municipality of Niagara

Section A - Level of Care (LOC) Actual Resident Occupancy, Resident Revenue and Resident Bad Debt, continued

Prior Period Revenue	Revenue	For Ministry Use Only
A030 Basic Revenue: July 1, 1994 to December 31, 2021	0	

	Resident Bad Debt on 2022 Basic Accommodation Fee	For Ministry Use Only	
A040	Basic Accommodation Fees - Bad Debt	17,127	
A041	Collection Costs		
A042	Total Bad Debt Costs (A040 + A041)	\$17,127	

Sect	ion B - Actual Other Recoverable Revenue	
	Description	Revenue For Ministry Use Only (1) Recoverable Revenue (2) (2)
B001	Interest Earned	
B002	Other LTC Home funding provided by Government	
	Other: Provide Description	
B004	Total - Actual Other Recoverable Revenue (Sum of lines B001 through B003)	\$0

Ministry of Long-Term Care	For the period from	2022-01-01 to	2022-12-31		
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1					

 Image: Constraint of the section C - Actual Expenditures - Nursing and Personal Care

	Nursing and Personal Care (NPC)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
C001	Salaries	5,611,337		5,611,337				0	
C002	Employee Benefits	1,285,827		1,285,827				0	
C003	Purchased Services	248,346		248,346				0	
C004	Medical and Nursing Supplies	138,211		138,211				0	
C005	Equipment	60,210		60,210				0	
C006	Physician On-Call Coverage	14,381		14,381				0	
C007	Other	15,277		15,277				0	
C008	Expenditure Recoveries (enter as negative)	(13,270)		(13,270)				-	
C009						\$0	\$0	\$0	

Note: Claim-based not to be included.

	Global Level of Care Funding		LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C010	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.2 March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nursing a expenses. Note: The expenses must also be reported on lines C001 through C009, as applicable funding is allocated to the Other Accommodation envelope; unused funding may be retained by t expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the ren across the NPC, PSS and NS envelopes	and Personal Care . 32% of the Global LOC ne home. The total	405225	

	Registered Nurse (RN) and Registered Practical Nurse (RPN) - BSO initiative	U	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
	Report the total eligible expenses funded from the RN & RPN - BSO initiative. Note: The lines C001 through C009, as applicable. The total expenses reported on line C011 will be			
1	funding from the RN & RPN - BSO initiative.	,		

		Personal Support Worker (PSW) - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
ſ		Report the total eligible expenses funded from the PSW- BSO initiative. Note: The expenses must also be reported on lines		
	C012	C001 through C009, as applicable. The total expenses reported on line C012 will be used to determine any unused funding		
		from the PSW - BSO initiative.		

	Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: RN/RPN and PSW	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C013	Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for RN/RPN and/or PSW FTE's, and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C013 will be added to the expenses reported on line D011 to determine any unused funding		

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C0,	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines C001 through C009, as applicable.		

	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)
C01	Report the total eligible expenses from the NPC envelope and funded directly from additional funding provided for designated specialized units. The expenses must also be reported on lines C001 through C009, as applicable.	

December 29, 2017

2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care		For the period from	2022-01-01	to	2022-12-31	
Ministère des Soins de longue dur	ée					
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	NUMBER OF DESCRIPTION	TI D - 1 111 - 111 - 111				

H14442 Northland Pointe - The Regional Municipality of Niagara
Section D - Actual Expenditures - Program and Support Services

	Program and Support Services (PSS)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-total	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
D001	Salaries	375,152		375,152				0	
D002	Employee Benefits	85,155		85,155				0	
D003	Purchased Services	193,922		193,922				0	
D004	Supplies	15,123		15,123				0	
	Equipment	0		0				0	
D006	Other	1,821		1,821				0	
D007	Expenditure Recoveries (enter as negative)			0				0	
D008									

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D009	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Program and Support Services expenses. Note: The expenses must also be reported on lines D001 through D008, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes		
	Additional Healthcare Personnel - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D010	Report the total eligible expenses funded from the Additional Healthcare Personnel SBO initiative. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D010 will be used to determine any unused funding from the Additional Healthcare Personnel - BSO initiative.		
	Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: Additional Healthcare Personnel	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D011	Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for Additional Healthcare Personnel FTE's and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D011 will be added to the expenses reported on line C013 to determine any unused funding.		

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D012	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines D001 through D008, as applicable.		

	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)
D013	Report the total eligible expenses funded from the Designated Specialized Units - Additional Funding . The expenses must also be reported on lines D001 through D008, as applicable.	

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H14442 Northland Pointe - The Regional Municipality of Niagara

Section E - Actual Expenditures - Nutritional Support

	Nutritional Support	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
E001	Nutritional Support	646,491		646,491				0	
E002	Expenditure Recoveries (enter as negative)	(20,251)		(20,251)				0	
E003									

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
1	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 21 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nutritional Suport expenses. Note: The expenses must also be reported on lines E001 through E003, as applicable. 32% of the Global LOC funding allocated to the Other Accommodation envelope; unused funding may be relained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding acro the NPC, PSS and NS envelopes	is	

Section F - Actual Expenditures - Other Accommodation

		LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
F001	Housekeeping Services (HS)	840660		840660				0	
	Building and Property - Operations and Maintenance (B&P-OM)	348534		348534				0	
F003	Dietary Services (DS)	1190741		1190741				0	
F004	Laundry and Linen Services (L & LS)	164931		164931				0	
F005	General and Administrative (G&A)	1136082	727830	1863912				0	
F006	Facility Costs (FC)	1222829	43845	1266674				0	
F007	Total Other Accommodation Expenditures (Line F001 through Line F006).	\$4,903,777	\$771,675	\$5,675,452		\$0	\$0	\$0	
F008	Total Inadmissible Expenditures, Other Accommodation (includes expenditures reported in line F005 and F006, as applicable, for honorariums, donations, mortgage interest, interest on operating line of credit, other interest, amortization and depreciation.	856822		856822				0	
	Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	\$4,046,955	\$771,675	\$4,818,630		\$0	\$0	\$0	

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1) Convalescent Care beds only (2)	у
F010	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the Jan to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Other Accommode expenses. Note: The expenses must also be reported on lines FO01 through F009, as applicable. 32% of the funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. Th expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Glob funding across the NPC, PSS and NS envelopes	tion Global LOC e total	

	Municipal Property Tax	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
F01	Report the total eligible municipal property tax. The expense must also be reported on line F006 and will be used to determine the eligible Municipal Tax Allowance.		

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
F012	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines F001 through F006, as applicable.		
	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)	
F013	Report the total eligible expenses funded from the Designated Specialized Units - Additional Funding . The expenses must also be reported on lines F001 through F009, as applicable.		

2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care	For the period from	•	##########	to #	#########
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H14442	Northland Pointe - The Regional Municipality of Niagara				

Section I: Part A.

Line Ia01a- The Nurse Practitioner in Long-Term Care Home Program

In accordance with the Long-Term Care (LTC) Nurse Practitioner (NP) Program Funding Policy, report on line 1a01a Salary, Benefits, and Overhead expenditures for the Nurse Practitioner position. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures	Expenditures for 12 months, January 1, 2022 to December 31, 2022								
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure						
la01a					\$0					

Line Ia01b- Attending Nurse Practitioner in Long-Term Care Home Initiative

In accordance with the Attending Nurse Practitioners in Long-Term Care Homes Initiative Funding Policy, report on line 1a01b Salary, Benefits, and Overhead expenditures for the Attending Nurse Practitioner position. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures	for 12 months	s, January 1, 202	2 to December 31, 2022
			Overhead Expenses -	
	Salary	Benefits	operating	Total Expenditure
la01b				\$0

Line Ia01c- Falls Prevention Equipment Funding Program

In accordance with the Falls Prevention Equipment Funding Policy complete the attestation below as applicable. DO NOT REPORT THE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Y / N
Ia01c Funding for the January 1, 2022 to December 31, 2022 period has been used for equipment intended to reduce falls or injuries from falls (Y / N).	1

Line la01d - Designated Specialized Unit - One-time Start up Funding

In accordance with the Policy: Designation/Revocation of Specialized Units report One-time Specialized Unit Start up costs on line 1a01d. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022	Total Expenditure
la01d		

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 Northland Pointe - The Regional Municipality of Niagara

Section I: Part A. (continued)

Line Ia01e1 - Additional COVID-19 Prevention and Containment Funding

I his section refers to the ADM letters of May 7, 2021, August 26, 2021, February 4, 2022, March 21, 2022, for the provision of \$191,595,600, \$346,463,900 (\$56,001,200 for 2020-21 and \$290,462,700 for 2021-22), \$247,000,000 (\$45 million for 2020-21 and \$201,982,800 for 2021-22) and \$143,500,000 (\$7,869,200 for 2020-21 and \$135,614,300 for 2021-22), respectively and the Minister letter of December 22, 2022 for the provision of \$182.1 million in additional one-time emergency funding to long-term care homes.

Report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line Ia01e1. Please note that this instruction applies to incremental expenses not already reported IN SECTIONS C THRU F OR ELSEWHERE IN SECTION I of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

Refer to the Long-Term Care Home Annual Report: Technical Instructions and Guidelines for guidance on the conditions of funding and eligible expenses

		Total Expenditure
la01e1	Expenditure for the January 1, 2022 to March 31, 2022 period	495299

Line Ia01e2 - Additional COVID-19 Prevention and Containment Funding

This section refers to the ADM letters of May 2, 2022, September 1, 2022 and Minister letters of December 22, 2022, March 31, 2023 and June 26, 2023 for the provision of \$130,044,000, \$146,622,200, \$182.1 million, \$161,686,800 and \$181,100,000 respectively in additional one-time emergency funding to long-term care homes.

Report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line Ia01e2. Please note that this instruction applies to incremental expenses not already reported IN SECTIONS C THRU F OR ELSEWHERE IN SECTION I of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

Total Expenditure

1690509

Refer to the Long-Term Care Home Annual Report: Technical Instructions and Guidelines for guidance on the conditions of funding and eligible expenses.

la01e2 Expenditure for the April 1, 2022 to December 31, 2022 period

Line la01h1 - Personal Support Worker Temporary Wage Enhancement

This section refers to (a) the ADM letter of November 23, 2021 on the provision of \$164,729,100 in Personal Support Worker Temporary Wage Enhancement funding to long-term care homes and (b) the November 2020 Long-Term Care PSW Temporary Wage Enhancement Funding Policy. For the January 1, 2022 to March 31, 2022 period, report PSW Temporary Wage Enhancement expenditures on line la01h1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01h1	Expenditure for the January 1, 2022 to March 31, 2022 period	105612

Line Ia01h2 - Personal Support Worker Temporary and Permanent Wage Enhancement

This section refers to (a) the ADM letter on April 27, 2022 on the provision of \$314,281,000 in Personal Support Worker Temporary Wage Enhancement funding and Personal Support Worker Permanent Wage Enhancement funding to long-term care homes, (b) the April 2022 Long-Term Care PSW Temporary Wage Enhancement Funding Policy, and (c) the April 2022 Long-Term Care PSW Permanent Wage Enhancement Funding Policy . For the April 1, 2022 to December 31, 2022 period, report Personal Support Worker Temporary and Permanent Wage Enhancement on line Ia01h2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 reconciliation.

		Total Expenditure
la01h2	Expenditure for the April 1, 2022 to December 31, 2022 period	409607

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Facility #	Operator Name :		
H14442	Northland Pointe - The Regional Municipality of Niagara		

Line la01i1- Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of March 19, 2021 on the provision of \$61,373,400 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line Ia0111. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period will be added to expenditure reported in the 31, 2021 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01i1	Expenditure for the January 1, 2022 to March 31, 2022 period	18300

Line Ia01i2 - Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of May 2, 2022 on the provision of \$61,428,600 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line Ia01i2. DO NOT REPORT THESE COSTS IN SECTIONS C THRUF of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2021 to March 31, 2023 period funding approved for carry over from the April 1, 2021 to March 31, 2022 period to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure	
la01i2	Expenditure for the April 1, 2022 to December 31, 2022 period	78748	
This section refe	fection and Prevention Control - Personnel and Training		

2022 funding year to support infection prevention and control capacity in long-term care homes including retaining IPAC professionals and providing IPAC training to LTC home personnel. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Personnel and Training expenditures on line Ia01j1a and Ia01j1b respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01j1a	Expenditure on Personnel for the January 1, 2022 to March 31, 2022 peri	9465
la01j1b	Expenditure on Training for the January 1, 2022 to March 31, 2022 period	7224

Line la01j2 - Infection and Prevention Control - Personnel

This section refers to the ADM letter of May 2, 2022 on the provision of up to \$20,000,000 in one-time funding during the 2022-2023 funding year to support infection prevention and control capacity in long-term care homes to retain IPAC professionals. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Personnel expenditures on line Ia01j2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01j2	Expenditure on Personnel for the April 1, 2022 to December 31, 2022 per	20733

Line Ia01j3 - Infection and Prevention Control - Training

This section refers to the ADM letter of September 29, 2022 on the provision of up to \$26,170,000 in funding for the 2022-2023 funding year to support infection prevention and control training and education. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Training expenditures on line la013. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 beriod and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01j3	Expenditure on Training for the April 1, 2022 to December 31, 2022 perio	27165

Ontario	2022 Long-Term Care H	ome Annual Report			
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Eacility #	Operator Name :				

H14442 Northland Pointe - The Regional Municipality of Niagara

Section I: Part A. (continued)

Line la01k1 - New Long-Term Care Minor Capital Program

This section refers to the (a) ADM letter of March 19, 2021 on the provision of up to \$23,911,600 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line IaO1k1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2022 to March 31, 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01k1	Expenditure for the January 1, 2022 to March 31, 2022 period	0

Line Ia01k2 - New Long-Term Care Minor Capital Program

This section refers to the (a) ADM letter of May 2, 2022 on the provision of up to \$26,922,000 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period to the April 1, 2022 to March 31, 2023 period to the April 1, 2022 to March 31, 2023 period.

72548

	Total Expe	enditure
Ia01k2 Expenditure for the April 1, 2022 to December 31, 2022 period		

Line Ia01m1 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$21,053,600 in funding for the Medication Safety Technology Program, and (b) the April 2021 Long-Term Care Medication Safety Technology Program Funding policy. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01m1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report, Expenditure for the January 1, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01m1	Expenditure for the January 1, 2022 to March 31, 2022 period	3154

Line Ia01m2 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$28,261,500 in funding for the Medication Safety Technology Program, and (b) the April 2021 Long-Term Care Medication Safety Technology Program Funding policy. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01m2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation plus the amount of funding approved for carry over from the April 1, 2021 to March 31, 2022 period.

		Total Expenditure
la01m2	Expenditure for the April 1, 2022 to December 31, 2022 period	22702

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Ministry of Long-Term Care Ministère des Soins de longue durée 2022-01-01

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Facility # Operator Name : H14442 Northland Pointe - The Regional Municipality of Niagara

For the period from

Section I: Part A. (continued)

Line Ia01p1 - Clinical Decision Support Tools Program

This section refers to the ADM letter of September 29, 2021 on the investment of up to \$3,070,000 in funding in the use of clinical decision support tools to improve the quality of care for residents. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01p1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 period in the 2022 period in the 2022 period.

		Total Expenditure
la01p1	Expenditure for the January 1, 2022 to March 31, 2022 period	8151

Line Ia01p2 - Clinical Decision Support Tools Program

This section refers to the ADM letter of May 2, 2022 on the investment of up to \$6,140,000 in funding in the use of clinical decision support tools to improve the quality of care for residents. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01p2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report, Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

				l otal Expenditure
la01p2	Expenditure for the April 1, 2022 to December 31, 2022 period			24454
			-	

Line Ia01q1 - RN, RPN and PSW Staffing Supplement, AHP Staffing Supplement and Supporting Professional Growth Fund

This section refers to the Minister and ADM letters of October 15, 2021 for the 2021-22 fiscal year on the investment of up to \$227,187,500 to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses and Personal Support Workers (RN/RPN/PSW), up to \$42,802,600 to increase the provincewide average hours of direct care by Allied Health Professionals (AHP) and up to \$10,000,000 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the January 1, 2022 to March 31, 2022 period on lines la01q1a, la01q1b and la01q1c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the November 1, 2021 to December 31, 2021 period and matched against funding provided for the November 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the January 1, 2022 to	
la01q1a	March 31, 2022 period	271569
	AHP Staffing Supplement expenditure for the January 1, 2022 to March 31, 2022	
la01q1b	period	51162
	SPGF expenditure for the January 1, 2022 to March 31, 2022 period	
la01q1c		20128

Line Ia01q2 - RN, RPN and PSW Staffing Supplement, AHP Staffing Supplement and Supporting Professional Growth Fund

This section refers to the Minister and ADM letters of March 15, 2022 and November 22, 2022 for the 2022-23 fiscal year on the investment of up to \$640,169,300 and up to \$33,304,700 respectively to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses, Personal Support Workers (RN/RPN/PSW) and Allied Health Professionals (AHP), and up to \$10,000,000 and up to \$1,316,600 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the April 1, 2022 to December 31, 2022 period on lines Ia01q2a, Ia01q2b and Ia01q2c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the April 1, 2022 to	
la01q2a	December 31, 2022 period	826765
	AHP Staffing Supplement expenditure for the April 1, 2022 to December 31, 2022	
la01q2b	period	155760
	SPGF expenditure for the April 1, 2022 to December 31, 2022 period	
la01q2c		15777

Facility #

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Northland Pointe - The Regional Municipality of Niagara

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to

Section I: Part A. (continued)

Line Ia01r1 - Temporary Retention Incentive for Nurses

Operator Name

This section refers to the ADM letter of April 26, 2022 on the investment of up to \$56,847,500 in funding for Temporary Retention Incentive for Nurses for 2021-22. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01r1. The expenditure relates to nurses working during the period between February 13, 2022 and April 22, 2022 and employed as of September 1, 2022. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be matched against funding provided for the January 1, 2022 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01r1	Expenditure for the January 1, 2022 to March 31, 2022 period	85478

Line Ia01r2 - Temporary Retention Incentive for Nurses

This section refers to the ADM letter of September 23, 2022 on the investment of up to \$44,000,000 in funding for Temporary Retention Incentive for Nurses for 2022-23. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01r2. The expenditure relates to nurses working during the period between February 13, 2022 and April 22, 2022 and employed as of September 1, 2022. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01r2	Expenditure for the April 1, 2022 to December 31, 2022 period	39371
-		

Line Ia01s1 - Hiring More Nurse Practitioners for Long-Term Care

This section refers to the ADM letter of October 5, 2022 on the investment of up to \$9,984,000 in funding for Hiring More Nurse Practitioners for Long-Term Care for 2022-23. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01s1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01s1	Expenditure for the April 1, 2022 to December 31, 2022 period	C

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Ministry of Long-Term Care	For the period from	2022-01-01	to	2022-12-31	
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Facility #	Operator Name :				
H14442	Northland Pointe - The Regional Municipality of Niagara				

Section I: Part B One-time Funding and Other Initiatives.

Use column D to report the expenses applicable to and funded from the funding initiatives below. The expenses reported in column D must not be included in Sections C thru F or Section I: Part A of the LTCH Annual Report.

The items reported in Section I: Part B are to be limited to the expenses that were incurred from January 1, 2022 thru December 31, 2022 only for funding that is received directly by the LTC Home based on the funding provided in the LTCH Payment Calculation Notice. The expenses reported in Section I, Part B are reconciled via alternate processes and shall be excluded from the calculation used to determine the Allowable Subsidy in the 2022 Overall Reconciliation.

Line (A)	Funding Initiative (B)	Description of expenses reported for the January 1, 2022 to December 31, 2022 period (C)	Expenses (D)
lb1	Nurse Led Outreach	Salaries and wages of nurses to ensure timely access to care by LTC Home residents and avoid emergency room and hospital admissions.	
lb2	High Intensity Needs Fund (HINF) Claims- Based	Claims eligible for reimbursement for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	365,536
lb3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services purchased by LTC Homes.	6,590
lb4	RAI-MDS one- time funding	Claims eligible for reimbursement for the purchase of computer hardware and software, including RAI-MDS software, to meet CIHI reporting requirements.	
lb5	Peritoneal Dialysis	Claims eligible for reimbursement /for the provision of services to Peritoneal Dialysis residents.	
lb6	LTCH Centre of Learning, Research and Innovation Program funding	Claims eligible for reimbursement for the operation of a LTCH Centre of Learning, Research and Innovation program.	
lb7	OH/LHIN funding from outside the Ministry's BSO investment to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO.	Claims eligible for reimbursement from funding provided by OH/LHIN to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO with funding from outside the Ministry's BSO investment.	
lb8	Local Priorities Fund	Eligible Local Priorities Fund expenses incurred.	
	One-time and project funding	Use lines Ib9 through Ib13, column D to report expenses eligible f reimbursement incurred by the home from January 1, 2022 to Dec 2022 for any one-time and project funding, based on the funding p the LTCH Payment Calculation Notice. Report each funding item and provide a description, e.g. Water Quality Testing	cember 31, provided in
lb9	Description:		
lb10	Description:		
lb11	Description:		
lb12	Description:		
lb12	Description:		
	Total I	│ Expenses from Section I, Part B (sum of lines lb1 to lb13)	372,12

Section O - Accrual Report

	NURSING AND PERSONAL CARE				
	Please complete lines O001 through O003, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O001	Salaries	469,783	469,783	522,575	522,575
0002	Employee Benefits	94,873	94,873	108,005	108,005
O003	Other (specify):	103,844	103,844	0	0
O004	TOTAL NURSING AND PERSONAL CARE (sum of lines 0001 through 0003)	\$668,500	\$668,500	\$630,580	\$630,580

	Program and Support Services						
	Please complete lines O101 through O103, as appli related to the administration of employee and union conducting union negotiations, arbitration hearings, must be reported in the Other Accommodation enve	agreement and pay ec	ts e.g, the cost of	Dpening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
101	Salaries			29,946	29,946	38,035	38,035
102	Employee Benefits			7,243	7,243	8,581	8,581
103	Other (specify):			0	0	0	0
104	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O101 through O103)			\$37,189	\$37,189	\$46,616	\$46,616

				-	
	Other Accommodation - To Be Completed by Red-Circled Homes				
	Please complete lines O201 through O203, as applicable. Include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O201	Salaries				0
O202	Employee Benefits				0
O203	Other (specify):				0
0204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$0	\$0	\$0	\$0

Ontario

H14442

Ministry of Long-Term Care

Ministère des Soins de longue durée

Facility #

Licensee Name : Northland Pointe - The Regional Municipality of Niagara

Check if no accrual amounts as of December 31, 2021

2022-12-31

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to

2022 Long-Term Care	Home Ann	ual Report
For the period from	2022-01-01	to

For the period from

2022-01-01

2022-12-31

Ministry of Long-Term Care Ministère des Soins de longue durée

Facility # H14442 Licensee Name : Northland Pointe - The Regional Municipality of Niagara

Section P - Notes to the Report

Significant Accounting Principles

Basis of Accounting

Sections A through F, Section I and Section O of the report have been prepared in accordance with generally accepted accounting principles (GAAP) and applicable legislation, regulations, policies and directives.

If there is no trust account, please check here

and please explain:



Ontario	2022 Long-1	Ferm Care Home Annual	Report
Ministry of Long-Ter	rm Care For the	e period from 2022-01-01 to	2022-12-31
Ministère des Soins	de longue durée		
Facility #	Licensee Name :		
H14442	Northland Pointe - The Reg	gional Municipality of Niagara	
Sectio	n Q - Licensee's Stateme	ent and Approval	
	on contained in Sections A th t of (legal name of Licensee)	C	and P of this Long-Term Care Home
for the Period	from	to	was provided by management.
This Report ha	as been prepared in conform	ity with the basis or bases of accou	inting described in , Section P - Notes to the
-		ctions and guidelines as provided b	•
Health Integra	ation Network and the license	ee, any direct funding agreement be	eement between Ontario Health / Local etween the Minister and the licensee, ome for the period being submitted.

Sections C thru F of the report excludes expenditures, as applicable, for: the development of new long-term care beds awarded by the Ministry, the redevelopment of a Category "D" Home, and redevelopment of Replacement "B", "C" and Upgraded "D" beds. Sections C thru F also excludes, as applicable, expenditures funded from the initiatives reported on in Section I: Part A and Part B.

Systems of internal accounting control are maintained in order to assure the reliability of this financial information. These systems include formal policies and procedures, the careful selection and training of qualified personnel, and an organization providing for appropriate delegation of authority and segregation of responsibilities.

Approved by the Licensee on the	day of	, 20
		(Print Licensee's Name)
		Ву:
Witness		NAME:
		TITLE:

Where the Licensee is a for profit nursing home provide a witness signature.

Image: Window of Long-Term Care Care Home Annual Report Ministry of Long-Term Care For the period from Image: Care Annual Report

linistère des Soins de longue durée				
acility #	Licensee Name			

Independent Auditor's Report

To the Minister of Long-Term Care

Opinion

We have audited Sections A through F, Section I and Section O of the accompanying Long-Term Care Home Annual Report of (the Long-Term Care Home), and

(Name of Long-Term Care Home and legal name of licensee)

a summary of significant accounting policies and other explanatory information for the year ended December 31, (the Report).

In our opinion, the Report has been prepared by the management of the Long-Term Care home based on the financial reporting provisions of the 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines (Guidelines), the service accountability agreement between Ontario Health / Local Health Integration Network and the licensee (LOSAA), the Direct Funding Agreement between the Minister and the Long-Term Care Home (DFA), and all applicable policies and directives (Policies) pertaining to the program funding provided for the year ended December 31.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards (Canadian GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Report section of our report. We are independent of the Long-Term Care Home in accordance with the ethical requirements that are relevant to our audit of the Report in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting and Restriction on Distribution

We draw attention to the fact that the Report has been prepared in accordance with the Guidelines, LOSAA, DFA and Policies. The Report is prepared to assist the Long-Term Care Home in complying with the applicable financial reporting provisions, for the purpose of calculating the allowable subsidy for the year ended December 31. As a result, the Report may not be suitable for another purpose.

Our report is intended solely for the directors of the Long-Term Care Home, the Ministry of Long-Term Care, and the LHIN / Ontario Health and should not be distributed to or be used by parties other than the directors of the Long-Term Care Home, the Ministry of Long-Term Care and the LHIN / Ontario Health. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Report

Management is responsible for the preparation of the Report in accordance with the Guidelines, LOSAA, DFA and Policies, and for such internal control as management determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Audit of the Report

Our objectives are to obtain reasonable assurance about whether the Report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the Report.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgement and maintain professional skepticism throughout the audit. We also

- Identify and assess the risks of material misstatement of the Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
- The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Long-Term Care Home's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants

(place)

(date)

Ontario2022 Long-Term Care Home Annual ReportMinistry of Long-Term CareFor the period from2022-01-01to2022-12-31

Ministère des Soins de longue durée

 Facility #
 Licensee Name :

 H14442
 Northland Pointe - The Regional Municipality of Niagara

Appendix A

Auditor's Report - Statement of Trust Account

To the Minister of Long-Term Care:

We have audited the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) of (legal name of Licensee)

for the period from to

prepared in accordance with the Ontario Regulation 79/10 section 241 or the Ontario Regulation 246/22 section 286. The Statement is the responsibility of the Home's management. Our responsibility is to express an opinion on the Report based upon our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards (Canadian GAAS) under CPA Canada Standards and Guidance Collection. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the Report is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Statement. An audit also includes assessing the significant accounting principles used and the significant estimates made by management, as well as evaluating the overall Statement presentation.

In our opinion, the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) presents fairly, in all material respects, the financial position of the trust fund for the year ended December 31, 2022 and the activity of the funds during the year in accordance with Section 241 of the Ontario Regulation 79/10 under the Ministry of Long-Term Care's Long-Term Care Homes Act, 2007, or Section 286 of the Ontario Regulation 246/22 under the Ministry of Long-Term Care Act, 2021.

	Licensed Public Accountant
(place)	
(date)	

1. Basis of accounting

December 31, 2022

The Report has been prepared in accordance with the financial reporting provisions set out in the following:

- Ontario Ministry of Health and Ontario Ministry of Long-Term Care 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines, dated June 30, 2023; and
- LHIN Service Accountability Agreement dated April 1, 2019.

2. Revenue recognition

Resident revenue and funding from the Ontario Ministry of Health and the Ontario Ministry of Long-Term Care are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the period in with the transactions or events occurred that gave rise to the revenues.

3. Expenditures

Eligible expenditures are recorded in the period incurred, in accordance with the guidelines described in Note 1 above.

COM 1- 2024 Appendix 7

Deloitte.

Deloitte LLP Bay Adelaide East 8 Adelaide Street West Suite 200 Toronto ON M5H 0A9 Canada

Tel: 416-601-6150 Fax: 416-601-6151 www.deloitte.ca

Independent Auditor's Report

To the Ontario Ministry of Health and the Ontario Ministry of Long-Term Care

Opinion

We have audited Sections A through F, Section I, and Section O of the accompanying 2022 Long-Term Care Home Annual Report of the Regional Municipality of Niagara – Upper Canada Lodge (the "Region") and notes to the Annual Report including a summary of significant accounting policies (collectively referred to as the "Report").

In our opinion, the Report for the Regional Municipality of Niagara – Upper Canada Lodge for the year ended December 31, 2022 is prepared, in all material respects, in accordance with the financial reporting provisions of the 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines dated June 30, 2023 issued by the Ontario Ministry of Health and the Ontario Ministry of Long-Term Care and financial reporting provisions of the Hamilton Niagara Haldimand Brant Local Health Integration Network (the "LHIN") Service Accountability Agreement dated April 1, 2019 (collectively referred to as the "Guidelines").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Report* section of our Report. We are independent of the Region in accordance with the ethical requirements that are relevant to our audit of the Report in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 of the Report, which describes the basis of accounting. The Report is prepared to assist the Region in complying with the Guidelines. As a result, the Report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Report

Management is responsible for the preparation of the Report in accordance with the Guidelines and for such internal control as management determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Region's financial reporting process.

Auditor's Responsibilities for the Audit of the Report

Our objectives are to obtain reasonable assurance about whether the Report is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this Report.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Region's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants [DATE]

Ontario		2022 Long-Te	erm Care Home Annual Report	
Ministry of Long-Term Care Ministère des Soins de longue (durée	For the period from	2022-01-01	to
Facility #	Operator Name			
	Upper Canada Lodge - The Regional Municipality of Niagara			

OH Region Name Hamilton Niagara Haldimand Brant Local Health Integration Network

	Section A - Level of Care (LOC) Actual Resident Occupancy, Resident Reve	enue and Resident Bad Debt
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000000	A - Level of Care (LOC) Actual Resident Occupancy, Reside	in itevenue a		sident Days				Resident Revenue							Total Revenue				
	Current Revenue Period	January 1 to January 31, 2022 (1a)	February 1 to March 31, 2022 (1b)	April 1 to June 30, 2022 (1c)	July 1 to September 30, 2022 (1d)	October 1 to December 31, 2022 1(e)	Total Days (1f)	Basic Fees January 1 to January 31, 2022 (2a)	Basic Fees February 1 to March 31, 2022 (2b)	Basic Fees April 1 to June 30, 2022 (2c)	Basic Fees July 1 to September 30, 2022 (2d)	Basic Fees October 1 to December 31, 2022 (2e)	the premium charged above the maximum daily rate of	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) February 1 to March 31, 2022 (3b)	to the premium charged above the maximum daily	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) July 1 to September 30, 2022 (3d)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) October 1 to December 31, 2022 (3e)	Basic Revenue	
A001	Long-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	1,063	2,033	3,330	3713	4016	14,155	64,864	130,101	207,578	229.180	253.922	19.998	40.110	63.996	j 70.656	78.291	885.645	273.051
A002	Long-Stay - Semi - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e						0											0	0
A003	Long-Stay - Basic (Include residents where a placement coordinator has deemed that the resident who requested basic should be placed in a preferred room, and Co-payment waiver residents who requested basic but were placed in a preferred room.)	965	2,115	3,097	2851	2850	11,878	51,226	102,836	153,578	153,218	158,770						619,628	
A004	Long-Stay two-bed room (Shared by spouses)						0											0	
A005	Short-Stay - Respite Care bed converted into a long-stay bed (include long-stay residents occupying converted short-stay respite care beds during the COVID-19 period)						0											0	
A005a	Specialized Unit - approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	0
A005b	Specialized Unit - not approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	0
A006	Total Level of Care Long-Stay, Short Stay-Respite Care Beds converted into long-stay beds and Specialized Unit beds. (Sum of lines A001 through A005b)	2,028	4,148	6,427	6,564	6866	26,033	116,090	232,937	361,156	382,398	412,692	19,998	40,110	63,996	70,656	78,291	1,505,273	273,051
A007	Interim Short-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											0	0
A008	Interim Short Stay - Semi-Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											0	0
A009	Interim Short Stay - Basic						0											0	
A010	Interim Short-Stay - two-bed room (Shared by spouses)						0											0	
A011	Total Level of Care Interim Short-Stay beds (Sum of lines A007 through A010)	0	0	0	0	0	0	0	C	C	0) a	0	C) (0	0
A012	Convalescent Care Beds converted into long-stay beds. Include long- stay residents occupying converted convalescent care beds during the COVID-19 period.						0											0	0

2022-12-31

The uncharged portion of resident accommodation fees arising from the variance between the maximum basic accommodation fee which should be charged to residents without an approved rate reduction and the basic accommodation fee charged if the basic accommodation fee charged is less than the maximum basic accommodation fee and the basic accommodation fee charged is less than the Director approved reduced basic accommodation fee and the basic accommodation fee charged is less than the Director approved reduced basic accommodation fee and the basic accommodation fee charged is less than the Director approved reduced basic accommodation fee and the basic accommodation fee charged is less than the Director approved reduced basic accommodation fee .

				Deeld	lent-Davs		
	Actual Occupancy of Awarded Beds and Replacement "D" beds, and Replacement "B", "C" and Upgraded "D" beds during the Fill rate period and the Pre-Move Occupancy Days for Classified "D" Replacement beds. (to be completed by Licensees operating such beds)	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A020a	Actual Resident-days in lines A001 through A005 that was attributed to the Fill-Rale period for awarded beds and replacement "D" beds, replacement "B", "C" and Upgraded "D" beds, the Pre- Move Occupancy Days for Classified "D" Replacement beds						0
A020b	Actual Resident-days in line A005 that was attributed to awarded beds and replacement "D", replacement "B", "C" and Upgraded "D" beds during the Fill rate Period and the Pre-Move Occupancy Days for Classified "D" Replacement beds						0
		Resident-Davs					
	Orientation/Fill-rate Period - Interim Short-Stay beds	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A021a	Actual Interim Short-Stay bed resident-days in lines A007-A010 during the Fill Period						0
				Resid	lent-Days		
	Actual occupancy of beds approved for Occupancy Reduction Protection (ORP)	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A022a	Actual Resident-days in lines A001-A004 during ORP Period						0
A022b	Actual Resident-days in line A007-A010 during ORP Period						0

			Resid	ent Days			_	
	Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting period	February to March (1a)	April to June (1b)	July to Septemb er (1c)	October to Decembe r (1d)	Total Days (1e)		
A023a	Actual resident days in line A003 (Long-stay basic beds) that was attributed to occupied 3rd and above beds in ward rooms.					c		
A023b	Actual resident days in line A005 (Short-stay respite care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					C		
A023c	Actual resident days in line A009 (Interim short-stay basic) that was attributed to occupied 3rd and above beds in ward rooms.					c		
A023d	Actual resident days in line A012 (Convalescent care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					c	-	
					Resid	ient Days	-	
	Reimbursement for lost preferred revenues as per Section 3.2 of the COVID-19 Emm Measures Funding Policy. Use lines A0246 to A024d as applicable, to neport the resi eligible for reimbursement of lost preferred revenues for the period attract 10 Descr Eligible resident days include: 1) actual resident days for the period the resident of preferred accommodation where in accordance with Section 3.2 of the COVID-19 Measures Funding Policy (COVID-19 Policy), a placement coordinator deems that a heas requested a basic iccom should be placed in a preferred moce, and 2) where if a medical leave is unable to return to their LTC home after the medical leave expires be perferred accommodation are waived until the resident days for the period where the preferred accommodation are waived until the resident is able to return to the home. The Ministry will remburse the maximum cost difference situlated by the Co-Pay B a basic room and preferred room rate to the licensee for the period the resident cours. Too, DO NOT report or resident days under the Co-Pay B a basic noom and preferred room rate to the licensee for the period the resident cours. Do NOT report on resident days under the Co-Pay M as the requested reimbursement of lost p revenue through the High Intensity Needs Fund.	ident days mber 31, 2022. scupies mergency n applicant who resident on a ecause it is fees for post-outbreak. ulletin between pies a preferred is section (see	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A024a	For Newer beds - Private Accommodation report the resident days eligible for reimburge preferred revenue. Do not report on resident days related to the Co-payment waiver p preferred revenue reimbursed through the High Intensity Needs Fund.							0
A024b	For Older beds - Private Accommodation report the resident days eligible for reimbur preferred revenue. Do not report on resident days related to the Co-payment waiver preferred revenue reimbursed through the High Intensity Needs Fund.	rsement of lost program or, lost	62	118	182	184	138	684
A024c	For Newer beds - Semi-Private Accommodation report the resident days eligible for of lost preferred revenue. Do not report on resident days related to the Co-payment w or, lost preferred revenue reimbursed through the High Intensity Needs Fund.							0
A024d	For Older beds - Semi-Private Accommodation report the resident days eligible for rr of lost preferred revenue. Do not report on resident days related to the Co-payment w or, lost preferred revenue reimbursed through the High Intensity Needs Fund.	eimbursement aiver program						0
	- -			I 	Resid	ent Days		
	Reimbursement for lost preferred revenues - Co-payment Waiver P lines A024e through A024h, as applicable, to report the resident da under the Co-payment Waiver Program for reimbursement of lost p revenue for the period January 1, 2022 to September 30, 2022 which for preferred accommodation are waived. Report only on eligible re where the licensee of the LTC home to which a resident is admitted before April 10, 2022 under the special pandemic admission rules f in public hospitals set out in s. 242 of the Ontario Regulation 246/22 prohibited from charging that resident any accommodation charges the applicable conditions set out in s. 296 of the Ontario Regulation (e.g. at the time of admission the home was not the resident's first Ministry will reimburse the maximum cost difference sipulated by th Builletin between a basic room and preferred room rate to the licens period the resident occupies a preferred room. DO NOT report on r already reported in section C and on resident days that may have r reimbursement of lost preferred revenue through the High Intensity Fund.	vs eligible referred re the fees sisident days on or or patients 2 is if meeting 246/22 choice). The the Co-Pay ee for the sisident days ecceived	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A024e	For Newer beds - Private Accommodation report the resident days reimbursement of lost preferred revenue.	eligible for						0
A024f	For Older beds - Private Accommodation report the resident days e reimbursement of lost preferred revenue.		0	278	260	70		608
A024g	For Newer beds - Semi-Private Accommodation report the resident for reimbursement of lost preferred revenue.							0
A024h	For Older beds - Semi-Private Accommodation report the resident of							

2022 Long-Term Care Home Annual Report

For the period from 2022-01-01 to 2022-12-31

Ministry of Long-Term Care Ministère des Soins de longue durée

Facility #

Operator Name Upper Canada Lodge - The Regional Municipality of Niagara

H13534

Section A - Level of Care (LOC) Actual Resident Occupancy, Resident Revenue and Resident Bad Debt, continued

Prior Period Revenue	Revenue	For Ministry Use Only
A030 Basic Revenue: July 1, 1994 to December 31, 2021	0	

	Resident Bad Debt on 2022 Basic Accommodation Fee	s	For Ministry Use Only
A040	Basic Accommodation Fees - Bad Debt		
A041	Collection Costs		
A042	Total Bad Debt Costs (A040 + A041)	\$0	

Section B - Actual Other Recoverable Revenue

	Description	Revenue (1)	For Ministry Use Only Recoverable Revenue (2)
B001	Interest Earned		
B002	Other LTC Home funding provided by Government		
	Other: Provide Description		
B004	Total - Actual Other Recoverable Revenue (Sum of lines B001 through B003)	\$0	

Untario	LULL LUNG IVIN		/ uniaa	itopoit
Ministry of Long-Term Care	For the period from	2022-01-01	to	2022-12-31
Ministère des Soins de longue durée				
Facility #	Operator Name :			
H13534	Upper Canada Lodge - The Re	egional Municipality	of Niagara	1

H13534 Upper Canada Lodge - The Regional Municipality of Niagara
Section C - Actual Expenditures - Nursing and Personal Care

	Nursing and Personal Care (NPC)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
C001	Salaries	2,901,438		2,901,438				0	
C002	Employee Benefits	619,149		619,149				0	
C003	Purchased Services	11,875		11,875				0	
C004	Medical and Nursing Supplies	94,784		94,784				0	
C005	Equipment	40,508		40,508				0	
C006	Physician On-Call Coverage	17,325		17,325				0	
C007	Other	10		10				0	
C008	Expenditure Recoveries (enter as negative)	(4,390)		(4,390)				-	
C009						\$0	\$0	\$0	

Note: Claim-based not to be included.

	Global Level of Care Funding		LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7 March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nursin expenses. Note: The expenses must also be reported on lines C001 through C009, as applica funding is allocated to the Other Accommodation envelope; unused funding may be retained b expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the r across the NPC, PSS and NS envelopes	g and Personal Care ble. 32% of the Global LOC y the home. The total	214691	
I			211001	

	Registered Nurse (RN) and Registered Practical Nurse (RPN) - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C011	Report the total eligible expenses funded from the RN & RPN - BSO initiative. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C011 will be used to determine any unused funding from the RN & RPN - BSO initiative.		

	Personal Support Worker (PSW) - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C012	Report the total eligible expenses funded from the PSW- BSO initiative. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C012 will be used to determine any unused funding from the PSW - BSO initiative.		

	Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: RN/RPN and PSW	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)	
C013	Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for RN/RPN and/or PSW FTE's, and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C013 will be added to the expenses reported on line D011 to determine any unused funding			

Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines C001 through C009, as applicable.		

	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)
C015	Report the total eligible expenses from the NPC envelope and funded directly from additional funding provided for designated specialized units. The expenses must also be reported on lines C001 through C009, as applicable.	

December 29, 2017

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Inistère des Soins de longue durée								
Ministry of Long-Term Care	For	the period from	2022-01-01					

Facility # Operator Name : H13534 Upper Canada Lodge - The Regional Municipality of Niagara

Section D - Actual Expenditures - Program and Support Services

	Program and Support Services (PSS)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
D001	Salaries	273,551		273,551				0	
D002	Employee Benefits	66,012		66,012				0	
D003	Purchased Services	100,780		100,780				0	
D004	Supplies	6,821		6,821				0	
	Equipment	43		43				0	
D006	Other	1,999		1,999				0	
D007	Expenditure Recoveries (enter as negative)			0				0	
D008									

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D009	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Program and Support Services expenses. Note: The expenses must also be reported on lines D001 through D008, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes		
	Additional Healthcare Personnel - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D010	Report the total eligible expenses funded from the Additional Healthcare Personnel - BSO initiative. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D010 will be used to determine any unused funding from the Additional Healthcare Personnel - BSO initiative.		
	Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: Additional Healthcare Personnel	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)

Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for Additional Healthcare Personnel FTE's and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D011 will be added to the expenses reported on line C013 to determine any unused funding.

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D012	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines D001 through D008, as applicable.		

	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)
D013	Report the total eligible expenses funded from the Designated Specialized Units - Additional Funding . The expenses must also be reported on lines D001 through D008, as applicable.	

Ontario		2022 Long-Torm Ca	ro Homo An	nual E	Panart		
ontario							
linistry of Long-Term Care		For the period fror	2022-01-01	to	2022-12-31		
linistère des Soins de longue dur	ée						
acility #	Operator Name :						
1	finistère des Soins de longue dur	linistère des Soins de longue durée	Inistry of Long-Term Care For the period from Inistère des Soins de longue durée	tinistry of Long-Term Care For the period from 2022-01-01 tinistère des Soins de longue durée	tinistry of Long-Term Care For the period fror 2022-01-01 to finistre des Soins de longue durée		

H13534 Upper Canada Lodge - The Regional Municipality of Niagara

Section E - Actual Expenditures - Nutritional Support

	Nutritional Support	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
E001	Nutritional Support	358,668		358,668				0	
E002	Expenditure Recoveries (enter as negative)	(21,759)		(21,759)				0	
E003									

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
E004	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nutritional Suport expenses. Note: The expenses must also be reported on lines E001 through E003, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes		

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Section F - Actual Expenditures - Other Accommodation

		LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
F001	Housekeeping Services (HS)	406430		406430				0	
	Building and Property - Operations and Maintenance (B&P-OM)	177410		177410				0	
F003	Dietary Services (DS)	620990		620990				0	
F004	Laundry and Linen Services (L & LS)	139286		139286				0	
F005	General and Administrative (G&A)	818040	472314	1290354				0	
F006	Facility Costs (FC)	392812.24	14013	406825.24				0	
	Total Other Accommodation Expenditures (Line F001 through Line F006).	\$2,554,968	\$486,327	\$3,041,295		\$0	\$0	\$0	
	Total Inadmissible Expenditures, Other Accommodation (includes expenditures reported in line F005 and F006, as applicable, for honorariums, donations, mortgage interest, interest on operating line of credit, other interest, amortization and depreciation.	213185		213185				0	
F009	Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	\$2,341,783	\$486,327	\$2,828,110		\$0	\$0	\$0	

		Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)	
ſ	F010	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Other Accommodation expenses. Note: The expenses must also be reported on lines F009 favore applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes			

Municipal Property Tax	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
Report the total eligible municipal property tax. The expense must also be reported on line F006 and will be used to determine the eligible Municipal Tax Allowance.		

		Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
F	012	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines F001 through F006, as applicable.		
				1
		Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)	
F	013	Report the total eligible expenses funded from the Designated Specialized Units - Additional Funding . The expenses must also be reported on lines F001 through F009, as applicable.		

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Ministry of Long-Term Care Ministère des Soins de longue durée	For the period from	•	#######################################	to #########
Facility # H13534	Operator Name : Upper Canada Lodge - The Regional Municipality of Niagara			

Section I: Part A.

Line Ia01a- The Nurse Practitioner in Long-Term Care Home Program

In accordance with the Long-Term Care (LTC) Nurse Practitioner (NP) Program Funding Policy, report on line 1a01a Salary, Benefits, and Overhead expenditures for the Nurse Practitioner position. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022				
			Overhead Expenses -		
	Salary	Benefits	operating	Total Expenditure	
la01a					\$0

Line Ia01b- Attending Nurse Practitioner in Long-Term Care Home Initiative

In accordance with the Attending Nurse Practitioners in Long-Term Care Homes Initiative Funding Policy, report on line 1a01b Salary, Benefits, and Overhead expenditures for the Attending Nurse Practitioner position. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

[Expenditures for 12 months, January 1, 2022 to December 31, 2022				
			Overhead Expenses -		X
	Salary	Benefits	operating	Total Expenditure	_
la01b					<u>\$0</u>

Line Ia01c- Falls Prevention Equipment Funding Program

In accordance with the Falls Prevention Equipment Funding Policy complete the attestation below as applicable. DO NOT REPORT THE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	171
Ia01c Funding for the January 1, 2022 to December 31, 2022 period has been used for equipment intended to	
reduce falls or injuries from falls (Y / N).	1

Line la01d - Designated Specialized Unit - One-time Start up Funding

In accordance with the Policy: Designation/Revocation of Specialized Units report One-time Specialized Unit Start up costs on line 1a01d. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022	Total Expenditure
la01d		

Ontario	2022 Long-Term Care Home Annual Report			
Ministry of Long-Term Care	For the period from	2022-01-01	to	########
Ministère des Soins de longue durée				

H13534	Upper Canada Lodge - The Regional Municipality of Niagara
Facility #	Operator Name :

Section I: Part A. (continued)

Line Ia01e1 - Additional COVID-19 Prevention and Containment Funding

I his section refers to the ADM letters of May 7, 2021, August 26, 2021, February 4, 2022, March 21, 2022, for the provision of \$191,595,600, \$346,463,900 (\$56,001,200 for 2020-21 and \$290,462,700 for 2021-22), \$247,000,000 (\$45 million for 2020-21 and \$201,982,800 for 2021-22) and \$143,500,000 (\$7,869,200 for 2020-21 and \$135,614,300 for 2021-22), respectively and the Minister letter of December 22, 2022 for the provision of \$182.1 million in additional one-time emergency funding to long-term care homes.

Report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line Ia01e1. Please note that this instruction applies to incremental expenses not already reported IN SECTIONS C THRU F OR ELSEWHERE IN SECTION I of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

Refer to the Long-Term Care Home Annual Report: Technical Instructions and Guidelines for guidance on the conditions of funding and eligible expenses.

		Total Expenditure
la01e1	Expenditure for the January 1, 2022 to March 31, 2022 period	242208
	-	

Line Ia01e2 - Additional COVID-19 Prevention and Containment Funding

This section refers to the ADM letters of May 2, 2022, September 1, 2022 and Minister letters of December 22, 2022, March 31, 2023 and June 26, 2023 for the provision of \$130,044,000, \$146,622,200, \$182.1 million, \$161,686,800 and \$181,100,000 respectively in additional one-time emergency funding to long-term care homes.

Report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line Ia01e2. Please note that this instruction applies to incremental expenses not already reported IN SECTIONS C THRU F OR ELSEWHERE IN SECTION I of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

Refer to the Long-Term Care Home Annual Report: Technical Instructions and Guidelines for guidance on the conditions of funding and eligible expenses.

		Total Expenditure
la01e2	Expenditure for the April 1, 2022 to December 31, 2022 period	807470

Line Ia01h1 - Personal Support Worker Temporary Wage Enhancement

This section refers to (a) the ADM letter of November 23, 2021 on the provision of \$164,729,100 in Personal Support Worker Temporary Wage Enhancement funding to long-term care homes and (b) the November 2020 Long-Term Care PSW Temporary Wage Enhancement Funding Policy. For the January 1, 2022 to March 31, 2022 period, report PSW Temporary Wage Enhancement expenditures on line Ia01h1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01h1	Expenditure for the January 1, 2022 to March 31, 2022 period	52335

Line Ia01h2 - Personal Support Worker Temporary and Permanent Wage Enhancement

This section refers to (a) the ADM letter on April 27, 2022 on the provision of \$314,281,000 in Personal Support Worker Temporary Wage Enhancement funding and Personal Support Worker Permanent Wage Enhancement funding to long-term care homes, (b) the April 2022 Long-Term Care PSW Temporary Wage Enhancement Funding Policy, and (c) the April 2022 Long-Term Care PSW Permanent Wage Enhancement Funding Policy . For the April 1, 2022 to December 31, 2022 period, report Personal Support Worker Temporary and Permanent Wage Enhancement on line Ia01h2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 reconciliation.

		Total Expenditure
la01h2	Expenditure for the April 1, 2022 to December 31, 2022 period	219318

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Ministry of Long-Term Care	For the period from 2022-01-01 to 2022-12-31
Ministère des Soins de longue de	lurée
Facility #	Operator Name :
L12524	Upper Canada Lodge The Regional Municipality of Niagara

Section I: Part A. (continued)

Line la01i1- Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of March 19, 2021 on the provision of \$61,373,400 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line Ia01i1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period. January 1, 2022 to March 31, 2022 period in the 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01i1	Expenditure for the January 1, 2022 to March 31, 2022 period	31003

Line Ia01i2 - Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of May 2, 2022 on the provision of \$61,428,600 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line la01i2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period will be added to expenditure reported in the 2023 period in the 2023 period in the 2023 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01i2	Expenditure for the April 1, 2022 to December 31, 2022 period	100278

Line la01j1 - Infection and Prevention Control - Personnel and Training

This section refers to the ADM letter of July 16, 2021 on the provision of up to \$30,000,000 in one-time funding during the 2021-2022 funding year to support infection prevention and control capacity in long-term care homes including retaining IPAC professionals and providing IPAC training to LTC home personnel. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Personnel and Training expenditures on line la01j1a and la01j1b respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01j1a	Expenditure on Personnel for the January 1, 2022 to March 31, 2022 per	5015
la01j1b	Expenditure on Training for the January 1, 2022 to March 31, 2022 period	3827

Line la01j2 - Infection and Prevention Control - Personnel

This section refers to the ADM letter of May 2, 2022 on the provision of up to \$20,000,000 in one-time funding during the 2022-2023 funding year to support infection prevention and control capacity in long-term care homes to retain IPAC professionals. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Personnel expenditures on line Ia01j2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01j2	Expenditure on Personnel for the April 1, 2022 to December 31, 2022 per	25069

Line Ia01j3 - Infection and Prevention Control - Training

This section refers to the ADM letter of September 29, 2022 on the provision of up to \$26,170,000 in funding for the 2022-2023 funding year to support infection prevention and control training and education. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Training expenditures on line la013. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01j3	Expenditure on Training for the April 1, 2022 to December 31, 2022 perio	32845

Ontario	2022 Long-Term Care Home Annual Report				
Ministry of Long-Term Care	For the period from	2022-01-01	to	#########	
Ministère des Soins de longue durée					
Facility #	Operator Name :				
H13534	Upper Canada Lodge - The Regional Municipality of Niagara				

Section I: Part A. (continued)

Line Ia01k1 - New Long-Term Care Minor Capital Program

This section refers to the (a) ADM letter of March 19, 2021 on the provision of up to \$23,911,600 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01k1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period on line Ia01k1. DO NOT REPORT 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2022 to March 31, 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01k1	Expenditure for the January 1, 2022 to March 31, 2022 period	5011

Line Ia01k2 - New Long-Term Care Minor Capital Program

This section refers to the (a) ADM letter of May 2, 2022 on the provision of up to \$26,922,000 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line la01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period on line la01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation, plus the amount of funding approved for carry over from the April 1, 2021 to March 31, 2022 period to the April 1, 2022 to March 31, 2022 period to the April 1, 2023 period.

la01k2 Expenditure for the April 1, 2022 to December 31, 2022 period	2551

Line Ia01m1 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$21,053,600 in funding for the Medication Safety Technology Program, and (b) the April 2021 Long-Term Care Medication Safety Technology Program Funding policy. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01m1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2022 period.

		Total Expenditure	
la01m1	Expenditure for the January 1, 2022 to March 31, 2022 period	1682	

Line Ia01m2 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$28,261,500 in funding for the Medication Safety Technology Program, and (b) the April 2021 Long-Term Care Medication Safety Technology Program Funding policy. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line la01m2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2022 period in the 2023 period in the 2023 reconciliation plus the amount of funding approved for carry over from the April 1, 2021 to March 31, 2022 period.

		Total Expenditure
la01m2	Expenditure for the April 1, 2022 to December 31, 2022 period	12061

Facility # H13534

2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care Ministère des Soins de longue durée

For the period from rée Operator Name :

Upper Canada Lodge - The Regional Municipality of Niagara

2022-01-01

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Section I: Part A. (continued)

Line Ia01p1 - Clinical Decision Support Tools Program

This section refers to the ADM letter of September 29, 2021 on the investment of up to \$3,070,000 in funding in the use of clinical decision support tools to improve the quality of care for residents. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01p1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01p1	Expenditure for the January 1, 2022 to March 31, 2022 period	4347

Line Ia01p2 - Clinical Decision Support Tools Program

This section refers to the ADM letter of May 2, 2022 on the investment of up to \$6,140,000 in funding in the use of clinical decision support tools to improve the quality of care for residents. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01p2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report, Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

				Total Expenditure
la01p2	Expenditure for the April 1, 2022 to December 31, 2022 period			13042
			-	

Line Ia01q1 - RN, RPN and PSW Staffing Supplement, AHP Staffing Supplement and Supporting Professional Growth Fund

This section refers to the Minister and ADM letters of October 15, 2021 for the 2021-22 fiscal year on the investment of up to \$227,187,500 to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses and Personal Support Workers (RN/RPN/PSW), up to \$42,802,600 to increase the provincewide average hours of direct care by Allied Health Professionals (AHP) and up to \$10,000,000 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the January 1, 2022 to March 31, 2022 period on lines Ia01q1a, Ia01q1b and Ia01q1c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the November 1, 2021 to December 31, 2021 period and matched against funding provided for the November 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the January 1, 2022 to	
la01q1a	March 31, 2022 period	213877
	AHP Staffing Supplement expenditure for the January 1, 2022 to March 31, 2022	
la01q1b	period	34905
	SPGF expenditure for the January 1, 2022 to March 31, 2022 period	
la01q1c		10738

Line Ia01q2 - RN, RPN and PSW Staffing Supplement, AHP Staffing Supplement and Supporting Professional Growth Fund

This section refers to the Minister and ADM letters of March 15, 2022 and November 22, 2022 for the 2022-23 fiscal year on the investment of up to \$640,169,300 and up to \$33,304,700 respectively to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses, Personal Support Workers (RN/RPN/PSW) and Allied Health Professionals (AHP), and up to \$10,000,000 and up to \$13,16,600 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the April 1, 2022 to December 31, 2022 period on lines Ia01q2a, Ia01q2b and Ia01q2c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the April 1, 2022 to	
la01q2a	December 31, 2022 period	438020
	AHP Staffing Supplement expenditure for the April 1, 2022 to December 31, 2022	
la01q2b	period	82520
	SPGF expenditure for the April 1, 2022 to December 31, 2022 period	
la01q2c		8358

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Facility #

H13534

2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care Ministère des Soins de longue durée

For the period from ée Operator Name :

Upper Canada Lodge - The Regional Municipality of Niagara

2022-01-01

2022-12-31

to

Section I: Part A. (continued)

Line Ia01r1 - Temporary Retention Incentive for Nurses

This section refers to the ADM letter of April 26, 2022 on the investment of up to \$56,847,500 in funding for Temporary Retention Incentive for Nurses for 2021-22. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01r1. The expenditure relates to nurses working during the period between February 13, 2022 and April 22, 2022 and employed as of September 1, 2022. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01r1	Expenditure for the January 1, 2022 to March 31, 2022 period	35303

Line Ia01r2 - Temporary Retention Incentive for Nurses

This section refers to the ADM letter of September 23, 2022 on the investment of up to \$44,000,000 in funding for Temporary Retention Incentive for Nurses for 2022-23. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01r2. The expenditure relates to nurses working during the period between February 13, 2022 and April 22, 2022 and employed as of September 1, 2022. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

			Total Expenditure		
la01r2	Expenditure for the April 1, 2022 to December 31, 2022 period				18147

Line Ia01s1 - Hiring More Nurse Practitioners for Long-Term Care

This section refers to the ADM letter of October 5, 2022 on the investment of up to \$9,984,000 in funding for Hiring More Nurse Practitioners for Long-Term Care for 2022-23. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01s1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01s1	Expenditure for the April 1, 2022 to December 31, 2022 period	0
		-

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Ministry of Long-Term Care	For the period from	2022-01-01	to	2022-12-31		
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Facility #	Operator Name :					
H13534	Upper Canada Lodge - The Regional Municipality of Niagara					

Section I: Part B One-time Funding and Other Initiatives.

Use column D to report the expenses applicable to and funded from the funding initiatives below. The expenses reported in column D must not be included in Sections C thru F or Section I: Part A of the LTCH Annual Report.

The items reported in Section I: Part B are to be limited to the expenses that were incurred from January 1, 2022 thru December 31, 2022 only for funding that is received directly by the LTC Home based on the funding provided in the LTCH Payment Calculation Notice. The expenses reported in Section I, Part B are reconciled via alternate processes and shall be excluded from the calculation used to determine the Allowable Subsidy in the 2022 Overall Reconciliation.

Line (A)	Funding Initiative (B)	Description of expenses reported for the January 1, 2022 to December 31, 2022 period (C)	Expenses (D)	
lb1	Nurse Led Outreach	Salaries and wages of nurses to ensure timely access to care by LTC Home residents and avoid emergency room and hospital admissions.		
lb2	High Intensity Needs Fund (HINF) Claims- Based	Claims eligible for reimbursement for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.		
lb3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services purchased by LTC Homes.		
lb4	RAI-MDS one- time funding	Claims eligible for reimbursement for the purchase of computer hardware and software, including RAI-MDS software, to meet CIHI reporting requirements.		
lb5	Peritoneal Dialysis	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.		
lb6	LTCH Centre of Learning, Research and Innovation Program funding	Claims eligible for reimbursement for the operation of a LTCH Centre of Learning, Research and Innovation program.		
lb7	OH/LHIN funding from outside the Ministry's BSO investment to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO.	Claims eligible for reimbursement from funding provided by OH/LHIN to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO with funding from outside the Ministry's BSO investment.		
lb8	Local Priorities Fund	Eligible Local Priorities Fund expenses incurred.		
	One-time and project funding	Use lines Ib9 through Ib13, column D to report expenses eligible f reimbursement incurred by the home from January 1, 2022 to Dec 2022 for any one-time and project funding, based on the funding p the LTCH Payment Calculation Notice. Report each funding item and provide a description, e.g. Water Quality Testing	cember 31, provided in	
lb9	Description:			
lb10	Description:			
lb11	Description:			
lb12	Description:			
lb13	Description:			
	Total I	Expenses from Section I, Part B (sum of lines lb1 to lb13)	10,57	

H13534

Ministry of Long-Term Care

2022-01-01

to

2022-12-31

Ministère des Soins de longue durée

Licensee Name : Facility #

Upper Canada Lodge - The Regional Municipality of Niagara

Check if no accrual amounts as of December 31, 2021

Section O - Accrual Report

	NURSING AND PERSONAL CARE				
	Please complete lines O001 through O003, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O001	Salaries	249,665	249,665	260,808	260,808
O002	Employee Benefits	48,298	48,298	52,962	52,962
O003	Other (specify):	50,049	50,049	0	0
0004	TOTAL NURSING AND PERSONAL CARE (sum of lines 0001 through 0003)	\$348,012	\$348,012	\$313,770	\$313,770

	Program and Support Services	$\left \right\rangle$				
	Please complete lines O101 through O103, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.		Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
01	Salaries		23,371	23,371	23,916	23,916
02	Employee Benefits		5,012	5,012	6,052	6,052
03	Other (specify):		0	0	0	0
04	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O101 through O103)		\$28,383	\$28,383	\$29,968	\$29,968

	Other Accommodation - To Be Completed by Red-Circled Homes				
	Please complete lines O201 through O203, as applicable. Include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
0201	Salaries				0
O202	Employee Benefits				0
O203	Other (specify):				0
10204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$0	\$0	\$0	\$0

December 29, 2017

2022 Long-Term Care	Home Ann	ual Report
For the period from	2022-01-01	to

For the period from

2022-01-01

2022-12-31

Ministry of Long-Term Care Ministère des Soins de longue durée

Facility # H13534 Licensee Name : Upper Canada Lodge - The Regional Municipality of Niagara

Section P - Notes to the Report

Significant Accounting Principles

Basis of Accounting

Sections A through F, Section I and Section O of the report have been prepared in accordance with generally accepted accounting principles (GAAP) and applicable legislation, regulations, policies and directives.

If there is no trust account, please check here

and please explain:

Ontario	2022 Long-Term Care Home Annual Report
Ministry of Long-Te	erm Care For the period from 2022-01-01 to 2022-12-31
Ministère des Soin	s de longue durée
Facility #	Licensee Name :
H13534	Upper Canada Lodge - The Regional Municipality of Niagara
Sectio	on Q - Licensee's Statement and Approval
	ion contained in Sections A through F, Section I, and Section O and P of this Long-Term Care Home ort of (legal name of Licensee)
for the Period	d fromwas provided by management
This Report I	has been prepared in conformity with the basis or bases of accounting described in , Section P - Notes to the
Report and a	idheres to the technical instructions and guidelines as provided by the Ministry of Long-Term Care.
Health Integr and all applic Sections C th awarded by t Upgraded "D Section I: Pa	ion contained in this report is in accordance with the service agreement between Ontario Health / Local ration Network and the licensee, any direct funding agreement between the Minister and the licensee, cable policies pertaining to the program funding provided to the home for the period being submitted. hru F of the report excludes expenditures, as applicable, for: the development of new long-term care beds the Ministry, the redevelopment of a Category "D" Home, and redevelopment of Replacement "B", "C" and " beds. Sections C thru F also excludes, as applicable, expenditures funded from the initiatives reported on in rt A and Part B.
•	
	These systems include formal policies and procedures, the careful selection and training of qualified nd an organization providing for appropriate delegation of authority and segregation of responsibilities.

Approved by the Licensee on the	day of	, 20
		(Print Licensee's Name)
		Ву:
Witness		NAME:
		TITLE:

Where the Licensee is a for profit nursing home provide a witness signature.

Ontario 2022 Long-Term Care Home Annual Report Ministry of Long-Term Care For the period from to Ministère des Soins de longue durée to to Facility # Licensee Name to

Independent Auditor's Report

To the Minister of Long-Term Care

Opinion

We have audited Sections A through F, Section I and Section O of the accompanying Long-Term Care Home Annual Report of (the Long-Term Care Home), and

(Name of Long-Term Care Home and legal name of licensee)

a summary of significant accounting policies and other explanatory information for the year ended December 31, (the Report).

In our opinion, the Report has been prepared by the management of the Long-Term Care home based on the financial reporting provisions of the 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines (Guidelines), the service accountability agreement between Ontario Health / Local Health Integration Network and the licensee (LOSAA), the Direct Funding Agreement between the Minister and the Long-Term Care Home (DFA), and all applicable policies and directives (Policies) pertaining to the program funding provided for the year ended December 31.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards (Canadian GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Report section of our report. We are independent of the Long-Term Care Home in accordance with the ethical requirements that are relevant to our audit of the Report in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting and Restriction on Distribution

We draw attention to the fact that the Report has been prepared in accordance with the Guidelines, LOSAA, DFA and Policies. The Report is prepared to assist the Long-Term Care Home in complying with the applicable financial reporting provisions, for the purpose of calculating the allowable subsidy for the year ended December 31. As a result, the Report may not be suitable for another purpose.

Our report is intended solely for the directors of the Long-Term Care Home, the Ministry of Long-Term Care, and the LHIN / Ontario Health and should not be distributed to or be used by parties other than the directors of the Long-Term Care Home, the Ministry of Long-Term Care and the LHIN / Ontario Health. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Report

Management is responsible for the preparation of the Report in accordance with the Guidelines, LOSAA, DFA and Policies, and for such internal control as management determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Audit of the Report

Our objectives are to obtain reasonable assurance about whether the Report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the Report.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgement and maintain professional skepticism throughout the audit. We also

- Identify and assess the risks of material misstatement of the Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
- The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Long-Term Care Home's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants

(place)

(date)

2022 Long-Term Care Home Annual Report

to

2022-12-31

Ministry of Long-Term Care

For the period from 2022-01-01

Ministère des Soins de longue durée

Facility # Licensee Name : H13534 Upper Canada Lodge - The Regional Municipality of Niagara

Appendix A

Ontario

Auditor's Report - Statement of Trust Account

To the Minister of Long-Term Care:

We have audited the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) of (legal name of Licensee)

for the period from ______to

prepared in accordance with the Ontario Regulation 79/10 section 241 or the Ontario Regulation 246/22 section 286. The Statement is the responsibility of the Home's management. Our responsibility is to express an opinion on the Report based upon our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards (Canadian GAAS) under CPA Canada Standards and Guidance Collection. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the Report is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Statement. An audit also includes assessing the significant accounting principles used and the significant estimates made by management, as well as evaluating the overall Statement presentation.

In our opinion, the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) presents fairly, in all material respects, the financial position of the trust fund for the year ended December 31, 2022 and the activity of the funds during the year in accordance with Section 241 of the Ontario Regulation 79/10 under the Ministry of Long-Term Care's Long-Term Care Homes Act, 2007, or Section 286 of the Ontario Regulation 246/22 under the Ministry of Long-Term Care Act, 2021.

	Licensed Public Accountant
(place)	
(date)	

1. Basis of accounting

December 31, 2022

The Report has been prepared in accordance with the financial reporting provisions set out in the following:

- Ontario Ministry of Health and Ontario Ministry of Long-Term Care 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines, dated June 30, 2023; and
- LHIN Service Accountability Agreement dated April 1, 2019.

2. Revenue recognition

Resident revenue and funding from the Ontario Ministry of Health and the Ontario Ministry of Long-Term Care are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the period in with the transactions or events occurred that gave rise to the revenues.

3. Expenditures

Eligible expenditures are recorded in the period incurred, in accordance with the guidelines described in Note 1 above.

COM-1 2024 Appendix 8

Deloitte.

Deloitte LLP Bay Adelaide East 8 Adelaide Street West Suite 200 Toronto ON M5H 0A9 Canada

Tel: 416-601-6150 Fax: 416-601-6151 www.deloitte.ca

Independent Auditor's Report

To the Ontario Ministry of Health and the Ontario Ministry of Long-Term Care

Opinion

We have audited Sections A through F, Section I, and Section O of the accompanying 2022 Long-Term Care Home Annual Report of the Regional Municipality of Niagara – The Woodlands of Sunset (the "Region") and notes to the Annual Report including a summary of significant accounting policies (collectively referred to as the "Report").

In our opinion, the Report for the Regional Municipality of Niagara – The Woodlands of Sunset for the year ended December 31, 2022 is prepared, in all material respects, in accordance with the financial reporting provisions of the 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines dated June 30th, 2023 issued by the Ontario Ministry of Health and the Ontario Ministry of Long-Term Care and financial reporting provisions of the Hamilton Niagara Haldimand Brant Local Health Integration Network (the "LHIN") Service Accountability Agreements dated April 1, 2019 (collectively referred to as the "Guidelines").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Report* section of our Report. We are independent of the Region in accordance with the ethical requirements that are relevant to our audit of the Report in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 of the Report, which describes the basis of accounting. The Report is prepared to assist the Region in complying with the Guidelines. As a result, the Report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Report

Management is responsible for the preparation of the Report in accordance with the Guidelines and for such internal control as management determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Region's financial reporting process.

Auditor's Responsibilities for the Audit of the Report

Our objectives are to obtain reasonable assurance about whether the Report is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this Report.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Region's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants [DATE]

Ontario		2022 Long-Te	2022 Long-Term Care Home Annual Report								
Ministry of Long-Ten Ministère des Soins		For the period from	2022-01-01	to	2022-12-31						
Facility # H14496	Operator Name Woodlands of Sunset (The) - Th	Regional Municipality of Niagara									

OH Region Name Hamilton Niagara Haldimand Brant Local Health Integration Network

Section A - Level of Care (LOC) Actual Resident Occupancy, Resident Revenue and Resident Bad Debt

Section A - Level of Care (LOC) Actual Resident Occupancy, Reside	III Revenue a		sident Days				Resident Revenue								Total Revenue			
Current Revenue Period	January 1 to January 31, 2022 (1a)	February 1 to March 31, 2022 (1b)	April 1 to June 30, 2022 (1c)	July 1 to September 30, 2022 (1d)	October 1 to December 31, 2022 1(e)	Total Days (1f)	Basic Fees January 1 to January 31, 2022 (2a)	Basic Fees February 1 to March 31, 2022 (2b)	Basic Fees April 1 to June 30, 2022 (2c)	Basic Fees July 1 to September 30, 2022 (2d)	Basic Fees October 1 to December 31, 2022 (2e)	the premium charged above	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) February 1 to March 31, 2022 (3b)	to the premium charged above the maximum daily	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) July 1 to September 30, 2022 (3d)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) October 1 to December 31, 2022 (3e)	Basic Revenue	Preferred Fees (4b=3a+3b+3c +3d+3e)
Long-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	1,669	3,110	4,784	4663	4604	18,830	101,892	199,308	298,324	287,572	291,093	42,802	83,784	125,597	118,559	123,394	1,178,189	494,136
Long-Stay - Semi - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	314	664	1,086	1094	1339	4,497	19,162	42,542	67,688	67,564	84,692	3,744	8,355	13,329	13,304	16,812	281,648	55,544
Long-Stay - Basic (Include residents where a placement coordinator has deemed that the resident who requested basic should be placed in a preferred room, and Co-payment waiver residents who requested basic but were placed in a preferred room.)	1,410	2,615	4,254	4359	4536	17,174	69,827	137,472	223,022	229,261	248,199						907,781	
A004 Long-Stay two-bed room (Shared by spouses)				87		87		107,112	LEO,OLL	10,861							10,861	
A005 (include long-stay residents occupying converted short-stay respite care beds during the COVID-19 period)						0											0	
A005a Specialized Unit - approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	0
A005b Specialized Unit - not approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	0
Total Level of Care Long-Stay, Short Stay-Respite Care Beds A006 converted into long-stay beds and Specialized Unit beds. (Sum of lines A001 through A005b)	3,393	6,389	10,124	10,203	10479	40,588	190,881	379,322	589,034	595,258	623,984	46,546	92,139	138,926	131,863	140,206	2,378,479	549,680
Interim Short-Stay - Private. Exclude amounts reimbursed at 0.7% dP referred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											0	0
Interim Short Stay - Semi-Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											0	0
A009 Interim Short Stay - Basic	31	59	91	92	92	365	1,104	2207	3311	4,156	4.156						14,934	
A010 Interim Short-Stay - two-bed room (Shared by spouses) Total Level of Care Interim Short-Stay beds (Sum of lines A007	31	59	91	92	92	365	1,104	2,207	3.311	4156	4156	0	0	0	0		0 14.934	
A011 through A010) Convalescent Care Beds converted into long-stay beds. Include long- A012 stay residents occupying converted convalescent care beds during the COVID-19 period.						0											0	0

The uncharged portion of resident accommodation fees arising from the variance between the maximum basic accommodation fee which should be charged to residents without an approved rate reduction and the basic accommodation fee charged if the basic accommodation fee charged is less than the maximum basic accommodation fee charged is less than the Director approved reduced basic accommodation fee and the basic accommodation fee charged is less than the Director approved reduced basic accommodation fee .

				Resid	ent-Days		
	Actual Occupancy of Awarded Beds and Replacement "D" beds, and Replacement "B", "C" and Upgraded "D" beds during the Fill rate period and the Pre-Move Occupancy Days for Classified "D" Replacement beds. (to be completed by Licensees operating such beds)	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A020a	Actual Resident-days in lines A001 through A005 that was attributed to the FIII-Rate period for awarded beds and replacement 'D' beds, replacement 'B'', 'C' and Upgraded 'D' beds, the Pre- Move Occupancy Days for Classified 'D' Replacement beds						0
A020b	Actual Residen-days in line A005 that was attributed to awarded beds and replacement "D", replacement "B", "C" and Upgraded "D" beds during the Fill rate Period and the Pre-Move Occupancy Days for Classified "D" Replacement beds						0
		Resident-Davs					
	Orientation/Fill-rate Period - Interim Short-Stay beds	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A021a	Actual Interim Short-Stay bed resident-days in lines A007-A010 during the Fill Period						0
				Resid	ent-Davs		
	Actual occupancy of beds approved for Occupancy Reduction Protection (ORP)	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A022a	Actual Resident-days in lines A001-A004 during ORP Period						0
A022b	Actual Resident-days in line A007-A010 during ORP Period						0

			Resid	ent Days			_	
	Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting period	February to March (1a)	April to June (1b)	July to Septemb er (1c)	October to Decembe r (1d)	Total Days (1e)		
A023a	Actual resident days in line A003 (Long-stay basic beds) that was attributed to occupied 3rd and above beds in ward rooms.					C		
A023b	Actual resident days in line A005 (Short-stay respite care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					C		
4023c	Actual resident days in line A009 (Interim short-stay basic) that was attributed to occupied 3rd and above beds in ward rooms.					C		
4023d	Actual resident days in line A012 (Convalescent care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					c		
					Resid	dent Days	_	
	Reimbursament for lost preferred revenues as per Section 3.2 of the COVID-19 Erner Measures Funding Policy. Use lines A024b to A024d as applicable, he report the real eighte for reimbursament of lost preferred revenues for the period tameral. To Deserre Eligible resident days include: 1) actual resident days for the period tameral. To Deserre Eligible resident days include: 1) actual resident days for the price Jameral. You want this requested a basic room should be placed in a preferred accommodation where the basic room should be placed in a preferred room; and 2) where if a medical leave is unable to return to their LTC home after the medical leave expires be experimening a COVID-19 outputs, report the resident days for the period where their preferred accommodation are waived until the resident is able to return to the home p the Ministry will reminure the maximum cost difference situalised by the Co-Pary BL a basic room and preferred room rate to the licensee for the period the resident coccupant in this section block) and on resident days under the Co-Pary BL revenue through the High Intensity Needs Fund.	dent days dent days ber 31, 2022. uppies ergency applicant who esident on a cause it is fees for ost-outbreak. Illetin between ies a preferred section (see eferred	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A024a	For Newer beds - Private Accommodation report the resident days eligible for reimbur preferred revenue. Do not report on resident days related to the Co-payment waiver pr preferred revenue reimbursed through the High Intensity Needs Fund.			57	213	38	425	1,082
024b	For Older beds - Private Accommodation report the resident days eligible for reimburn preferred revenue. Do not report on resident days related to the Co-payment waiver pr preferred revenue reimbursed through the High Intensity Needs Fund.	sement of lost rogram or, lost						a
.024c	For Newer beds - Semi-Private Accommodation report the resident days eligible for rr of lost preferred revenue. Do not report on resident days related to the Co-payment w or, lost preferred revenue reimbursed through the High Intensity Needs Fund.	aimbursement aiver program	62	118	185	84		449
A024d	For Older beds - Semi-Private Accommodation report the resident days eligible for rei fol lost preferred revenue. Do not report on resident days related to the Co-payment wa or, lost preferred revenue reimbursed through the High Intensity Needs Fund.	imbursement aiver program						o
	L d = beds classified as "NEW" or "A" according to ministry design standards. Is – beds classified as "B", "C", "Upgraded D" or "D" according to ministry des s	ign		1	1			
	Deimburgement for last preferred revenues _ Co. norment Weiver Dr				Resid	lent Days	1	
	Reimbursement for lost preferred revenues - Co-payment Waiver Pr lines A024e through A024h, as applicable, to report the resident day under the Co-payment Waiver Program for reimbursement of lost pr revenue for the period alnauray 1, 2022 to September 30, 2022 wher for preferred accommodation are waived. Report only on eligible re- where the licensee of the LTC home to which a resident is admitted before April 10, 2022 under the special pandemic admission rules fo in public hospitals set out in s. 242 of the Ontario Regulation 246/22 prohibited from charging that resident any accommodation charges the applicable conditions set out in s. 296 of the Ontario Regulation e.g. at the time of admission the home was not the resident's first c Minstry will reimburse the maximum cost difference stipulated by th Bulletin between a basic room and preferred room Tate to the license period the resident occupies a preferred room. Do NOT report on re already reported in section C and on resident days that may have re reimbursement of lost preferred revenue through the High Intensity F Fund.	s eligible eferred e the fees sident days on or r patients is if meeting 246/22 hoice). The e Co-Pay ee for the sident days ceived	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (11)
A024e	For Newer beds - Private Accommodation report the resident days e reimbursement of lost preferred revenue.	-	72	128	180	92	92	564
A024f	For Older beds - Private Accommodation report the resident days el reimbursement of lost preferred revenue. For Newer beds - Semi-Private Accommodation report the resident of	-						C
A024g	for reimbursement of lost preferred revenue. For Older beds - Semi-Private Accommodation report the resident d		31	37				68

2022 Long-Term Care Home Annual Report

For the period from 2022-01-01 to 2022-12-31

Ministry of Long-Term Care Ministère des Soins de longue durée

Facility # H14496

Woodlands of Sunset (The) - The Regional Municipality of Niagara

Section A - Level of Care (LOC) Actual Resident Occupancy, Resident Revenue and Resident Bad Debt, continued

Operator Name

Prior Period Revenue	Revenue	For Ministry Use Only
A030 Basic Revenue: July 1, 1994 to December 31, 2021		

	Resident Bad Debt on 2022 Basic Accommodation Fee	s	For Ministry Use Only
A040	Basic Accommodation Fees - Bad Debt	3,420	
A041	Collection Costs		
A042	Total Bad Debt Costs (A040 + A041)	\$3,420	

Section B - Actual Other Recoverable Revenue

	Description	Revenue (1)	For Ministry Use Only Recoverable Revenue (2)
B001	Interest Earned		
B002	Other LTC Home funding provided by Government		
	Other: Provide Description		
B004	Total - Actual Other Recoverable Revenue (Sum of lines B001 through B003)	\$0	

2022 Long-Term Care Home Annual Report

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Ministry of Long-Term Care	For the period from	2022-01-01	to	2022-12-31					
Ministère des Soins de long	ue durée								
Facility #	Operator Name :								
H14496	Woodlands of Sunset (The)	Woodlands of Sunset (The) - The Regional Municipality of Niagara							

Section C - Actual Expenditures - Nursing and Personal Care

	Nursing and Personal Care (NPC)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
C001	Salaries	4,792,838		4,792,838				0	
C002	Employee Benefits	1,048,869		1,048,869				0	
C003	Purchased Services	29,569		29,569				0	
C004	Medical and Nursing Supplies	144,101		144,101				0	
C005	Equipment	27,873		27,873				0	
C006	Physician On-Call Coverage	14,697		14,697				0	
C007	Other	11,873		11,873				0	
C008	Expenditure Recoveries (enter as negative)	(6,887)		(6,887)				-	
C009						\$0	\$0	\$0	

Note: Claim-based not to be included.

	Global Level of Care Funding		LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C010	Report the total eligible expenses in relation to the Global LOC per diem funding initiativ. March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for expenses. Note: The expenses must also be reported on lines C001 through C009, as a funding is allocated to the Other Accommodation envelope; unused funding may be reta expenses reported on lines C010, D009, and E004 will be used to inform the allocation of across the NPC, PSS and NS envelopes			
	acioss the Nillo, i do and No envelopes		324716	

	Registered Nurse (RN) and Registered Practical Nurse (RPN) - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C011	Report the total eligible expenses funded from the RN & RPN - BSO initiative. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C011 will be used to determine any unused funding from the RN & RPN - BSO initiative.	N.	

	Personal Support Worker (PSW) - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
ſ	Report the total eligible expenses funded from the PSW- BSO initiative. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C012 will be used to determine any unused funding		
	from the PSW - BSO initiative.		

	Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: RN/RPN and PSW	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C013	Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for RN/RPN and/or PSW FTE's, and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C013 will be added to the expenses reported on line D011 to determine any unused funding		

Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines C001 through C009, as applicable.		

		Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)
	C015	Report the total eligible expenses from the NPC envelope and funded directly from additional funding provided for designated specialized units. The expenses must also be reported on lines C001 through C009, as applicable.	

Ministry of Long-Term Care Ministère des Soins de longue dure	ée	For the period from	2022-01-01	to	2022-12-31	
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 Section D - Actual Expenditures - Program and Support Services

	Program and Support Services (PSS)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-total	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
D001	Salaries	289,591		289,591				0	
D002	Employee Benefits	72,727		72,727				0	
D003	Purchased Services	161,817		161,817				0	
D004	Supplies	10,723		10,723				0	
	Equipment	1,566		1,566				0	
D006	Other	1,390		1,390				0	
D007	Expenditure Recoveries (enter as negative)			0				0	
D008									

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D009	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Program and Support Services expenses. Note: The expenses must also be reported on lines D001 through D008, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes		
	Additional Healthcare Personnel - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D010	Report the total eligible expenses funded from the Additional Healthcare Personnel - BSO initiative. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D010 will be used to determine any unused funding from the Additional Healthcare Personnel - BSO initiative.		
	Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: Additional Healthcare Personnel	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)

 Personnel
 Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for Additional
 (1)

 D011
 Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for Additional
 (1)

 D011
 Healthcare Personnel FTE's and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines
 (1)

 D011
 through D008, as applicable. The total expenses reported on line D011 will be added to the expenses reported on line

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D0	2 Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines D001 through D008, as applicable.		

	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)
D013	Report the total eligible expenses funded from the Designated Specialized Units - Additional Funding . The expenses must also be reported on lines D001 through D008, as applicable.	

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Section E - Actual Expenditures - Nutritional Support

	Nutritional Support	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
E001	Nutritional Support	523,970		523,970				0	
E002	Expenditure Recoveries (enter as negative)	(29,628)		(29,628)				0	
E003									

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
E004	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nutritional Suport expenses. Note: The expenses must also be reported on lines E001 through E003, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes		

Section F - Actual Expenditures - Other Accommodation

		LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
F001	Housekeeping Services (HS)	526370		526370				0	
	Building and Property - Operations and Maintenance (B&P-OM)	212441		212441				0	
F003	Dietary Services (DS)	952494		952494				0	
F004	Laundry and Linen Services (L & LS)	140228		140228				0	
F005	General and Administrative (G&A)	1011485	634044	1645529				0	
F006	Facility Costs (FC)	734445	22885	757330				0	
	Total Other Accommodation Expenditures (Line F001 through Line F006).	\$3,577,463	\$656,929	\$4,234,392		\$0	\$0	\$0	
F008	Total Inadmissible Expenditures, Other Accommodation (includes expenditures reported in line F005 and F006, as applicable, for honorariums, donations, mortgage interest, interest on operating line of credit, other interest, amortization and depreciation.	461223		461223				0	
	Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	\$3,116,240	\$656,929	\$3,773,169		\$0	\$0	\$0	

		Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)	
ſ	F010	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Other Accommodation expenses. Note: The expenses must also be reported on lines F009 favore applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes			

Municipal Property Tax	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
Report the total eligible municipal property tax. The expense must also be reported on line F006 and will be used to determine the eligible Municipal Tax Allowance.		

		Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)		
F	012	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines F001 through F006, as applicable.				
		Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)			
F	-013	Report the total eligible expenses funded from the Designated Specialized Units - Additional Funding . The expenses must also be reported on lines F001 through F009, as applicable.				

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Ministry of Long-Term Care	For the period from	######################################
Ministère des Soins de longue durée		
Facility #	Operator Name :	
H14496	Woodlands of Sunset (The) - The Regional Municipality of Niagara	

Section I: Part A.

Line Ia01a- The Nurse Practitioner in Long-Term Care Home Program

In accordance with the Long-Term Care (LTC) Nurse Practitioner (NP) Program Funding Policy, report on line 1a01a Salary, Benefits, and Overhead expenditures for the Nurse Practitioner position. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022				
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure	
la01a					\$0

Line Ia01b- Attending Nurse Practitioner in Long-Term Care Home Initiative

In accordance with the Attending Nurse Practitioners in Long-Term Care Homes Initiative Funding Policy, report on line 1a01b Salary, Benefits, and Overhead expenditures for the Attending Nurse Practitioner position. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022					
	Salarv	Benefits	Overhead Expenses - operating	Total Expenditure		
	Calary	Denenta	operating			
la01b				\$0		

Line Ia01c- Falls Prevention Equipment Funding Program

In accordance with the Falls Prevention Equipment Funding Policy complete the attestation below as applicable. DO NOT REPORT THE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

		Y / N
la01c	Funding for the January 1, 2022 to December 31, 2022 period has been used for equipment intended to reduce falls or injuries from falls (Y / N).	1

Line la01d - Designated Specialized Unit - One-time Start up Funding

In accordance with the Policy: Designation/Revocation of Specialized Units report One-time Specialized Unit Start up costs on line 1a01d. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022	Total Expenditure
la01d		

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Facility #	Operator Name :					

 Facility #
 Operator Name :

 H14496
 Woodlands of Sunset (The) - The Regional Municipality of Niagara

Section I: Part A. (continued)

Line Ia01e1 - Additional COVID-19 Prevention and Containment Funding

I his section refers to the ADM letters of May 7, 2021, August 26, 2021, February 4, 2022, March 21, 2022, for the provision of \$191,595,600, \$346,463,900 (\$56,001,200 for 2020-21 and \$290,462,700 for 2021-22), \$247,000,000 (\$45 million for 2020-21 and \$201,982,800 for 2021-22) and \$143,500,000 (\$7,869,200 for 2020-21 and \$135,614,300 for 2021-22), respectively and the Minister letter of December 22, 2022 for the provision of \$182.1 million in additional one-time emergency funding to long-term care homes.

Report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line Ia01e1. Please note that this instruction applies to incremental expenses not already reported IN SECTIONS C THRU F OR ELSEWHERE IN SECTION I of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

Refer to the Long-Term Care Home Annual Report: Technical Instructions and Guidelines for guidance on the conditions of funding and eligible expenses

		Total Expenditure
la01e1	Expenditure for the January 1, 2022 to March 31, 2022 period	401018

Line la01e2 - Additional COVID-19 Prevention and Containment Funding

This section refers to the ADM letters of May 2, 2022, September 1, 2022 and Minister letters of December 22, 2022, March 31, 2023 and June 26, 2023 for the provision of \$130,044,000, \$146,622,200, \$182.1 million, \$161,686,800 and \$181,100,000 respectively in additional one-time emergency funding to long-term care homes.

Report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line Ia01e2. Please note that this instruction applies to incremental expenses not already reported IN SECTIONS C THRU F OR ELSEWHERE IN SECTION I of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

Refer to the Long-Term Care Home Annual Report: Technical Instructions and Guidelines for guidance on the conditions of funding and eligible expenses.

			То	tal Expenditure
la01e2	Expenditure for the April 1, 2022 to December 31, 2022 period			683857
				/

Line la01h1 - Personal Support Worker Temporary Wage Enhancement

This section refers to (a) the ADM letter of November 23, 2021 on the provision of \$164,729,100 in Personal Support Worker Temporary Wage Enhancement funding to long-term care homes and (b) the November 2020 Long-Term Care PSW Temporary Wage Enhancement Funding Policy. For the January 1, 2022 to March 31, 2022 period, report PSW Temporary Wage Enhancement expenditures on line Ia01h1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01h1	Expenditure for the January 1, 2022 to March 31, 2022 period	93282

Line la01h2 - Personal Support Worker Temporary and Permanent Wage Enhancement

This section refers to (a) the ADM letter on April 27, 2022 on the provision of \$314,281,000 in Personal Support Worker Temporary Wage Enhancement funding and Personal Support Worker Permanent Wage Enhancement funding to long-term care homes, (b) the April 2022 Long-Term Care PSW Temporary Wage Enhancement Funding Policy, and (c) the April 2022 Long-Term Care PSW Permanent Wage Enhancement Funding Policy . For the April 1, 2022 to December 31, 2022 period, report Personal Support Worker Temporary and Permanent Wage Enhancement on line la01h2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01h2	Expenditure for the April 1, 2022 to December 31, 2022 period	354828

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Ministry of Long-Term Care	For the period from 2022-01-01 to #########
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Facility #	Operator Name :
H11106	Woodlands of Sunset (The) - The Regional Municipality of Niagara

Section I: Part A. (continued)

Line la01i1- Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of March 19, 2021 on the provision of \$61,373,400 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line Ia0111. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01i1	Expenditure for the January 1, 2022 to March 31, 2022 period	16091

Line Ia01i2 - Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of May 2, 2022 on the provision of \$61,428,600 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line la01i2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period will be added to expenditure reported in the 2023 period in the 2023 period in the 2023 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01i2	Expenditure for the April 1, 2022 to December 31, 2022 period	55519

Line la01j1 - Infection and Prevention Control - Personnel and Training

This section refers to the ADM letter of July 16, 2021 on the provision of up to \$30,000,000 in one-time funding during the 2021-2022 funding year to support infection prevention and control capacity in long-term care homes including retaining IPAC professionals and providing IPAC training to LTC home personnel. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Personnel and Training expenditures on line la01j1a and la01j1b respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01j1a	Expenditure on Personnel for the January 1, 2022 to March 31, 2022 per	7585
la01j1b	Expenditure on Training for the January 1, 2022 to March 31, 2022 period	5789

Line la01j2 - Infection and Prevention Control - Personnel

This section refers to the ADM letter of May 2, 2022 on the provision of up to \$20,000,000 in one-time funding during the 2022-2023 funding year to support infection prevention and control capacity in long-term care homes to retain IPAC professionals. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Personnel expenditures on line Ia01j2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01j2	Expenditure on Personnel for the April 1, 2022 to December 31, 2022 per	23132

Line Ia01j3 - Infection and Prevention Control - Training

This section refers to the ADM letter of September 29, 2022 on the provision of up to \$26,170,000 in funding for the 2022-2023 funding year to support infection prevention and control training and education. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Training expenditures on line la013. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01j3	Expenditure on Training for the April 1, 2022 to December 31, 2022 perio	30308

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Facility #	Operator Name :			
H14496	Woodlands of Sunset (The) - The Regional Municipality of Niaga	ara		

Section I: Part A. (continued)

Line Ia01k1 - New Long-Term Care Minor Capital Program

This section refers to the (a) ADM letter of March 19, 2021 on the provision of up to \$23,911,600 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01k1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period on line Ia01k1. DO NOT REPORT 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2022 to March 31, 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01k1	Expenditure for the January 1, 2022 to March 31, 2022 period	6716

Line Ia01k2 - New Long-Term Care Minor Capital Program

This section refers to the (a) ADM letter of May 2, 2022 on the provision of up to \$26,922,000 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line la01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period on line la01k2. DO NOT REPORT THESE COSTS IN SECTIONS C reported in the 2023 Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period on line and the 2023 to March 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2022 period to the April 1, 2022 to March 31, 2022 period to the April 1, 2022 to March 31, 2022 period to the April 1, 2023 period.

		Τα	tal Ex	penditure
la01k2	Expenditure for the April 1, 2022 to December 31, 2022 period			401950

Line Ia01m1 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$21,053,600 in funding for the Medication Safety Technology Program, and (b) the April 2021 Long-Term Care Medication Safety Technology Program Funding policy. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01m1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period on line Ia01m1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01m1	Expenditure for the January 1, 2022 to March 31, 2022 period	2544

Line Ia01m2 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$28,261,500 in funding for the Medication Safety Technology Program, and (b) the April 2021 Long-Term Care Medication Safety Technology Program Funding policy. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line la01m2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2022 period in the 2023 period in the 2023 reconciliation plus the amount of funding approved for carry over from the April 1, 2021 to March 31, 2022 period.

		Total Expenditure
la01m2	Expenditure for the April 1, 2022 to December 31, 2022 period	18242

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For the period from urée Operator Name :

Woodlands of Sunset (The) - The Regional Municipality of Niagara

2022-01-01

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Section I: Part A. (continued)

Line Ia01p1 - Clinical Decision Support Tools Program

This section refers to the ADM letter of September 29, 2021 on the investment of up to \$3,070,000 in funding in the use of clinical decision support tools to improve the quality of care for residents. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01p1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01p1	Expenditure for the January 1, 2022 to March 31, 2022 period	6576

Line Ia01p2 - Clinical Decision Support Tools Program

This section refers to the ADM letter of May 2, 2022 on the investment of up to \$6,140,000 in funding in the use of clinical decision support tools to improve the quality of care for residents. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01p2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report, Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

			Total Expenditure
la01p2	Expenditure for the April 1, 2022 to December 31, 2022 period		19727

Line Ia01q1 - RN, RPN and PSW Staffing Supplement, AHP Staffing Supplement and Supporting Professional Growth Fund

This section refers to the Minister and ADM letters of October 15, 2021 for the 2021-22 fiscal year on the investment of up to \$227,187,500 to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses and Personal Support Workers (RN/RPN/PSW), up to \$42,802,600 to increase the provincewide average hours of direct care by Allied Health Professionals (AHP) and up to \$10,000,000 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the January 1, 2022 to March 31, 2022 period on lines la01q1a, la01q1b and la01q1c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the November 1, 2021 to December 31, 2021 period and matched against funding provided for the November 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the January 1, 2022 to	
la01q1a	March 31, 2022 period	217614
	AHP Staffing Supplement expenditure for the January 1, 2022 to March 31, 2022	
la01q1b	period	40998
	SPGF expenditure for the January 1, 2022 to March 31, 2022 period	
la01q1c		16103

Line la01q2 - RN, RPN and PSW Staffing Supplement, AHP Staffing Supplement and Supporting Professional Growth Fund

This section refers to the Minister and ADM letters of March 15, 2022 and November 22, 2022 for the 2022-23 fiscal year on the investment of up to \$640,169,300 and up to \$33,304,700 respectively to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses, Personal Support Workers (RN/RPN/PSW) and Allied Health Professionals (AHP), and up to \$10,000,000 and up to \$1,316,600 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the April 1, 2022 to December 31, 2022 period on lines la01q2a, la01q2b and la01q2c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the April 1, 2022 to	
la01q2a	December 31, 2022 period	662505
	AHP Staffing Supplement expenditure for the April 1, 2022 to December 31, 2022	
la01q2b	period	124816
	SPGF expenditure for the April 1, 2022 to December 31, 2022 period	
la01q2c		12649

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H14496

2022 Long-Term Care Home Annual Report

Woodlands of Sunset (The) - The Regional Municipality of Niagara

Ministry of Long-Term Care Ministère des Soins de longue durée For the period from

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to

Section I: Part A. (continued)

Line Ia01r1 - Temporary Retention Incentive for Nurses

Operator Name

This section refers to the ADM letter of April 26, 2022 on the investment of up to \$56,847,500 in funding for Temporary Retention Incentive for Nurses for 2021-22. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01r1. The expenditure relates to nurses working during the period between February 13, 2022 and April 22, 2022 and employed as of September 1, 2022. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be matched against funding provided for the January 1, 2022 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01r1	Expenditure for the January 1, 2022 to March 31, 2022 period	83420

Line Ia01r2 - Temporary Retention Incentive for Nurses

This section refers to the ADM letter of September 23, 2022 on the investment of up to \$44,000,000 in funding for Temporary Retention Incentive for Nurses for 2022-23. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01r2. The expenditure relates to nurses working during the period between February 13, 2022 and April 22, 2022 and employed as of September 1, 2022. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01r2	Expenditure for the April 1, 2022 to December 31, 2022 period	40094

Line Ia01s1 - Hiring More Nurse Practitioners for Long-Term Care

This section refers to the ADM letter of October 5, 2022 on the investment of up to \$9,984,000 in funding for Hiring More Nurse Practitioners for Long-Term Care for 2022-23. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01s1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01s1	Expenditure for the April 1, 2022 to December 31, 2022 period	C

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For the period from	202

2022-01-01

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Ministry of Long-Term Care	For the period from	2	022-01-01	to	2022-12-31
Ministère des Soins de longue durée					
Facility #	Operator Name :				
H14496	Woodlands of Sunset (The) - The Regional Municipality of Niaga	ra			
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Section I: Part B One-time Funding and Other Initiatives.

Use column D to report the expenses applicable to and funded from the funding initiatives below. The expenses reported in column D must not be included in Sections C thru F or Section I: Part A of the LTCH Annual Report.

The items reported in Section I: Part B are to be limited to the expenses that were incurred from January 1, 2022 thru December 31, 2022 only for funding that is received directly by the LTC Home based on the funding provided in the LTCH Payment Calculation Notice. The expenses reported in Section I, Part B are reconciled via alternate processes and shall be excluded from the calculation used to determine the Allowable Subsidy in the 2022 Overall Reconciliation.

Line (A)	Funding Initiative (B)	Description of expenses reported for the January 1, 2022 to December 31, 2022 period (C)	Expenses (D)
lb1	Nurse Led Outreach	Salaries and wages of nurses to ensure timely access to care by LTC Home residents and avoid emergency room and hospital admissions.	
lb2	High Intensity Needs Fund (HINF) Claims- Based	Claims eligible for reimbursement for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	240,117
lb3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services purchased by LTC Homes.	5,725
lb4	RAI-MDS one- time funding	Claims eligible for reimbursement for the purchase of computer hardware and software, including RAI-MDS software, to meet CIHI reporting requirements.	
lb5	Peritoneal Dialysis	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.	
lb6	LTCH Centre of Learning, Research and Innovation Program funding	Claims eligible for reimbursement for the operation of a LTCH Centre of Learning, Research and Innovation program.	
lb7	OH/LHIN funding from outside the Ministry's BSO investment to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO.	Claims eligible for reimbursement from funding provided by OH/LHIN to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO with funding from outside the Ministry's BSO investment.	
lb8	Local Priorities Fund	Eligible Local Priorities Fund expenses incurred.	
	One-time and project funding	Use lines Ib9 through Ib13, column D to report expenses eligible for reimbursement incurred by the home from January 1, 2022 to Dec 2022 for any one-time and project funding, based on the funding put the LTCH Payment Calculation Notice. Report each funding items and provide a description, e.g. Water Quality Testing	ember 31, ovided in
lb9	Description:		
lb10	Description:		
lb11	Description:		
	Description:		
lb12			

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Ministère des Soins de longue durée

Facility # Licensee Name :

Woodlands of Sunset (The) - The Regional Municipality of Niagara

Check if no accrual amounts as of December 31, 2021

Section O - Accrual Report

	NURSING AND PERSONAL CARE				
	Please complete lines O001 through O003, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O001	Salaries	428,140	428,140	415,910	415,910
O002	Employee Benefits	83,441	83,441	90,022	90,022
O003	Other (specify):	90,212	90,212	0	0
O004	TOTAL NURSING AND PERSONAL CARE (sum of lines 0001 through 0003)	\$601,793	\$601,793	\$505,932	\$505,932
	Program and Support Somicos				

	Program and Support Services				
	Please complete lines O101 through O103, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
0101	Salaries	25,469	25,469	27,207	27,207
102	Employee Benefits	6,711	6,711	7,046	7,046
103	Other (specify):	0	0	0	0
10/	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O101 through O103)	\$32,180	\$32,180	\$34,253	\$34,253

	Other Accommodation - To Be Completed by Red-Circled Homes]	
	Please complete lines O201 through O203, as applicable. Include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O201	Salaries				0
0202	Employee Benefits				0
O203	Other (specify):				0
0204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$0	\$0	\$0	\$0

2022 Long-Term Care Home Annual Report			
For the period from	2022-01-01	to	

For the period from

2022-01-01

2022-12-31

Ministry of Long-Term Care Ministère des Soins de longue durée

Facility # H14496

Licensee Name : Woodlands of Sunset (The) - The Regional Municipality of Niagara

Section P - Notes to the Report

Significant Accounting Principles

Basis of Accounting

Sections A through F, Section I and Section O of the report have been prepared in accordance with generally accepted accounting principles (GAAP) and applicable legislation, regulations, policies and directives.

If there is no trust account, please check here

and please explain:

Ontario	2022 Lon	g-Term Care	Home Anni	ual Report	:	
Ministry of Long-Terr	n Care Fo	r the period from	2022-01-01 t	o 2022-12-	-31	
Ministère des Soins	le longue durée					
Facility #	Licensee Name :			N.P.		
H14496	Woodlands of Sunset			Niagara		
Section	Q - Licensee's State	ement and Appro	val			
	n contained in Sections of (legal name of Licen	•	n I, and Section	O and P of thi	s Long-Term Care H	ome
for the Period	from		to		was provided by	management
This Report ha	is been prepared in cont	formity with the basi	s or bases of ac	counting desc	ribed in . Section P -	Notes to the
-	heres to the technical in	-		-		
rtoport und ud		en denorio and galat				0.
Health Integra	n contained in this repor tion Network and the lice ble policies pertaining to	ensee, any direct fu	nding agreemen	t between the	Minister and the licer	nsee,
awarded by th	u F of the report exclude e Ministry, the redevelop beds. Sections C thru F A and Part B.	oment of a Category	"D" Home, and	redevelopmen	t of Replacement "B	", "C" and
Systems of int	ernal accounting control	are maintained in a	rdor to accure t	no roliability of	this financial	
•	hese systems include for					ified
	•				• •	
personnel, and	l an organization providi	ng for appropriate d	elegation of aut	nority and segr	regation of responsib	ilities.
Approved by the	ne Licensee on the		day of		, 20	
,					/	
				(Print Lice	nsee's Name)	
		•		•		
				Bv:		

Witness

By:	
NAME:	
TITLE:	

Where the Licensee is a for profit nursing home provide a witness signature.

Ontario 2022 Long-Term Care Home Annual Report Ministry of Long-Term Care For the period from to Minister des Spins de longue durée To To

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acility #	Licensee Name	

Independent Auditor's Report

To the Minister of Long-Term Care

Opinion

We have audited Sections A through F, Section I and Section O of the accompanying Long-Term Care Home Annual Report of (the Long-Term Care Home), and

(Name of Long-Term Care Home and legal name of licensee)

a summary of significant accounting policies and other explanatory information for the year ended December 31, (the Report).

In our opinion, the Report has been prepared by the management of the Long-Term Care home based on the financial reporting provisions of the 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines (Guidelines), the service accountability agreement between Ontario Health / Local Health Integration Network and the licensee (LOSAA), the Direct Funding Agreement between the Minister and the Long-Term Care Home (DFA), and all applicable policies and directives (Policies) pertaining to the program funding provided for the year ended December 31.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards (Canadian GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Report section of our report. We are independent of the Long-Term Care Home in accordance with the ethical requirements that are relevant to our audit of the Report in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting and Restriction on Distribution

We draw attention to the fact that the Report has been prepared in accordance with the Guidelines, LOSAA, DFA and Policies. The Report is prepared to assist the Long-Term Care Home in complying with the applicable financial reporting provisions, for the purpose of calculating the allowable subsidy for the year ended December 31. As a result, the Report may not be suitable for another purpose.

Our report is intended solely for the directors of the Long-Term Care Home, the Ministry of Long-Term Care, and the LHIN / Ontario Health and should not be distributed to or be used by parties other than the directors of the Long-Term Care Home, the Ministry of Long-Term Care and the LHIN / Ontario Health. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Report

Management is responsible for the preparation of the Report in accordance with the Guidelines, LOSAA, DFA and Policies, and for such internal control as management determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Audit of the Report

Our objectives are to obtain reasonable assurance about whether the Report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the Report.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgement and maintain professional skepticism throughout the audit. We also

- Identify and assess the risks of material misstatement of the Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
- The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Long-Term Care Home's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants

(place)

(date)

2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from 2022-01-01 to 2022-12-31

Facility # Licensee Name : H14496 Woodlands of Sunset (The) - The Regional Municipality of Niagara

Appendix A

Ontario

Auditor's Report - Statement of Trust Account

To the Minister of Long-Term Care:

We have audited the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) of (legal name of Licensee)

for the period from ______to _____to

prepared in accordance with the Ontario Regulation 79/10 section 241 or the Ontario Regulation 246/22 section 286. The Statement is the responsibility of the Home's management. Our responsibility is to express an opinion on the Report based upon our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards (Canadian GAAS) under CPA Canada Standards and Guidance Collection. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the Report is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Statement. An audit also includes assessing the significant accounting principles used and the significant estimates made by management, as well as evaluating the overall Statement presentation.

In our opinion, the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) presents fairly, in all material respects, the financial position of the trust fund for the year ended December 31, 2022 and the activity of the funds during the year in accordance with Section 241 of the Ontario Regulation 79/10 under the Ministry of Long-Term Care's Long-Term Care Homes Act, 2007, or Section 286 of the Ontario Regulation 246/22 under the Ministry of Long-Term Care Act, 2021.

	Licensed Public Accountant
(place)	
(date)	
(uuto)	

Notes to the Annual Report December 31, 2022

1. Basis of accounting

The Report has been prepared in accordance with the financial reporting provisions set out in the following:

- Ontario Ministry of Health and Ontario Ministry of Long-Term Care 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines, dated June 30, 2023; and
- LHIN Service Accountability Agreement dated April 1, 2019.

2. Revenue recognition

Resident revenue and funding from the Ontario Ministry of Health and the Ontario Ministry of Long-Term Care are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the period in with the transactions or events occurred that gave rise to the revenues.

3. Expenditures

Eligible expenditures are recorded in the period incurred, in accordance with the guidelines described in Note 1 above.